

Standard Form Number: SF - GOOD-58  
Revised on: May 24, 2004  
Standard Form Title: Purchase Order

### PURCHASE ORDER

PROVINCIAL HEALTH OFFICE, NEW CAPITOL BUILDING, COGON DISTRICT, TAGBILARAN CITY  
Agency/Procuring Entity

Supplier :	<b>BYRO PHARMA CORPORATION</b>	D.O. No. :	P.O. # - PHO - 2022 - 108
Address :	<b>Hontanosas Extension corner Bagong Lipunan St., Tagbilaran City</b>	Date :	June 22, 2022
Telephone No.:		Mode of Procurement :	Negotiated
TIN :			Canvass

Gentlemen/Mesdames:

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

Place of Delivery:	<u>GOVERNOR'S OFFICE, NEW CAPITOL BUILDING, COGON DISTRICT, TAGB. CITY</u>	Delivery Term: Please Read Terms & Conditions at the back hereof.
Date of Delivery :	<u>NINETEEN (19) DAYS UPON RECEIPT OF NOTICE TO PROCEED</u>	Payment Term: Upon Completion of Delivery
Warranty Period:	<u>THREE (3) MONTHS</u>	

Item No.	QTY	UNIT	DESCRIPTION OF SUPPLIES	UNIT COST	AMOUNT
1	26	pcs.	BP Apparatus, Aneroid, with Stethoscope	2,445.00	63,570.00
2	11111	tabs.	Amlodipine, 5mg	4.45	49,443.95
3	7215	tabs.	Losartan, 50mg	6.90	49,783.50
4	24000	cap/tab	Metformin, 500mg	2.49	59,760.00
			X-X		
			<b>TOTAL &gt; &gt; &gt;</b>		<b>222,557.45</b>
					<b>VVVVVVVV</b>

(total amount in words) **TWO HUNDRED TWENTY TWO THOUSAND FIVE HUNDRED FIFTY SEVEN PESOS AND 45/100**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent for everyday of delay shall be imposed.

Conforme:

*[Signature]*  
**BYRO PHARMA CORPORATION**  
 Signature over printed name of Supplier

AUG 01 2022  
 Date

Very truly yours,

*[Signature]*  
**ATTY. ARTHUR C. YAP**  
 Governor

By Authority of the Governor:

**ATTY. KATHYRIN FE D. PIOQUINTO**  
 Provincial Administrator

Date approved: **JUN 22 2022**

Funds Available:	Earmarked No. : <b>0787</b>
<b>EUSTAQUIO A. SOCORIN</b> Provincial Treasurer	Amount : <b>P 224,999.45</b>