PURCHASE ORDER

Province of Zamboanga del Norte

Supplier:	lier: SAVERS PHARMACY AND MEDICAL SUPPLIES			P.O. No.:	2024-11-753
Address:	Rizal Ave., Central, Dipolog City		Date :	11/11/2024	
				Mode of Procurement:	
TIN:			NP- Small Value		
				PR No./s	200(01)24-10-077(L)
Gentlemen	:				
Please	furnish this	office the foll	owing articles subject to the terms and conditions contain	ned herein:	
Place of Delivery: PGSO W		PGSO W	arehouse, Capitol Extension Building, Malvar St.,	Delivery Term:	30 calendar days
			Estaka, Dipolog City	upon receipt of Notice to Proceed (NTP)	
Date of Del	ivery:			Payment Term:	
Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	vial	41	Purified Vero Cell Vaccine (Branded)	1,700.00	69,700.00
			nothing follows		
			PURPOSE:		
			For Rabies Program (PHO)		>-
					12
					1
			7		
			-		
			F 5		
TO	TAL		Sixty-Nine Thousand Seven Hundred Pesos Only	y	69,700.00

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.