

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

**PURCHASE ORDER**

|   |                                      |
|---|--------------------------------------|
| Supplier : <u>JNK MEDICAL SALES</u>         | P.O. No. : <u>2020030884</u>         |
| PhilGEPS Registration No. :                 | Date : <u>March 03, 2020</u>         |
| Address : <u>BUTUAN CITY</u>                | Mode of Procurement : <u>Bidding</u> |
| Tel / Fax #:                                | P.R. No. : <u>20010162</u>           |
| Registration Certificate : <u>SEC</u>       |                                      |
| Req. Off. : <u>Provincial Health Office</u> |                                      |

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

|   |  |
|---|--|
| Place of Delivery <u>PGSO Warehouse</u> | Delivery Term: <u>5 Calendar Day/s</u> |
| Date of Delivery: _____                 | Payment Term : <u>ON ACCOUNT</u>       |

| Item No. | Quantity/Unit | Description   | Unit Cost | Amount      |
|----------|---------------|---|-----------|-------------|
| 10       | 100 BXS.      | BRANDED MEFENAMIC ACID 500MG. CAP. 100'S<br>- MESYXAN/INFAMIX/MECID                   | 129.00    | 12,900.00 ✓ |
| 11       | 25 BXS.       | BRANDED MEFENAMIC ACID 250MG. CAP. 100'S<br>- MEFESAPH/MYREFEN/ANALMIN                | 102.00    | 2,550.00 ✓  |
| 13       | 50 BXS.       | BRANDED BACILLUS CLAUSII 10'S -<br>ERCEFLORA  | 525.00    | 26,250.00 ✓ |
| 16       | 144 BOTS.     | BRANDED AMBROXOL DROPS -<br>COUXIN/AMBROLEM/MOBROX                                    | 26.00     | 3,744.00 ✓  |
| 17       | 50 BXS.       | BRANDED PARACETAMOL 500MG. TAB. 100'S -<br>BIOGIC/PARASAPH/NAHALGESC                  | 51.00     | 2,550.00 ✓  |
| 19       | 20 BXS.       | BRANDED ALUMINUM MAGNESIUM 200MG. TAB<br>. 100'S - CALMSAPH/MEDALEM                   | 83.00     | 1,660.00 ✓  |
| 20       | 5 BOTS.       | BRANDED ALUMINUM HYDROXIDE +<br>MAGNESIUM 225+200MG/5ML. 120ML -<br>GASTROGEN/MEDALEM | 36.00     | 180.00 ✓    |
| 26       | 20 BXS.       | BRANDED LAGUNDI 300MG. TAB. 100'S -<br>OFFPLEMED                                      | 158.00    | 3,160.00 ✓  |

|   |               |             |
|---|---------------|-------------|
| FOR USE OF "OPLAN TABANG" TO THE DIFFERENT MUNICIPALITIES AND BARANGAYS OF DAVAO DEL NORTE. | SUB TOTAL : P | 52,994.00 ✓ |
|---|---------------|-------------|

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:

(Signature over printed name)

8-6-2020

(Date)

Very truly yours,

EDWIN I. JUBAHIB  
Governor

MERVIN JAY Z. SUAYBAGNO, Ph.D., DDM  
PG - Department Head  
PICKMO / APAD

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.

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

## PURCHASE ORDER

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| PhilGEPS Registration No. :                 | Date : <u>March 03, 2020</u>         |
| Address : <u>BUTUAN CITY</u>                | Mode of Procurement : <u>Bidding</u> |
| Tel / Fax #:                                | P.R. No. : <u>20010162</u>           |
| Registration Certificate : <u>SEC</u>       |                                      |
| Req. Off. : <u>Provincial Health Office</u> |                                      |

