

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : **CABRERA'S DRUGSTORE & MEDICAL SUPPLIES** P.O. No. : **23061636**
 Address : **Daet, Camarines Norte** Date : **08/14/23**
 Telephone No. : **(054)571-27-91** Mode of Procurement : **SHOPPING**
 TIN : **102-703-972**

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

Place of Delivery : **CMCH** Delivery Term : **7CD**
 Date of Delivery : **08/22/23** Payment Term: **FULL**

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	250	vial	Ampicillin 500mg	16.00	4,000.00
2	120	amp	ATS 1500iu	80.00	9,600.00
3	500	vial	Cefuroxime 750mg with Diluent	70.00	35,000.00
4	200	amp	Diclofenac 25 mg/ml,3ml Sol for Inj	35.00	7,000.00
5	150	vial	Hydrocortisone 100mg	60.00	9,000.00
6	100	vial	Hydrocortisone 250mg	110.00	11,000.00
7	100	amp	Hyoscine 20mg/ml, 1ml	30.00	3,000.00
8	100	amp	Oxytocin 10iu/ml, 1ml	100.00	10,000.00
9	400	amp	Paracetamol 150mg/ml 2ml	18.00	7,200.00
10	50	amp	Phytomenadione 10mg/ml (Vitamin K)	44.00	2,200.00
11	200	amp	Ranitidine 25mg/ml, 2ml	22.00	4,400.00
12	120	amp	Tetanus Toxoid 0.5ml	79.00	9,480.00
13	10	vial	Adenosine 3 mg/ml, 2 ml Solution for Inj	1,955.00	19,550.00
14	100	amp	Vitamin B-Complex	30.00	3,000.00
15	50	amp	Clonidine 150mcg/ml	80.00	4,000.00
16	10	box	Telmisartan + Hydrochlortiazide 40mg+12.5 Tab x 100's	970.00	9,700.00
17	200	vial	Metronidazole 5mg/ml, 100ml	95.00	19,000.00
18	100	tube	Mupirocin 2%, 15 g Ointment Tube	140.00	14,000.00


for Hospital use

Total amount in words: **One Hundred Eighty One Thousand One Hundred Thirty Pesos Only** **181,130.00**

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:


ANGELINA H. CABRERA
 Signature over printed name of Supplier
 08/15/23
 Date

RICARTE PADILLA
 Governor