PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	JAS5 PHARMACY	P.O. No. :	25030934
Address :	Marvel Building J. Lukban St. Brgy. V Daet, Camarines Norte	Date :	04-07-25
Telephone No. :	(02) 7739-4766 / 0917-158-1427 / Anacel: 0966-901-2961	Mode of Procurement :	SHOPPING
TIN :	426-894-740-00002		

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery:	LDH	Delivery Term :	14CD
Date of Delivery :	04|22|2025	Payment Term:	FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	2,500	bot	5% Dextrose in 0.3% NaCl 500ml	76.89	192,225.00
2	700	bot	5% Dextrose Balance Multiple Maintenance 500ml for pedia (D5IMB)	85.00	59,500.00
3	1,400	bot	5% Dextrose in Lactated Ringers 1L	95.00	133,000.00
4	3,000	bot	0.9 Sodium Chloride 1L	65.00	195,000.00
5	700	vial	Ampicillin 500mg INJ	40.00	28,000.00
6	500	vial	Cefuroxime 750mg inj	87.00	43,500.00
7	1,200	vial	Ceftriaxone 1G inj with diluent	134.00	160,800.00
8	150	vial	Levofloxacin 5mg/ml Sol'n for Inj. 100ml	448.00	67,200.00
9	100	vial	Omeprazole 40mg powder for inj+10ml solvent ampule/vial	218.50	21,850.00

for Hospital use

Total amount in words:	Nine Hundred One Thousand Seventy Five Pesos Only	901,075.00

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

RICARTE R. PADILLA
Governor

Conforme:

SHARON F. ROMERO
Signature over printed name of Supplier

04-08-25
Date