



PURCHASE ORDER

Supplier : **P & J AGRICULTURAL TRADING, INC.**

P.O. Number: **2022073176**

Address : **184, Dr. Sixto Antonio Ave., Caniogan, Pasig City**



O202207317605A361345

PhilGEPS Registration No. : **200204662472399206**

Date : **Jun 30, 2022**

Tel./Fax No. : **09175052184**

P.R. No. : **2022053318**

Registration Certificate : **SEC**

Procurement mode: **Competitive Bidding**

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
1	6,318.00 VIALS	ANTI- RABIES VACCINES rabisin 10 dose/vials	296.00	1,870,128.00

- Remarks :
- 10 cal. days
- TERMS AND CONDITION:
1. BIDDERS AND SUPPLIERS MUST INDICATE BRAND NAME IF NEEDED OF DRUGS TO BE QUOTED.
 2. PRODUCTS SHOULD EXPIRE AT LEAST TWO (2) YEARS FROM RECEIPT.
 3. ALL PRODUCTS REQUESTED SHOULD BE DELIVERED AT ONCE AND NO STAGGERED DELIVERY.
 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.

The award is based on Abstract No. **0620223100** created on **June 21, 2022** and resolved on **June 30, 2022** under Quotation No. **20223516B** opened on **June 21, 2022**

FOR THE USE IN MASS VACCINATION OF PROVINCIAL VETERINARIAN'S OFFICE

Grand Total Amount in Words : **ONE MILLION EIGHT HUNDRED SEVENTY THOUSAND ONE HUNDRED TWENTY-EIGHT AND XX / 100**

GRAND TOTAL : **P 1,870,128.00**

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.

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,

EDWIN Y. JUBAHIB
 Governor

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.

ALEJANDRO R. OMIJA JR.