

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : PREVEMED PHARMACEUTICAL PRODUCT WHOLESALING P.O. No. : 23040990
 Address : Del Leon St. Poblacion, San Miguel, Bulacan Date : 06/20/23
 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 : 07/04/23 Payment Term : FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	146	vial	lopromide 300mq/ml, 50ml	1,995.00	291,270.00
<i>for Hospital use (Pharmacy)</i>					

Total amount in words: **Two Hundred Ninety One Thousand Two Hundred Seventy Pesos Only** 291,270.00

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

06/27/23

Date

RICARTE B. PADILLA
Governor

