

## 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

**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) |
|---|-----------------|---------------|---------------------|-------------------|
|   |                 |               |                     | 0.00              |
|   |                 |               |                     | 0.00              |
|   |                 |               |                     | 0.00              |
|   |                 |               |                     | 0.00              |
| <b>Total Purchase Order Amount (ZMW):</b> |                 |               |                     | <b>ZMW 0.00</b>   |

### 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<br>(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><br><input type="checkbox"/>                   | <i>Phone</i><br><input type="checkbox"/> | <i>WhatsApp</i><br><input type="checkbox"/> | <i>SMS</i><br><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\_Vendor Name\_Point of Origin.
- **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: \_\_\_\_\_