

 PURCHASE ORDER GENERAL SERVICES AGENCY DEPARTMENT OF ADMINISTRATION GOVERNMENT OF GUAM 148 Route 1 Marine Drive PHL, Guam 96925		TRAN CODE															
		THIS PURCHASE ORDER NUMBER No. P206E00171															
F.O.B. ☐ AIR FREIGHT REL. CONTACT ☐ SHIP VIA ☐		DATE 4/03/2020 JOB ORDER NO. 171601006450 CANCEL 450															
(POSTAGE-PAID) (SHIPMENTS) (CARRIER) (S) (TERMS) (REMARKS) (REMARKS)																	
VENDOR	TO: MEDPHARM P O BOX 11864 TAMUNING, GU 96931 Telephone: 671 632-6000 Fax: 671 632-9000 Email:		VENDOR M0096987														
	SHIP TO DEPT OF PUBLIC HEALTH & SOCIAL SERVICES 123 CHALAN KARETA RTE. 10 MANGILAO, GU 96923-0000 PROGRAM INCOME - NRCCHC		CONSIGNEE, DESTINATION & MARKING														
AUTHORITY 3113	** INVIATION NO.	** CONTRACT NO. E.O 2020-03	TIME FOR DELIVERY 45 DAYS														
		EXPENSE	DISCOUNT TERMS														
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 E. IF ON ALL AIR SHIPMENTS HAVE AIR FREIGHT COMPANY CALL THIS NUMBER UPON ARRIVAL OF GOODS
 IN GUAM.

SIGNATURE:
 Claudia S. Acalle Chief Procurement Officer

A. DO NOT FILL THIS ORDER
 IF YOUR TOTAL COST
 EXCEEDS THIS TOTAL
 INSERT CHANGES AND RETURN
 THIS ORDER FOR AMENDMENT

CONTRACTOR: PLEASE SUPPLY PROMPTLY THE ABOVE ARTICLES OR
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ADVANCE PAYMENT
 AUTHORIZATION
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>QUANTITY</th> <th>UNIT</th> <th>UNIT PRICE</th> <th>AMOUNT</th> <th>DOCUMENT NUMBER</th> <th>FAO</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="text-align: center;"> * * * * * VENDOR ACKNOWLEDGMENT * * * * * RETURN TO SUPPLY MANAGEMENT DIVISION DATE OF RECEIPT OF THIS ORDER 03 April 2020 SIGNATURE Arthur C. Adriano * * * * * RECEIVING REPORT COPY * * * * * I CERTIFY THE ABOVE ARTICLES AND/OR SERVICES HAVE/HAS BEEN RECEIVED AND/OR RENDERED AND THE SAME HAS BEEN INSPECTED AND ACCEPTED EXCEPT AS OTHERWISE NOTED HEREIN. DATE RECEIVED: _____ SIGNATURE: _____ * * * * * </td> </tr> <tr> <td colspan="3"> SPECIAL INSTRUCTIONS TO VENDOR: A. SEND CREDITED ORIGINAL AND THREE (3) COPIES OF INVOICE TO DIVISION OF ACCOUNTS, DEPARTMENT OF ADMINISTRATION, GOVERNMENT OF GUAM, P.O. BOX 881, AGANA, GUAM 96910. B. PAYMENT IN THIRTY (30) DAYS UPON RECEIPT OF MERCHANDISE AT GUAM IN CASH OR CHECK. C. THIS ORDER IS SUBJECT TO CONDITIONS ON REVERSE SIDE. D. IF THIS ORDER IS SUBJECT TO THE SPECIAL PROVISIONS AND BID GENERAL TERMS AND CONDITIONS SPECIFIED ON THIS BID. E. IF ON ALL AIR SHIPMENTS HAVE AIR FREIGHT COMPANY CALL THIS NUMBER UPON ARRIVAL OF GOODS IN GUAM. </td> <td colspan="2" style="text-align: right;"> 21030.00 ↑ TOTAL ↑ </td> <td> A. DO NOT FILL THIS ORDER IF YOUR TOTAL COST EXCEEDS THIS TOTAL. INSERT CHANGES AND RETURN THIS ORDER FOR AMENDMENT. </td> </tr> </tbody> </table>				QUANTITY	UNIT	UNIT PRICE	AMOUNT	DOCUMENT NUMBER	FAO	* * * * * VENDOR ACKNOWLEDGMENT * * * * * RETURN TO SUPPLY MANAGEMENT DIVISION DATE OF RECEIPT OF THIS ORDER 03 April 2020 SIGNATURE Arthur C. Adriano * * * * * RECEIVING REPORT COPY * * * * * I CERTIFY THE ABOVE ARTICLES AND/OR SERVICES HAVE/HAS BEEN RECEIVED AND/OR RENDERED AND THE SAME HAS BEEN INSPECTED AND ACCEPTED EXCEPT AS OTHERWISE NOTED HEREIN. DATE RECEIVED: _____ SIGNATURE: _____ * * * * *						SPECIAL INSTRUCTIONS TO VENDOR: A. SEND CREDITED ORIGINAL AND THREE (3) COPIES OF INVOICE TO DIVISION OF ACCOUNTS, DEPARTMENT OF ADMINISTRATION, GOVERNMENT OF GUAM, P.O. BOX 881, AGANA, GUAM 96910. B. PAYMENT IN THIRTY (30) DAYS UPON RECEIPT OF MERCHANDISE AT GUAM IN CASH OR CHECK. C. THIS ORDER IS SUBJECT TO CONDITIONS ON REVERSE SIDE. D. IF THIS ORDER IS SUBJECT TO THE SPECIAL PROVISIONS AND BID GENERAL TERMS AND CONDITIONS SPECIFIED ON THIS BID. E. IF ON ALL AIR SHIPMENTS HAVE AIR FREIGHT COMPANY CALL THIS NUMBER UPON ARRIVAL OF GOODS IN GUAM.			21030.00 ↑ TOTAL ↑		A. DO NOT FILL THIS ORDER IF YOUR TOTAL COST EXCEEDS THIS TOTAL. INSERT CHANGES AND RETURN THIS ORDER FOR AMENDMENT.
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