

**PURCHASE ORDER**  
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : **ZYRE PHARMACEUTICAL CORPORATION** P.O. No. : **23030618**  
 Address : **ZPC- Building - Bano** Date : **04/26/23**  
           : **Legazpi City**  
 Telephone No. : **(052) 742-2844 / 0917-148-0687 / 0933-816-8646** 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 : **FCB**  
 Date of Delivery : **05/04/23** Payment Term: **FULL**


Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	50	amp	Butorphanol 2mg/ml ampule 1ml	530.00	26,500.00
2	300	amp	Propofol 10mg/ml ampule 10ml	398.00	119,400.00
3	300	amp	Methylergometrine 200mcg/ml ampule	63.50	19,050.00
4	2000	vial	Metronidazole 5mg/ml 100ml vial	44.75	89,500.00
5	2500	vial	Omeprazole 40mg vial	199.70	499,250.00

*for use (Pharmacy) 2nd Quarter*

Total amount in words: **Seven Hundred Fifty Three Thousand Seven Hundred Pesos Only** **753,700.00**

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.

Conforme:

  
**REYMER B. CELLS**  
 Signature over printed name of Supplier  
04/27/23  
 Date

Very truly yours,

  
**RICARTE B. PADILLA**  
 Governor