



PURCHASE ORDER

Supplier : **3RD ERA AGRISOLUTIONS**

P.O. Number: **2023125053**

Address : **#1209 Osmena Ext., Magugpo West, Tagum City**



020231250536A0F826AA

PhilGEPS Registration No. : **2017111280001077829256**

Tel./Fax No. : **09175962686**

Registration Certificate : **DTI**

Date : **Dec 15, 2023**

P.R. No. : **2023106436**

Procurement mode: **Shopping B (Regular Purchase)**

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: **20 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	10.00 BOT	Enrofloxacin 20% max 100ml FORTILIS LA	2,800.00	28,000.00
2	10.00 BOTD	Ceftiufur RTU 100ml CITIUS 5%	6,500.00	65,000.00
3	10.00 BOT	Tylosin 20% 100ml ST. JOHN	700.00	7,000.00
4	10.00 BOT	Cephalosporin 100ml CEFTIOGARO	4,000.00	40,000.00
5	10.00 BOT	Gentamycin 100ml ST. JOHN	800.00	8,000.00
6	10.00 BOT	tolatromycin 100ml TULISSIN, 50ML PACKAGING	12,000.00	120,000.00
7	10.00 BOT	Tolfenamic Acid 100ml TOLFINE	3,500.00	35,000.00
8	9.00 BOT	Analgin 100ml COPTRINE	1,200.00	10,800.00
9	10.00 BOT	Dexamethasone plain 100ml DSP	850.00	8,500.00
10	10.00 BOT	ciprofloxacin cephalixin dexamethasone DTC	850.00	8,500.00
11	10.00 bot	Amitraz 500ml/1lt	6,900.00	69,000.00

FOR USE IN ANIMAL HEALTHCARE & DISEASE MGT PROJECT

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 :

JAYEN A. TABUYA
(Signature over printed name)
08 JAN 2024
(Date)

Very truly yours,


ENGR. JOSE JEAN R. RABANOS, CE, WPA, EnP
Provincial Administrator
EDWIN I. 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.

GLOBERT M. GREGORIO



PURCHASE ORDER

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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: 20 Calendar Days
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		TICKAMIT		
12	10.00 bot	Fenadyne 100ml	2,300.00	23,000.00
		FLUNIVET		

Remarks :
 PLS SPECIFY BRAND NAME
 TERMS & CONDITIONS:
 1. BIDDER AND SUPPLIER MUST INDICATE BRAND NAME OF NEEDED OF DRUGS TO BE QUOTED.
 2. PRODUCTS SHOULD EXPIRES AT LEAST TWO (2) YEARS FROM RECEIPT.
 3. ALL PRODUCTS REQUESTED SHOULD BE DELIVERED AT ONCE AND NO STAGGERED DELIVERY SHOULD BE MADE THE SUPPLIER.
 4. PACKAGING OF DRUGS REQUESTED SHOULD BE STRICTLY OBSERVED.
 5. ALL PRODUCTS TO BE DELIVERED MUST BE DULY REGISTERED IN PVET.
 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. **1220234748** created on **December 05, 2023** under Quotation No. **C20236281** opened on **November 23, 2023**

FOR USE IN ANIMAL HEALTHCARE & DISEASE MGT PROJECT	
Grand Total Amount in Words : FOUR HUNDRED TWENTY-TWO THOUSAND EIGHT HUNDRED AND XX / 100	GRAND TOTAL : ₱ 422,800.00

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)
JALIN A. NABUYA
08 JAN 2024
 (Date)

Very truly yours, **ENGR. JOSE JEAN R. RABANZ, CE, MPA, EnP**
 Provincial Administrator
EDWIN I. JUBAHIB
 Governor

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