

PURCHASE ORDER
 PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : <u>ZYRE PHARMACEUTICALS CORPORATION</u>	P.O. No. : <u>23051249</u>
Address : <u>ZPC- Building - Bano</u> <u>Legazpi City</u>	Date : <u>06/21/23</u>
Telephone No. : _____	Mode of Procurement : <u>SHOPPING</u>
TIN : <u>005 769 913 000</u>	

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

Place of Delivery : <u>CNPH</u>	Delivery Term : <u>700</u>
Date of Delivery : <u>06/29/23</u>	Payment Term : <u>FULL</u>

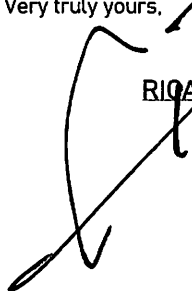
Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	400	vial	Purified Chick Embryo Cell, VAXIRAB	2,290.00	916,000.00
<i>for Pharmacy use</i>					

Total amount in words: Nine Hundred Sixteen Thousand Pesos Only	916,000.00
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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:

REYNER B. CELLS
 Signature over printed name of Supplier
06/22/23
 Date

Very truly yours,

RIQUARTE R. PADILLA
 Governor