




## PURCHASE ORDER

Supplier : <b>3RD ERA AGRISOLUTIONS</b>  Address : <b>#1209 Osmena Ext., Maugupo West, Tagum City</b>  TIN: <b>172-005-047-00000</b> PhilGEPS Registration No. : <b>201711128000489148782</b> Tel./Mobile/Fax No. : <b>09175962686</b> Registration Certificate : <b>DTI</b>	P.O. Number: <b>2024124573</b>  <b>O2024124573204B2B0AE</b> Date : <b>Nov 25, 2024</b> P.R. No. : <b>2024095802</b> Procurement mode: <b>Competitive Bidding</b>
Req. Office : <b>Provincial Veterinarian's Office</b>	

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

Date of Delivery : _____ Payment Term : <b>ON ACCOUNT</b> Place of Delivery : <b>ONSITE</b>	Delivery Term: <b>15 Calendar Days</b>
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	200.00 kl	AMPROLIUM HCl WSP (1KL/CANNISTER) <b>COXIPROL/COXIBAN</b>	1,600.00	320,000.00
2	5.00 kl	SKIMMED MILK POWDER <b>NO BRAND-REPACKED</b>	700.00	3,500.00



- Remarks :
1. Bidder and Supplier must indicate brand name of the drugs to be quoted.
  2. Products should expire at least (2) years from receipt.
  3. Packaging of drugs requested should be strictly observed.
  4. All products to be delivered must be duly registered in PVET.
  5. Failure to comply in any of the conditions stated shall mean non- acceptance of all drugs requested.

The award is based on Abstract No. **1120244325** created on **November 14, 2024** and resolved on **November 25, 2024** under Quotation No. **B20245152** opened on **November 14, 2024**

<b>USE FOR LIVESTOCK AND POULTRY PRODUCTION</b>	
Grand Total Amount in Words : <b>THREE HUNDRED TWENTY-THREE THOUSAND FIVE HUNDRED AND XX / 100</b>	GRAND TOTAL : <b>₱ 323,500.00</b>

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)  <b>JANUARY 6, 2025</b> _____ (Date)	Very truly yours,   <b>EDWIN T. JUBAHIB</b> Provincial Governor <i>Mf</i>  _____ (Date)
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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.

ALEJANDRO R. OMILA JR.