

**PURCHASE ORDER**  
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : ZYRE PHARMACEUTICAL CORPORATION P.O. No. : 23010070  
 Address : ZPC- Building - Bano Date : 02/13/2023  
Legazpi City  
 Telephone No. : \_\_\_\_\_ Mode of Procurement : **SHOPPING**  
 TIN : 005 769 913 000

Gentlemen:

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

Place of Delivery : CNPH Delivery Term : 7 CD  
 Date of Delivery : 02/21/2023 Payment Term : FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	20	piece	BP Apparatus, Aneroid, Adult	4,420.00	88,400.00
2	10	piece	BP Apparatus, Aneroid, Pedia	2,210.00	22,100.00
3	10	piece	Pulse Oximeter, Pedia	3,120.00	31,200.00
4	15	piece	Pulse Oximeter, Adult	850.00	12,750.00
5	5	piece	Thermometer, Scanner (digital)	780.00	3,900.00
6	3	unit	Suction Apparatus, Portable, Heavy Duty	7,800.00	23,400.00
7	2	unit	Weighing Scale (for new born)	4,186.00	8,372.00
8	7	set	Ambu Bag (Pedia/Adult), Silicone	3,250.00	22,750.00
9	25	piece	Oxygen Gauge with Regulator	1,600.00	40,000.00
10	10	piece	Double Head Stethoscope	1,900.00	19,000.00
11	5	piece	Nebulizer, Portable, Heavy Duty	1,550.00	7,750.00
12	10	piece	Urinal	85.00	850.00
13	10	piece	Bed Pan	150.00	1,500.00
14	5	pack	Breathing Circuit	1,400.00	7,000.00
15	5	piece	Drop Light	2,700.00	13,500.00
16	42	piece	JV Stand	2,550.00	107,100.00

*for Hospital use (1st quarter)*

Total amount in words: **Four Hundred Nine Thousand Five Hundred Seventy Two Pesos Only** 409,572.00

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**  
Provincial Governor

Conforme:

**REYNER B. CELLS**

Signature over printed name of Supplier

02/14/2023

Date