




PURCHASE ORDER

Supplier : 3RD ERA AGRISOLUTIONS Address : #1209 Osmena Ext., Magugpo West, Tagum City TIN: 172-005-047-00000 PhilGEPS Registration No. : 201711128000489148782 Tel./Mobile/Fax No. : 09175962686 Registration Certificate : DTI	P.O. Number: 2024113992  O2024113992A9C84C82C Date : Oct 17, 2024 P.R. No. : 2024085132 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 Place of Delivery : PVO Office	Delivery Term: 15 Calendar Days
--	--

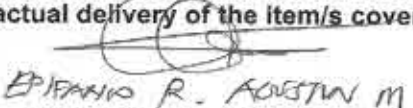
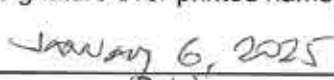

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	20.00 PACK	Doxycycline WSP (1kg) DOXICOLI-PLUS(DOXI 10% + COLISTIN 1 BIU + VIT C + ELECTROLYTES)	3,200.00	64,000.00
2	9.00 BOT	B-Complex Injectable (100 ml) PORCIBEX	900.00	8,100.00
3	20.00 PACK	LEVAMISOLE 10% WSP1 KG/PACK VERM GUARD	2,200.00	44,000.00
4	20.00 BOT	Amoxicillin Trihydrate Solution Injectable (100 ml) VETRIMOXIN LA	950.00	19,000.00
5	25.00 BOT	OXYTETRACYCLINE 200MG INJ. 100ML TETRAMAX/TERRA LA	1,200.00	30,000.00
6	20.00 kl	AMPROLIUM HCl WSP (1KL/CANNISTER) COXIBAN/COXIPROL	2,600.00	52,000.00
7	50.00 BOT	Trimethoprim (1 liter) TRIMEZOLE WSP 1 KILO (Trimethoprim 8% + sULFAMETHOXAZOLE 40%)	1,600.00	80,000.00
8	60.00 GMS	CIPROFLOXACIN WSP 500 GMS/PACK CIPROTYL/QUINOMAX	1,800.00	108,000.00

Remarks :
 1. Bidder and supplier must indicate brand name of the drugs to be quoted.

use for Free Range Beneficiary	8
---------------------------------------	---

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 T. JUBAHIB Provincial 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.

ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : 3RD ERA AGRISOLUTIONS	P.O. Number: 2024113992
Address : #1209 Osmena Ext., Magugpo West, Tagum City	
TIN: 172-005-047-00000	O2024113992A9C84C82C
PhilGEPS Registration No. : 201711128000489148782	Date : Oct 17, 2024
Tel./Mobile/Fax No. : 09175962686	P.R. No. : 2024085132
Registration Certificate : DTI	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: 15 Calendar Days
Place of Delivery : PVO Office		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
------	---------------	------	-----------	--------


- All products should expires atleast (2) two years from receipts.
 - All products requested be delivered at once and no staggered delivery should be made by the supplier
 - Packing of drugs requested should be strictly observed.
 - All products to be delivered must be duly registered in PVET.
- Failure to comply in any of the conditions stated shall mean non-acceptance of all drugs requested.

The award is based on Abstract No. **1020243483** created on **October 04, 2024** and resolved on **October 17, 2024** under Quotation No. **B20244375** opened on **October 03, 2024**

use for Free Range Beneficiary	
Grand Total Amount in Words : FOUR HUNDRED FIVE THOUSAND ONE HUNDRED AND XX / 100	GRAND TOTAL : ₱ 405,100.00


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)

JANUARY 6, 2025
(Date)

Very truly yours,


EDWINA JUBAHIB
Provincial 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.

ALEJANDRO R. OMILA JR.