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|   |                                       |
|---|---------------------------------------|
| Place of Delivery <u>PGSO Warehouse</u> | Delivery Term: <u>5Calendar Day/s</u> |
| Date of Delivery: _____                 | Payment Term : <u>ON ACCOUNT</u>      |

| Item No. | Quantity/Unit | Description  | Unit Cost | Amount    |
|----------|---------------|--|-----------|-----------|
| 27       | 25 BXS.       | BRANDED SIMVASTATIN 20MG. TAB. 100'S - PHILSTAT/SIMVASTIN                                      | 105.00    | 2,625.00  |
| 28       | 50 BXS.       | BRANDED CETIRIZINE 10MG. TAB. 100'S - TRACEN/MEDRIZINE/SAPHZINE                                | 42.00     | 2,100.00  |
| 29       | 30 BXS.       | BRANDED OMEPRAZOLE 20MG. CAP. 100'S - OMEBLOC-20/OMEZOL/RAHZOE                                 | 225.00    | 6,750.00  |
| 30       | 288 BOTS      | BRANDED MULTIVITAMINS SYRUP, 120 ML. - W/O NO APPROVED THERAPEUTIC CLAIM LA - MULTILEM/REGIVIT | 36.00     | 10,368.00 |
| 31       | 144 BOTS      | BRANDED ASCORBIC ACID 100MG. SYRUP, 120 ML. - VITCEE/APCEE                                     | 36.00     | 5,184.00  |
| 32       | 10 BXS.       | BRANDED HYOSCINE N-BUTYL BROMIDE 10MG. TAB. 100'S - HYOSAPH/WONWELT                            | 189.00    | 1,890.00  |
| 34       | 25 BXS.       | BRANDED ASCORBIC ACID 500MG. MG. FILM TAB. 100'S - ASCOPHIL/MYREVIT-C/CEVIT                    | 115.00    | 2,875.00  |
| 37       | 50 BXS.       | BRANDED METFORMIN 500MG. TAB. 100'S - SAPHORMIN T500/FORMET/ADC                                | 105.00    | 5,250.00  |

|   |  |
|---|--|
| FOR USE OF "OPLAN TABANG" TO THE DIFFERENT MUNICIPALITIES AND BARANGAYS OF DAVAO DEL NORTE. | SUB TOTAL : P <span style="float: right;">37,042.00</span> |
|---|--|

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:

(Signature over printed name)

8-6-2020

(Date)

Very truly yours,

EDWIN I. JUBAHIB  
Governor

**MERVIN JAY Z. SUAYBAGNO, Ph.D., DDM**  
PS - Department Head  
RICKMO / JAPAN

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

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

**PURCHASE ORDER**Supplier : JNK MEDICAL SALESP.O. No. : 2020030884

PhilGEPS Registration No. :

Date : March 03, 2020Address : BUTUAN CITYMode of Procurement : Bidding

Tel / Fax #:

Registration Certificate : SECP.R. No. : 20010162

Req. Off. : Provincial Health Office

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

Place of Delivery PGSO WarehouseDelivery Term: 5 Calendar Day/s

Date of Delivery: \_\_\_\_\_

Payment Term : ON ACCOUNT

| Item No. | Quantity/Unit | Description   | Unit Cost | Amount    |
|----------|---------------|---|-----------|-----------|
| 39       | 20 BXS.       | BRANDED CEFALEXIN 250MG. CAP. 100'S - EXEL/FALTERIA/DIACEF          | 195.00    | 3,900.00  |
| 40       | 50 BXS.       | BRANDED CEFALEXIN 500MG. CAP. 100'S - EXEL/DIACEF/FALTERIA          | 338.00    | 16,900.00 |
| 41       | 10 BXS.       | BRANDED DIPHENHYDRAMINE 50MG. CAP. 100'S - HISTAZYN/HISTAMOX        | 90.00     | 900.00    |
| 43       | 576 BOTS.     | BRANDED PARACETAMOL 250MG. SYRUP, 60 ML. - MILGESIC/BIOGIC/ALAGESIC | 30.00     | 17,280.00 |
| 44       | 20 BXS.       | BRANDED METOPROLOL 50MG. TAB. 100'S - PROMETIN/PROLOL               | 90.00     | 1,800.00  |
| 46       | 20 BXS.       | BRANDED METOPROLOL 100MG. TAB. 100'S - PROLOL/PROMETIN              | 18.00     | 360.00    |
| 47       | 20 BXS.       | BRANDED ORAL REHYDRATION SALTS S 20.5 G., 100'S - DEAYOROSOL/LUMAR  | 98.00     | 1,960.00  |
| 48       | 100 BXS.      | BRANDED AMOXICILLIN 500MG. CAP. 100'S - AXMEL/AMBIMOX               | 203.00    | 20,300.00 |

FOR USE OF "OPLAN TABANG" TO THE DIFFERENT MUNICIPALITIES AND BARANGAYS OF DAVAO DEL NORTE.

