



PURCHASE ORDER

Procuring Department: **Provincial Veterinarian's Office**

Supplier : **MERAL ENTERPRISES** P.O.: **1 0 0 2 0 0 4** **No. 0500**

Address : **Sabang, Lipa City**

E-mail Address : _____ Date : **April 10, 2020**

Telephone No. : **0956-067-1708** Mode of Procurement : **Shopping**

TIN : **176-558-191-000**

Gentlemen:

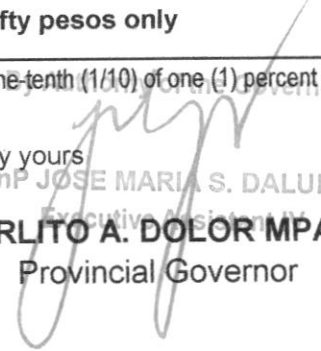
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: **PROVET** Delivery Term: **w/in 7 calendar days upon receipt of NTP**
 Payment Term : **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
		Medical, Dental & Laboratory Supplies			
1	vials	Rabies vaccine (10 doses)	300	448.50	134,550.00
2	btls	Syringe 2ml (100s)	5	445.00	2,225.00
3	box	Hypodermic needle 23g x 1 (100s)	4	345.00	1,380.00
4	btls	Epinephrine ampule x 10	12	72.50	870.00
5	box	Surgical gloves 7.5, 50's	1	485.00	485.00
6	box	Surgical gloves 8, 50's	1	490.00	490.00
7	box	Surgical gloves 6, 50's	1	490.00	490.00
8	btls	Ivermectin 100ml 1%	2	1,150.00	2,300.00
9	btls	Vitamin ADE (100ml)	2	780.00	1,560.00
		X-X-X-X			144,350.00
		To be used by the Provincial Veterinary Office as medical supplies for the first quarter of 2020			

TOTAL AMOUNT IN WORD): one hundred forty four thousand three hundred fifty pesos only

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

Very truly yours

EnP JOSE MARIA S. DALUPAN
 Executive Assistant
HUMERLITO A. DOLOR MPA, PhD.
 Provincial Governor

Conforme:


NANETTE A. DELA MERCED
 Signature Over Printed Name of Supplier
 Date **4/17/20**

Funds Available:


NALTHEA E. AGUTAYA
 Provincial Accountant

OBLIGATION REQUEST NO: _____

AMOUNT : _____