

**PURCHASE ORDER**  
**PROVINCIAL GOVERNMENT OF CAMARINES NORTE**

Supplier : **LUNAR DRUGSTORE** P.O. No. : **23010098**  
 Address : **Candelaria Street. Poblacion Norte** Date : **03/16/23**  
**Paracale Camarines Norte**  
 Telephone No. : \_\_\_\_\_ Mode of Procurement : **SHOPPING**  
 TIN : **135-481-638-000**

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

Place of Delivery : **LDH** Delivery Term : **700**  
 Date of Delivery : **03/24/23** Payment Term: **FULL**

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	350	vial	Vaccine, Rabies Chick Embryo Cell 2.5IU Powder for Injection Vial + 1ml Diluent (Purified, Inactivated/PVRV), SPEEDA	1,040.00	364,000.00
<i>for Hospital use</i>					

Total amount in words: **Three Hundred Sixty Four Thousand Pesos Only** **364,000.00**

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:

  
**JUVY A. CAPRICH0**

Signature over printed name of Supplier

03/17/23

Date

  
**RICARTE R. PADILLA**  
 Provincial Governor