



Republic of the Philippines
 Department of Agriculture
NATIONAL DAIRY AUTHORITY
Central Office
 BAI Compound, Visayas Avenue, Diliman, Quezon City 1101 Philippines
 Tel No.: (632) 926-0733 to 35 | Fax: (632) 926-8847
 Email: dairynda@pldtsl.net | Website: http://nda.da.gov.ph

PURCHASE ORDER

TIN: _____
 Supplier: MERAL ENTERPRISES P.O No. 21-05-037
 Address: Gen. Luna St., Sabang, Date: 05/25/21
Lipa City, Batangas PR No. 03-148
 Mode of Procurement: _____ Date: 03/18/21
 Gentlemen: _____

Place of Delivery: National Dairy Authority, NDA Bldg., Delivery Term: _____
BAI Compd., Visayas Ave., Q.C.
 Date of Delivery: _____ Payment Term: _____

STOCK NO.	UNIT	DESCRIPTION	QUANTITY	UNIT COST	AMOUNT
	bot	Gentamicin sulfate 5000 IU	20	389.00	7,780.00
		Dexamethasone sodium phosphate 760mcg			-
		- 10ml			-
		- Eye drops			-
		Expiration Date: 2022			-
	bot	Amoxicillin 150g	30	928.00	27,840.00
		Gentamicin 100g			-
		- 100ml			-
		- 150g / 40g per ml injectable suspension (IM)			-
		Expiration date: 2022			-
	bot	Oxytetracycline 200mg	30	487.00	14,610.00
		- 100ml			-
		- 200mg per ml injectable solution (IM)			-
		- Expiration date: 2023			-
	bot	Vitamin B-complex	20	980.00	19,600.00
		Electrolytes, Amino acids + Dextrose			-
		- 500ml			-
		- Injectable solution			-
		- Expiration date: 2023			-
	bot	Calcium borogluconate 180mg	20	677.00	13,540.00
		Magnesium gluconate 62.1mg			-
		Dextrose 145mg			-
		- 500ml			-
		- 180mg / 62.1mg / 145mg per ml injectable soluti			-
		- Expiration date: 2023			-
	bot	Thiamine Vitamin B1 (Human Prep ampule)	20	865.00	17,300.00
	pcs	Epinephrine (Human Prep)	30	88.00	2,640.00
	pcs	NSS dextrose 500 ml	10-20	495.00	9,900.00
(Total Amount in Words)				P	113,210.00

49,500.00
 108,200.00
 JBM

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

Very truly yours,
 Pr: Marilyn B. Mabile
 Signature over Printed Name
 Administrator
 Date: MAY 25 2021

Conforme: _____
 Signature over Printed Name
 Supplier

Date: _____

Funds Available: _____
 Signature over Printed Name
 CARLOTA H. CRUZ
 Division Chief, Finance

PAID

