PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier	BRADY PHARMA INC.	P.O. No. :	25031062
Address	#281, 3/F, EDSA Bendel Center, brgy. Highway Hills, Mandaluyong City	Date :	09-02-25
Telephone No.	0917-827-8605 / 0998-951-7881 / bradypharma2011@gmail.com	Mode of Procurement :	SHOPPING
TIN	007-914-456-000		

Gentlemen:

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

Place of Delivery	CNPH	Delivery Term :	14CD
Date of Delivery	: Sept. 17, 2025	Payment Term:	FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	100	bot	Tobramycin+Dexamethasone 0.3%+0.1%, 5ml TOB-DEX	249.00	24,900.00
2	100	polyamp	Lidocaine 2% 100mg polyamp, 5ml AXALID	39.00	3,900.00
3	100	pc	Viscoelastic Sodium Hyalurinate AUROGEL	1,299.00	129,900.00
4	50	vial	Trypan 0.6mg, Blue Ophthalmic 1ml AURO BLUE	299.00	14,950.00
			for Ophthalmology use		
Total amount in word			One Hundred Seventy Three Thousand Six Hundred Fifty Pesos Only		173,650.00

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:

EMMANUEL C. AVELLANEDA
Signature over printed name of Supplier

09-03-2025
Date

JOSEPH V. ASCUTIA
Acting Governor