PURCHASE ORDER

PROVINCIAL GOVERNMENT OF CAMARINES NO.

Supplier : **ZYRE PHARMACEUTICALS CORPORATION**
Address : ZPC- Building - Bano
Legazpi City
Telephone No. :
TIN : 005 769 913 000

P.O. No. : **23061731**
Date : 09-04-23
Mode of Procurement : **SHOPPING**

Gentlemen:

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

Place of Delivery : **CNPH**
Date of Delivery : 09-12-23

Delivery Term : 700
Payment Term: FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	1000	unit	Expoetin Alfa 4000iu/0.5ml	648.00	648,000.00
			for Hemodialysis use		
Total amount in words:			**Six Hundred Forty Eight Thousand Pesos Only**		**648,000.00**

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,

RICARTE R. PADILLA
Governor

Conforme:

REYNER B. CELLS
Signature over printed name of Supplier
09-05-23
Date