SUB TOTAL : P 63,400.00

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:

Very truly yours,

(Signature over printed name)

EDWIN J. JUBAHIB  
Governor

(Date)

MERVIN JAY Z. SUAYBAGUIO, Ph.D., DDM  
PG - Department Head  
PICKMO / APAA

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Government Center, Mankilam, Tagum City

**PURCHASE ORDER**

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| Supplier : <u>JNK MEDICAL SALES</u>         | P.O. No. : <u>2020030884</u>         |
| PhilGEPS Registration No. :                 | Date : <u>March 03, 2020</u>         |
| Address : <u>BUTUAN CITY</u>                | Mode of Procurement : <u>Bidding</u> |
| Tel / Fax #:                                | P.R. No. : <u>20010162</u>           |
| Registration Certificate : <u>SEC</u>       |                                      |
| Req. Off. : <u>Provincial Health Office</u> |                                      |

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

|   |                                       |
|---|---------------------------------------|
| Place of Delivery <u>PGSO Warehouse</u> | Delivery Term: <u>5Calendar Day/s</u> |
| Date of Delivery: _____                 | Payment Term : <u>ON ACCOUNT</u>      |

| Item No. | Quantity/Unit | Description   | Unit Cost | Amount      |
|----------|---------------|---|-----------|-------------|
| 49       | 288 BOTS.     | BRANDED AMOXICILLIN 100MG./ML. 15 ML. DROPS - MOXYFLOR/NEW MYREX              | 26.00     | 7,488.00 ✓  |
| 50       | 288 BOTS.     | BRANDED AMOXICILLIN 250MG., SUSP. 60 ML. - MOXYLOR/NEW MYREX/AXMEL            | 33.00     | 9,504.00 ✓  |
| 54       | 10 BXS.       | BRANDED COTRIMOXAZOLE 800MG. TAB. 100'S - KATHREX/ZULBACH/TROMOXAVN           | 218.00    | 2,180.00 ✓  |
| 55       | 288 BOTS.     | BRANDED CO-AMOXICLAV 250MG 62.5MG./5ML. SUSP. 100 ML. - CO-AMOXISAPH/COMXICLA | 188.00    | 54,144.00 ✓ |
| 57       | 10 BXS.       | BRANDED IPATROPIUM + SALBUTAMOL 500MCG NEB. 30'S - IPRAVENT/SALRESP/BRODIX    | 832.00    | 8,320.00 ✓  |
| 61       | 288 BOTS.     | BRANDED SALBUTAMOL 2MG. SYRUP, 60ML. - VN2/NOBUTOL/ALBULEM                    | 21.00     | 6,048.00 ✓  |
| 63       | 25 BXS.       | BRANDED CELECOXIB 200MG. CAP. 100'S - SAPHLECOX/XELIC                         | 315.00    | 7,875.00 ✓  |
| 64       | 20 BXS.       | BRANDED CLINDAMYCIN 300MG. TAB. 100'S - ACRESIL/CLINDAGOLD                    | 600.00    | 12,000.00 ✓ |

|   |               |            |
|---|---------------|------------|
| FOR USE OF "OPLAN TABANG" TO THE DIFFERENT MUNICIPALITIES AND BARANGAYS OF DAVAO DEL NORTE. | SUB TOTAL : P | 107,559.00 |
|---|---------------|------------|

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:

*[Signature]*  
KURT O. ULEMAN

(Signature over printed name)

8-6-2020

(Date)

Very truly yours,

EDWIN I. JUBAHIB  
Governor

*[Signature]*  
MERVIN JAY Z. SUYBASTIANO, Ph.D., DDM  
PG - Department Head  
PICKMO LARA

