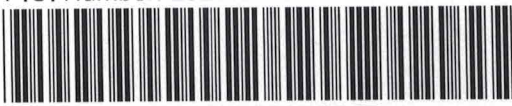




PURCHASE ORDER

Supplier : HMBF Farm Supply Address : Poblacion, New Corella, Davao del Norte PhilGEPS Registration No. : 209926 Tel./Fax No. : 09088696331 Registration Certificate : DTI	P.O. Number: 2021121020  20210903487C957 Date : Dec 10, 2021 Mode of Procurement : Shopping P.R. No. : 2021090348
Req. Office : Provincial Veterinarian's Office	

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

Date of Delivery : _____ Payment Term : ON ACCOUNT Place of Delivery : PGSO Warehouse	Delivery Term: 10 Calendar Days
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	32.00 LTRS.	ALBENDAZOLE (BRANDED)	990.00	31,680.00
2	15.00 PAIL	MVE - WSP (5 KGS./PAIL BRANDED)	1,500.00	22,500.00
3	10.00 BOTTLE	PRAZIVET (50'S BRANDED)	2,190.00	21,900.00
4	5.00 LITERS	AMITRAZ (BRANDED)	3,750.00	18,750.00
5	110.00 BOTTLE	LC VIT-100ML.(BRANDED)	99.00	10,890.00
6	60.00 BOTTLE	MULTIVITAMINS INJECTABLE-100ML. (BRANDED)	400.00	24,000.00
7	100.00 VIALS	ANTI-RABIES (BRANDED)	380.00	38,000.00
8	30.00 KG.	COTRIMOXAZOLE WSP (BRANDED)	1,000.00	30,000.00

Remarks :

TERMS AND CONDITIONS:

1. BIDDERS AND SUPPLIERS MUST INDICATE BRAND NAME IF NEEDED OF DRUGS TO BE QOUTED.
2. PRODUCTS SHOULD EXPIRE AT LEAST TWO (2) YEARS FROM RECEIPT.
3. ALL PRODUCTS REQUESTED SHOULD BE DELIVERED AT ONCE AND NO STAGGERED DELIVERY SHOULD BE MADE BY THE SUPPLIER.
4. ALL PRODUCTS TO BE DELIVERED MUST BE DULY REGISTERED IN PVET.
5. PACKAGING OF DRUGS REQUESTED SHOULD BE STRICTLY OBSERVED.
6. FAILURE TO COMPLY IN ANY OF THE CONDITIONS IMPOSED SHALL MEAN NON ACCEPTANCE OF ALL DRUGS REQUESTED.
7. SUPPLIER SHALL HAVE ITS OFFICIAL ADDRESS WITHIN THE PROVINCE OF DAVAO DEL NORTE TO EXPEDITE NEGOTIATIONS AND DELIVERY AS INVENTORY OF REQUSETED DRUGS IS IN CRITICAL LEVEL.

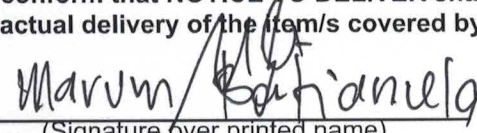
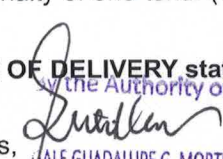
Sub-Total : 197,720.00

FOR USE IN THE ANIMAL HEALTH OF THE PROVINCIAL VETERINARIAN'S OFFICE.	GRAND TOTAL : ₱ 197,720.00
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Grand Total Amount in Words : **ONE HUNDRED NINETY-SEVEN THOUSAND SEVEN HUNDRED TWENTY AND XX / 100**

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.

I hereby conform that NOTICE TO DELIVER shall be served to the PLACE OF DELIVERY stated herein three (3) days before the actual delivery of the item/s covered by this Purchase Order.

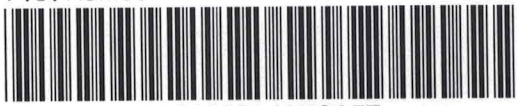
Conforme :  _____ (Signature over printed name) _____ (Date)	Very truly yours,  JALE GUADALUPE G. MORTILERO, MSLRG, MHRM Assistant Provincial Administrator (Administration) EDWIN I. JUBAHIB Governor
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NOTE: This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

GLOBERT M. GREGORIO



PURCHASE ORDER

Supplier : HMBF Farm Supply	P.O. Number: 2021121020
Address : Poblacion, New Corella, Davao del Norte	 20210903487C957
PhilGEPS Registration No. : 209926	Date : Dec 10, 2021
Tel./Fax No. : 09088696331	Mode of Procurement : Shopping
Registration Certificate : DTI	P.R. No. : 2021090348
Req. Office : Provincial Veterinarian's Office	

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

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: 10 Calendar Days
Place of Delivery : PGSO Warehouse		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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The award is based on Abstract No. **1120210747** dated **December 09, 2021** under Quotation No. **20217814C** opened on **November 11, 2021**

Sub-Total : 0.00

FOR USE IN THE ANIMAL HEALTH OF THE PROVINCIAL VETERINARIAN'S OFFICE.	GRAND TOTAL : ₱ 197,720.00
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Grand Total Amount in Words : **ONE HUNDRED NINETY-SEVEN THOUSAND SEVEN HUNDRED TWENTY AND XX / 100**

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.

I hereby conform that **NOTICE TO DELIVER** shall be served to the **PLACE OF DELIVERY** stated herein **three (3) days before the actual delivery** of the item/s covered by this Purchase Order.

Conforme : _____
(Signature over printed name)

Very truly yours, **GALE GUADALUPE G. MORTILLERO, MSLRG, MHRM**
Assistant Provincial Administrator (Administration)
EDWIN I. JUBAHIB
Governor

(Date)

NOTE: This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

GLOBERT M. GREGORIO