

Republic of the Philippines
Province of Davao del Norte
 Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier : <u>ECE MARKETING</u> PhilGEPS Registration No. : _____ Address : <u>150 5TH-A ST.PH.1.ECOLAND SUBD..DAVAO CITY</u> Tel / Fax #: <u>0998-849-5383</u> Registration Certificate : <u>DTI</u>	P.O. No. : <u>2020051681</u> Date : <u>May 07, 2020</u> Mode of Procurement : <u>Bidding</u> P.R. No. : <u>20022007</u>
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Req. Off.: Provincial Health Office

Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein:

Place of Delivery <u>PGSO Warehouse</u> Date of Delivery: _____	Delivery Term: _____ Payment Term : <u>ON ACCOUNT</u>
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Item No.	Quantity/Unit	Description	Unit Cost	Amount
2	100 BXS	BRANDED AMLODIPINE 10MG. TAB 100'S - odasy/amlorex	820.00	82,000.00
3	100 BXS	BRANDED LOSARTAN 50MG. TAB 100'S - sartan/ara	960.00	96,000.00
4	50 BXS	BRANDED AMBROXOL 30MG. TAB 60ML - couxin/saphroxol	500.00	25,000.00
6	288 BOTS	BRANDED CETIRIZINE 5MG SYRUP 60ML - reax/medrizine	68.00	19,584.00
8	288 BOTS	BRANDED AMBROXOL 15MG SYRUP 60ML - couxin/ diamond lab	48.00	13,824.00
10	70 BXS	BRANDED MEFENAMIC ACID 500MG. CAPS 100'S - myrefen/megyxa	520.00	36,400.00
12	30 BXS	BRANDED IBUPROFEN 400MG TAB 100'S - lbufen/Fevral	400.00	12,000.00
14	288 BOTS	BRANDED PHENYLPROPANOLAMINE 12.5MG SYRUP - sinudrin/new myrex lab	54.00	15,552.00

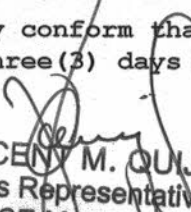
FOR USE OF PROVINCIAL HEALTH OFFICE "OPLAN TABANG" TO THE DIFF. MUN. AND BRGY. OF DAVAO DEL NORTE	SUB TOTAL : P 300,360.00
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Grand Total Amount in Words :

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

I hereby conform that NOTICE TO DELIVER shall be served to the PLACE OF DELIVERY stated herein three (3) days before the actual delivery of the item/s covered by this Purchase Order.

Conforme:


VINCENT M. QUIJE
 Sales Representative
 ECE Marketing

 (Signature over printed name)

060920

(Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor


 ENGR. JC SIE EAN R. PATAJOZ, CE, MPA, EnP
 Provincial Administrator

The winning bidder shall be required to submit a warranty security/certificate during delivery of the item.

NOTE : This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

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Province of Davao del Norte
 Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier : <u>ECE MARKETING</u> PhilGEPS Registration No. : _____ Address : <u>150 5TH-A ST.PH.1,ECOLAND SUBD., DAVAO CITY</u> Tel / Fax #: <u>0998-849-5383</u> Registration Certificate : <u>DTI</u>	P.O. No. : <u>2020051681</u> Date : <u>May 07, 2020</u> Mode of Procurement : <u>Bidding</u> P.R. No. : <u>20022007</u>
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Req. Off.: Provincial Health Office

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
16	144 BOTS	BRANDED AMBROXOL DROPS - couxin/mucolax	48.00	6,912.00
18	144 BOTS	BRANDED CETIRIZINE DROPS - reax/medrizine	58.00	8,352.00
20	720 BOTS	BRANDED PARACETAMOL 250MG SYRUP 60ML - naphran/milgesic/myremol	58.00	41,760.00
21	720 BOTS	BRANDED PARACETAMOL DROPS 100MG/ML, 15ML - naphran/milgesic/myremol	48.00	34,560.00
25	288 BOTS	BRANDED SALBUTAMOL + GUIAFENESIN SYRUP - butamol plus/guiacof	52.00	14,976.00
29	50 BXS	BRANDED CETIRIZINE 10MG TAB 100'S - tracen/cetzy-10	420.00	21,000.00
32	144 BOTS	BRANDED ASCORBIC ACID 100MG SYRUP 120ML - apcee/myrevit c/bonalet c	75.00	10,800.00
38	20 BXS	BRANDED CELECOXIB 200MG TAB 100'S - xelic	960.00	19,200.00
40	5 BXS	BRANDED CLINDAMYCIN 300MG TAB 100'S - acresil/clindagold	1,090.00	5,450.00

FOR USE OF PROVINCIAL HEALTH OFFICE "OPLAN TABANG" TO THE DIFF. MUN. AND BRGY. OF DAVAO DEL NORTE

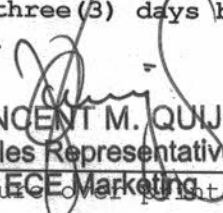
SUB TOTAL : P	163,010.00
GRAND TOTAL : P	463,370.00

Grand Total Amount in Words : **FOUR HUNDRED SIXTY THREE THOUSAND THREE HUNDRED SEVENTY and 0/100**

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

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 Sales Representative
 (Signature over printed name)
ECE Marketing

060920
 (Date)

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Supplier : <u>ECE MARKETING</u>	P.O. No. : <u>2020051681</u>
PhilGEPS Registration No. :	Date : <u>May 07, 2020</u>
Address : <u>150 5TH-A ST.PH.1,ECOLAND SUBD., DAVAO CITY</u>	Mode of Procurement : <u>Bidding</u>
Tel / Fax #: <u>0998-849-5383</u>	P.R. No. : <u>20022007</u>
Registration Certificate : <u>DTI</u>	

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Date of Delivery: _____

Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
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-ALL BIDDERS ARE REQUIRED TO ATTACH CPR

-BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS

- ALL DELIVERED MEDICINES MUST AT LEAST 1 YEAR OR MORE PRIOR TO ITS EXPIRY DATE

-TO BE DELIVERED 5 CALENDAR DAYS UPON RECEIPT OF P.O

-ALL MULTIVITAMINS CAP. & SYRUP WITH NO APPROVED THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED

-NO PARTIAL DELIVERY IS ACCEPTED AND NO REQUEST FOR EXTENSION BE BRANTED

-TO BE AWARDED INDIVIDUAL BASIS

-WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE

FOR USE OF PROVINCIAL HEALTH OFFICE "OPLAN TABANG" TO THE DIFF. MUN. AND BRGY. OF DAVAO DEL NORTE

SUB TOTAL : P

GRAND TOTAL : P 463,370.00

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PAYMENT FOR BFAD SAMPLING

The award is based on Abstract No. **0420201482**
 dated **April 15, 2020** under Bid No. **B20200119**
 opened on **April 14, 2020**

FOR USE OF PROVINCIAL HEALTH OFFICE "OPLAN TABANG" TO THE DIFF. MUN. AND BRGY. OF DAVAO DEL NORTE

SUB TOTAL : P

GRAND TOTAL : P **463,370.00**

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