

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NOR

Supplier : **ZYRE PHARMACEUTICALS CORPORATION** P.O. No. : **23071915**
 Address : **ZPC- Building - Bano** Date : **09-04-23**
 Legazpi City
 Telephone No. : _____ Mode of Procurement : **SHOPPING**
 TIN : **005 769 913 000**

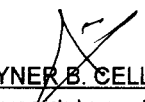
Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein:

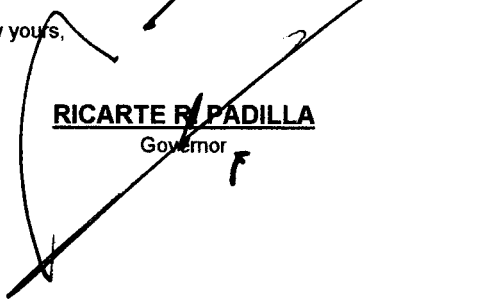
Place of Delivery : **CNPH** Delivery Term : **7 CD**
 Date of Delivery : **09-12-23** Payment Term: **FULL**

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	400	vial	Purified Chick Embryo Cell (Vero Cell), 2.5iu (SPEEDA)	1,278.00	511,200.00
<i>for Hospital use (Pharmacy)</i>					

Total amount in words: **Five Hundred Eleven Thousand Two Hundred Pesos Only** **511,200.00**

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

Very truly yours,

RICARTE R. PADILLA
 Governor