

**PURCHASE ORDER**  
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	<b>JAS5 PHARMACY</b>	P.O. No. :	<b>26010016</b>
Address :	<b>Marvel Building J. Lukban St. Brgy. V Daet, Camarines Norte</b>	Date :	<b>01-29-26</b>
Telephone No. :	<b>(02) 7739-4766 / 0917-158-1427 / Anacel: 0966-901-2961</b>	Mode of Procurement :	<b>SVP</b>
TIN :	<b>426-894-740-00002</b>		

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

Place of Delivery:	<b>LDH</b>	Delivery Term:	<b>14 CD</b>
Date of Delivery :	<b>02/13/2026</b>	Payment Term:	<b>FULL</b>

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	3,500	bot	0.9 Sodium Chloride 1L	70.00	245,000.00
2	400	bot	0.9 Sodium Chloride 500mL	70.00	28,000.00
3	150	bot	0.9 Sodium Chloride 50mL	40.96	6,144.00
4	200	bot	5% Dextrose in 0.3 Sodium Chloride 1L	71.00	14,200.00
5	3,500	bot	5% Dextrose in 0.3% Sodium Chloride 500mL	70.00	245,000.00
6	100	bot	5% Dextrose in 0.9% Sodium Chloride 1L	73.00	7,300.00
7	300	bot	5% Dextrose in Lactated Ringers 1L	65.00	19,500.00
8	100	bot	5% Dextrose in Water 500ml	28.00	2,800.00
9	2,000	bot	Lactated Ringer's Solution inj 1L bottle	80.00	160,000.00
10	500	bot	Balance Multiple Maintenance Solution with 5% Dextrose 500ml(D51MB)	32.00	16,000.00
<i>for IV Fluids use for the 1st quarter 2026</i>					

Total amount in words: **Seven Hundred Forty Three Thousand Nine Hundred Forty Four Pesos Only** **743,944.00**

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:

**SHARON F. ROMERO**

Signature over printed name of Supplier

Date

*[Handwritten Signature]*  
**01-30-26**

**ENGR. JOSEPH V. ASCUTIA**  
Acting Governor

*[Handwritten Signature]*