

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : <u>STARPHARM, INC.</u>	P.O. No. : <u>25051705</u>				
Address : <u>28 Liamzon St., Midtown 3 Subdivision San Roque</u>	Date : <u>16 - 09 - 25</u>				
Telephone No. : <u></u>	Mode of Procurement : <u>SHOPPING</u>				
TIN : <u>237-765-720-000</u>					
<p>Gentlemen:</p> <p>Please furnish this office the following articles subject to the terms and conditions contained herein:</p>					
Place of Delivery : <u>CNPH</u>	Delivery Term : <u>1440</u>				
Date of Delivery : <u>10/24/2025</u>	Payment Term: <u>FULL</u>				
Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	30	pre filled syringe	Human Tetanus Immunoglobulin 250IU/mL, 1mL, IM Note for Vaccine Delivery: <i>(Cold-Chain Requirement)</i> <ol style="list-style-type: none"> 1. Delivery should be within office hours. Beyond that, we have the right to refuse acceptance of delivery. 2. Thermometer must be present inside each styro box. 3. Supplier must provide at least three months of temperature monitoring of the delivered vaccines. 4. Supplier must be able to provide contingency plan for the vaccines. 	2,150.00	64,500.00
<i>for Pharmacy use</i>					

Total amount in words Sixty Four Thousand Five Hundred Pesos Only 64,500.00

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,

Conforme:

RICARTE R. PADILLA
Governor

KRISTINE KAREN Q. ISIDRO

Signature over printed name of Supplier

10- 10- 25

Date

JOSEPH V. ASCUTIA
Acting Governor