



Republic of the Philippines
PROVINCE OF ISABELA
PURCHASE ORDER

P.A. NO: 2822
 DATE: _____
 BY: [Signature]

Supplier : JPM MACROVET SUPPLY
 Address : Cauayan City, Isabela

P.O. No. : 21-09-0197 (0)
 Date : 9-13-21

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

Place of Delivery : PGSO Delivery Term : Charge
 Date of Delivery : Seven (7) days upon receipt of P.O. Payment Term : Check

ITEM NO.	UNIT	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
1	BOTTLES	20	Bromhexine Hydrochloride 100ml	370.00	7,400.00
2	BOTTLES	5	Dexamethasone 100ml	898.00	4,490.00
3	VIAL	20	Fipronyl Spot-On (Detick) 1ml/vial	231.00	4,620.00
4	KG.	1	Doxycycline	2,904.00	2,904.00
5	BOTTLES	6	Gentamicin 100ml	776.00	4,656.00
6	KGS.	2	Levamisole	1,478.00	2,956.00
7	AMP.	30	Metoclopramide 2ml/amp	125.00	3,750.00
8	AMP	30	Ranitidine 1ml/amp	112.00	3,360.00
9	BOTTLES	20	Pyrantel Embonate 60ml Solution	521.00	10,420.00
10	BOTTLES	10	Multi-Purpose Herbal Dog Spray	554.00	5,540.00
11	BOTTLES	5	Dichlofenthion Wound Spray	455.00	2,275.00
12	BOTTLES	10	Carbaryl + Citronella Powder	238.00	2,380.00
13	TABS.	20	Praziquantel + Ferbendazole Dewormer <small>*****nothing follows*****</small>	92.00	1,840.00

PROVINCIAL GENERAL RECEIVED & RECORDED
 BY RONICK
 DATE 9-13-21
 SERVICES OFFICE

(Total Amount in Words) Fifty-six Thousand Five Hundred Ninety-one Pesos Only. 56,591.00

In case of the 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.

Conforme : [Signature]
JPM MACROVET SUPPLY
 (Signature over printed name)
9/15/21
 Date

Very truly yours : [Signature]
HON. RODOLFO T. ALBANO III
 Provincial Governor

In case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished).
 Approved per Sanggunian Resolution No.: _____

Certified Correct : _____ Date : _____