

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:

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

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

Line Item	Vehicle Size	Point of Origin	Destination (single-drop) <u>or</u> 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 Chemonics 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

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

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.

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 earliest 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: _____

