

**PURCHASE ORDER**  
 PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier :	<b>ZYRE PHARMACEUTICALS CORPORATION</b>	P.O. No. :	<b>23051278</b>
Address :	<b>ZPC- Building - Bano</b>	Date :	<b>07/05/23</b>
	<b>Legazpi City</b>		
Telephone No. :	<b>(052) 742-2844 / 0917-148-0687 / 0933-816-8646</b>	Mode of Procurement :	<b>SHOPPING</b>
TIN :	<b>005 769 913 000</b>		

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


Place of Delivery :	<b>CNPH</b>	Delivery Term :	<b>7CD</b>
Date of Delivery :	<b>07/13/23</b>	Payment Term :	<b>FULL</b>

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	2500	set	Venoset, Macro drip, Adult	49.00	122,500.00
<i>for Hospital use (Pharmacy)</i>					

Total amount in words: **One Hundred Twenty Two Thousand Five Hundred Pesos Only** **122,500.00**

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:

  
**REYNER B. CELIS**  
 Signature over printed name of Supplier  
07/06/23  
 Date

Very truly yours,

  
**RICARTE R. PADILLA**  
 Governor