

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : PREVEMED PHARMACEUTICAL PRODUCT WHOLESALING P.O. No. : 23030792
 Address : Del Leon St. Poblacion, San Miguel, Bulacan Date : 07/03/23
 Telephone No. : 0975-351-4001 Mode of Procurement : SHOPPING
 TIN : 714-548-276-000

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

Place of Delivery : CNPH Delivery Term : 7CD
 Date of Delivery : 07/11/23 Payment Term : FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	100	vial	lopromide CT Scan Dye 300mq/ml, 100ml	2,960.00	296,000.00
<i>for Hospital use (Pharmacy)</i>					

Total amount in words: **Two Hundred Ninety Six Thousand Pesos Only** 296,000.00

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:


CINDY R. MARASIGAN
 Signature over printed name of Supplier
07/04/23
 Date


RICARTE R. PADILLA
 Governor