




PURCHASE ORDER

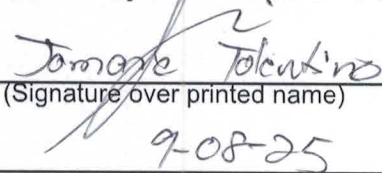

Supplier : HMBF Farm Supply	P.O. Number: 2025093239
Address : Poblacion, New Corella, Davao del Norte	 O202509323949C34D386
TIN: 204-662-030-000 PhilGEPS Registration No. : 209926 Tel./Mobile/Fax No. : 09105502974 Registration Certificate : DTI	Date : Sep 01, 2025 P.R. No. : 2025052829 Procurement mode: 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	Delivery Term: 15 Calendar Days
Place of Delivery : Onsite		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	24.00 VIAL	NCD B1+IB VACINE 1000 DOSES	420.00	10,080.00
2	48.00 VIAL	IBD (GUMBORO)VACINE 1000 DOSES	395.00	18,960.00
3	18.00 BOT	CORYZA BACTERIN 1000 DOSES with Infusion Set	2,390.00	43,020.00
4	24.00 VIAL	FOWL POX VACCINE, 1000 DOSES	480.00	11,520.00
5	24.00 VIAL	NCD LASOTA +IB VACINE 1000 DOSES	450.00	10,800.00

- Remarks :
1. Products should expire atleast (2) years from receipt or must have a minimum shelf life of 24 months from the date of delivery.
 2. Packaging of drugs requested should be strictly observed.
 3. All products to be delivered must be duly registered in PVET.
 4. All medicines must be registered and approved by the FDA or BAI.
 5. Labels must include the generic name, dosage, expiration date, batch number and manufacturer details.
 6. Packaging must be tampered-proof and properly sealed.
 7. Drugs and Medicines shall be on staggered delivery upon the request of the requisitioning office.
 8. Failure to comply in any of the conditions stated shall mean non-acceptance of all drugs requested.
 9. Payment upon completion of the documentary requirements per PACCO audit.
 10. A warranty of 6 months against products defect and damages. Any defective or substandard items delivered must replaced w/in 10 working days from notification.
 11. Sales Invoice and delivery receipt must be submitted upon delivery of the products.


Use for Animal Health Care and 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 :  (Signature over printed name) 9-08-25 (Date)	Very truly yours,  JOEFREY G. M. PUENTES MDA EDWIN I. JUBAHIB 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.

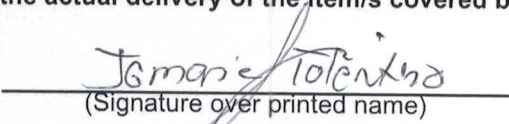
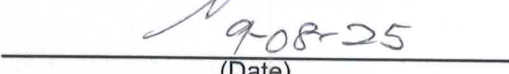

ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : <u>HMBF Farm Supply</u>		P.O. Number: <u>2025093239</u>		
Address : <u>Poblacion, New Corella, Davao del Norte</u>		 O202509323949C34D386		
TIN: <u>204-662-030-000</u>		Date : <u>Sep 01, 2025</u>		
PhilGEPS Registration No. : <u>209926</u>		P.R. No. : <u>2025052829</u>		
Tel./Mobile/Fax No. : <u>09105502974</u>		Procurement mode: <u>Shopping B (Regular Purchase)</u>		
Registration Certificate : <u>DTI</u>				
Req. Office : <u>Provincial Veterinarian's Office</u>				
Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:				
Date of Delivery : _____ Payment Term : <u>ON ACCOUNT</u>		Delivery Term: <u>15 Calendar Days</u>		
Place of Delivery : <u>Onsite</u>				
I.N.	Quantity/Unit	Item	Unit Cost	Amount

The award is based on Abstract No. **0620251722** created on **June 10, 2025** under Quotation No. **C20251955** opened on **May 22, 2025**

Use for Animal Health Care and Disease Mgt. Project	
Grand Total Amount in Words : <u>NINETY-FOUR THOUSAND THREE HUNDRED EIGHTY AND XX / 100</u>	GRAND TOTAL : ₱ 94,380.00
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)  (Date)	Very truly yours,  JOEFREY C. MIRAFUENTES, MPA Supervising Admin. Officer EDWIN I. JUBAHIB 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.