

DISTRIBUTION PURCHASE ORDER – PER KILOMETER PRICING

Supplier:
 Vendor Name
 Vendor Address

Purchase Order Number: [Insert PO No.]
Under Indefinite Quantity Subcontract (IQS)
No. (IQS) # XXX

Effective Date:

Delivery Due Date: See distribution plan in **Annex 1** for delivery dates.

Acknowledged By:
 Zambia Medicines and Medical Supplies Agency
 Attention: Director of Logistics
 Plot 6446 Mukwa Road
 Industrial Area,
 Lusaka, Zambia
 Telephone: +260 211 24 2768, +260 211 24 4105

Line Item	Vehicle Size	Point of Origin	Destination (single-drop) or district names (multi-drop)	Distance (Round trip for direct drop. Inclusive of return to origin for multi-drop)	Total Rate/Km	Total Price (ZMW)
					#N/A	#N/A
					#N/A	#N/A
					#N/A	#N/A
					#N/A	#N/A
Total Purchase Order Amount (ZMW):						#N/A

Advance Shipment Notification (ASN) to Receiving Entities

Date ASN sent to receiving entity/entities	Time ASN sent to receiving entity/entities	Communication Method				Entity/Entities Receiving Communication (Please check all applicable)				Name of Authorized ZAMMSA Sender	Title of Authorized ZAMMSA Sender	Phone Number of Authorized ZAMMSA Sender
		(Please check the <u>earliest</u> method of communication)				PHO	DHO	Health Facility/Facilities	Hubs			
Click or tap to enter a date.		<i>Email</i> <input type="checkbox"/>	<i>Phone</i> <input type="checkbox"/>	<i>WhatsApp</i> <input type="checkbox"/>	<i>SMS</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Notes:

- This purchase order is issued by Chemonics International Inc. ("Chemonics") on behalf of the USAID Program for Advancing Supply Chain Outcomes (PASCO) Activity, USAID Contract Number 72061123C00001.
- All distances shall be documented in the distribution plan. Total rate/km pricing shall conform to rates in the IQS or, should variable fuel rates be adjusted, the most recent fully executed Pricing Agreement.
- Further details regarding the summary table above shall be included in a distribution plan in Annex 1, which will serve as a binding part of this purchase order and shall delineate complete order detail, routing, recipient delivery dates, and recipient contact information.
- This purchase order (PO) is issued under the Indefinite Quantity Subcontract No. XXX_Zones XX with XXXXX. **All terms and conditions from IQS # XXXX apply to this purchase order.** This purchase order, when properly completed and signed by a Chemoincs authorized staff member, will constitute the fixed-price purchase order. No terms stated by the Supplier in accepting or acknowledging this order shall be binding on Chemonics unless accepted in writing.

Approved by: Zambia Medicines and Medical Supplies Agency (ZAMMSA)

Name:

Title:

Date:

Signature: _____

Acceptance by: XXXX

Name:

Title:

Date:

Signature: _____

Chemonics Reviewer of Purchase Order:

Name:

Title:

Date:

Signature: _____

Chemonics Authorization of Purchase Order:

Name:

Title:

Date:

Signature: _____

DISTRIBUTION PURCHASE ORDER – PER DROP PRICING

Supplier: Vendor Name Vendor Address

Purchase Order Number: [Insert PO No.] Under Indefinite Quantity Subcontract (IQS) No. (IQS) # XXX

Effective Date:

Acknowledged By: Zambia Medicines and Medical Supplies Agency Attention: Director of Logistics Plot 6446 Mukwa Road Industrial Area, Lusaka, Zambia Telephone: +260 211 24 2768, +260 211 24 4105
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Delivery Due Date: See distribution plan in Annex 1 for delivery dates.

Line Item	Point of Origin	Facility Name	Fixed Rate Per Drop	Total Price (ZMW)
			#REF!	#REF!
			#REF!	#REF!
			#REF!	#REF!
			#REF!	#REF!

Advance Shipment Notification (ASN) to Receiving Entities

Date ASN sent to receiving entity/entities	Time ASN sent to receiving entity/entities	Communication Method				Entity/Entities Receiving Communication (Please check all applicable)				Name of Authorized ZAMMSA Sender	Title of Authorized ZAMMSA Sender	Phone Number of Authorized ZAMMSA Sender
		(Please check the <u>earliest</u> method of communication)				PHO	DHO	Health Facility/Facilities	Hubs			
Click or tap to enter a date.		<i>Email</i> <input type="checkbox"/>	<i>Phone</i> <input type="checkbox"/>	<i>WhatsApp</i> <input type="checkbox"/>	<i>SMS</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Notes:

- This purchase order is issued by Chemonics International Inc. ("Chemonics") on behalf of the USAID Program for Advancing Supply Chain Outcomes (PASCO) Activity, USAID Contract Number 72061123C00001.
- All rates are fixed and shall conform with the Per Drop Price List Annex for receiving facilities as set forth in the IQS.
- Further details regarding the summary table above shall be included in a distribution plan in Annex 1, which will serve as a binding part of this purchase order and shall delineate complete order detail, recipient delivery dates, and recipient contact information.
- This purchase order (PO) is issued under the Indefinite Quantity Subcontract No. XXX_Zones XX with XXXXX. **All terms and conditions from IQS # XXXX apply to this purchase order.** This purchase order, when properly completed and signed by a Chemoincs authorized staff member, will constitute the fixed-price purchase order. No terms stated by the Supplier in accepting or acknowledging this order shall be binding on Chemonics unless accepted in writing.

Approved by: Zambia Medicines and Medical Supplies Agency (ZAMMSA)

Name:
Title:
Date:
Signature: _____

Acceptance by: XXXX

Name:
Title:
Date:
Signature: _____

Chemonics Reviewer of Purchase Order:

Name:
Title:
Date:
Signature: _____

Chemonics Authorization of Purchase Order:

Name:
Title:
Date:
Signature: _____