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**PURCHASE ORDER**

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| Supplier : <u>JNK MEDICAL SALES</u>   | P.O. No. : <u>2020030884</u>         |
| PhilGEPS Registration No. :           | Date : <u>March 03, 2020</u>         |
| Address : <u>BUTUAN CITY</u>          | Mode of Procurement : <u>Bidding</u> |
| Tel / Fax #:                          | P.R. No. : <u>20010162</u>           |
| Registration Certificate : <u>SEC</u> |                                      |
| Req. Off. : Provincial Health Office  |                                      |

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|   |  |
|---|--|
| Place of Delivery <u>PGSO Warehouse</u> | Delivery Term: <u>5 Calendar Day/s</u> |
| Date of Delivery: _____                 | Payment Term : <u>ON ACCOUNT</u>       |

| Item No. | Quantity/Unit | Description  | Unit Cost | Amount   |
|----------|---------------|--|-----------|----------|
| 65       | 20 BXS        | BRANDED CLARITHROMYCIN 500MG. TAB. 100'S - CLISTANEX             | 330.00    | 6,600.00 |
| 67       | 25 BXS.       | BRANDED CLOXACILLIN 500MG. CAP. 100'S - FULCLOX/UNICLOX/PHILCLOX | 330.00    | 8,250.00 |
| 68       | 20 BXS.       | BRANDED CAPTORIL 25MG TAB, 100'S - BIOFRIL/VONWELT               | 59.00     | 1,180.00 |

NOTE: CHARGEABLE AGAINST PGO-FUNDS - CONFLICT, INSURGENCY & ANTI-TERRORISM- "OPLAN TABANG" 2020.

- ALL BIDDES ARE REQUIRED TO ATTACH CPR

- BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS

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

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

|   |                 |            |
|---|-----------------|------------|
| FOR USE OF "OPLAN TABANG" TO THE DIFFERENT MUNICIPALITIES AND BARANGAYS OF DAVAO DEL NORTE.   | SUB TOTAL : P   | 16,030.00  |
|   | GRAND TOTAL : P | 277,025.00 |
| Grand Total Amount in Words : <u>TWO HUNDRED SEVENTY SEVEN THOUSAND TWENTY FIVE and 0/100</u> |                 |            |

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:

(Signature over printed name)

(Date)

Very truly yours,

EDWIN I. JUBAHIB  
Governor

MERVIN JAY Z. SUAYBACUNO, Ph.D., DDM  
PG - Department Head  
PICKMO / ADAA

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

**PURCHASE ORDER**Supplier : JNK MEDICAL SALESP.O. No. : 2020030884

PhilGEPS Registration No. :

Date : March 03, 2020Address : BUTUAN CITYMode of Procurement : Bidding

Tel / Fax #:

Registration Certificate : SECP.R. No. : 20010162

Req. Off.: Provincial Health Office

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

Place of Delivery PGSO WarehouseDelivery Term: 5 Calendar Day/s

Date of Delivery: \_\_\_\_\_

Payment Term : ON ACCOUNT

Item No. Quantity/Unit

Description

Unit Cost

Amount

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

- NO PARTIAL DELIVERY IS ACCEPTED AND NO REQUEST FOR EXTENSION BE GRANTED.

- TO BE AWARDED INDIVIDUAL BASIS

- WINNING BIDDERS WILL BE THE ONE TO SHOULD THE PAYMENT FOR BFAD SAMPLING.

The award is based on Abstract No. 0220200626  
dated February 18, 2020 under Bid No. B20200015  
opened on February 17, 2020

FOR USE OF "OPLAN TABANG" TO THE DIFFERENT MUNICIPALITIES AND BARANGAYS OF DAVAO DEL NORTE.

SUB TOTAL : P

GRAND TOTAL : P 277,025.00

Grand Total Amount in Words : TWO HUNDRED SEVENTY SEVEN THOUSAND TWENTY FIVE 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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Conforme:

Very truly yours,

(Signature over printed name)

EDWIN I. JUBAHIB  
Governor

(Date)

MERVIN JAY Z. SUAYBAGUIS, Ph.D., DDM  
PS - Department Head  
PICKMO / APAA

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