

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

PURCHASE ORDER

Supplier : MMJS PHARMACY & MEDICAL SUPPLIES

P.O. No. : 2020031188

PhilGEPS Registration No. : 2008 49128

Date : March 17, 2020

Address : BLK. 5 LOT 8, DINAVILLE SUBD., MAA, DAVAO CITY

Mode of Procurement : Bidding

Tel / Fax #: (082) 286-3398

P.R. No. : 20010198

Registration Certificate : SEC

Req. Off.: PEEDO - DN HOSPITAL - CARMEN ZONE

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

Place of Delivery PGSO Warehouse

Delivery Term: 10Calendar Day/s

Date of Delivery: _____

Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	300 VIAL	WATER FOR INJECTION 100ML	105.00	31,500.00
2	50 BOX	DISP SYRINGE 1ML ORDINARY	300.00	15,000.00
3	50 BOX	DISP SYRINGE 3ML ORDINARY	320.00	16,000.00
4	50 BOX	DISP SYRINGE 5ML ORDINARY	320.00	16,000.00
5	30 BOX	DISP SYRINGE 10ML ORDINARY	550.00	16,500.00
6	150 BOX	HYPOALLERGENIC PLASTER	520.00	78,000.00
7	30 BOT	HYDROGEN PEROXIDE 500ML	100.00	3,000.00
8	30 BOX	SURGICAL GLOVES 6.5	675.00	20,250.00
9	30 BOX	SURGICAL GLOVES 7.0	675.00	20,250.00
10	30 BOX	SURGICAL GLOVES 7.5	675.00	20,250.00
11	50 BOX	INSULIN SYRINGE FOR VACCINE 1ML	845.00	42,250.00
12	300 BOX	FACEMASK EARLOOP	250.00	75,000.00
13	300 BOX	ALCOHOL SWAB PAD	150.00	45,000.00
14	50 ROLL	COTTON 400GM	150.00	7,500.00
15	30 BOX	KY JELLY SACHET - Box of 50's	235.00	7,050.00

SAC SECRETARIAT RECEIVED

Received by: _____

Date: APR 13 2020

Time: 12:41 pm

PURCHASE OF MEDICAL SUPPLIES FOR THE USE OF DDNH-CARMEN ZONE.

SUB TOTAL : P **413,550.00**

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:

JOHN MICHAEL EMPENIO
 (Signature over printed name)

6-9-20
 (Date)

Very truly yours,

EDWIN I. JUBAHIB
 Governor

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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 Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier : <u>MMJS PHARMACY & MEDICAL SUPPLIES</u>	P.O. No. : <u>2020031188</u>
PhilGEPS Registration No. : <u>2008 49128</u>	Date : <u>March 17, 2020</u>
Address : <u>BLK. 5 LOT 8, DINAVILLE SUBD., MAA, DAVAO CITY</u>	Mode of Procurement : <u>Bidding</u>
Tel / Fax #: <u>(082) 286-3398</u>	P.R. No. : <u>20010198</u>
Registration Certificate : <u>SEC</u>	
Req. Off.: <u>PEEDO - DN HOSPITAL - CARMEN ZONE</u>	

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

Place of Delivery PGSO Warehouse

Date of Delivery: _____

Delivery Term: 10Calendar Day/s

Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
16	300 BOT	ALCOHOL 70% ISOPROPHYLL 500ML	85.00	25,500.00
17	100 BOX	WORKING GLOVES MEDIUM	245.00	24,500.00
18	50 ROLL	SURGICAL GAUZE 28X24 MESH	1,180.00	59,000.00
19	10 GAL	BETADINE IODINE 10%	1,000.00	10,000.00
20	70 ROLL	ECG PAPER 80X20	100.00	7,000.00
21	20 TUBE	ADHESIVE PLASTER ASSRTD SIZES	945.00	18,900.00
22	2 GAL	ULTRA SOUND GEL	1,000.00	2,000.00
23	20 BOX	THERMOMETER DIGITAL 10PC/BOX	800.00	16,000.00
24	10 ROLL	INDICATOR TAPE 1"	390.00	3,900.00
25	10 BOX	DISP NEEDLE G25	250.00	2,500.00
26	10 BOX	DISP NEEDLE G26	250.00	2,500.00
27	10 BOX	DISP NEEDLE G23	250.00	2,500.00
28	10 BOX	DISP NEEDLE G18	250.00	2,500.00
29	20 BOX	PATIENT ID TAG PINK	490.00	9,800.00
30	20 BOX	PATIENT ID TAG BLUE	490.00	9,800.00

PURCHASE OF MEDICAL SUPPLIES FOR THE USE OF DDNH-CARMEN ZONE.	SUB TOTAL : P 196,400.00
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Grand Total Amount in Words :

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6-9-20

(Date)

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 Governor

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Registration Certificate : <u>SEC</u>	
Req. Off.: <u>PEEDO - DN HOSPITAL - CARMEN ZONE</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>10 Calendar Day/s</u>
Date of Delivery: _____	Payment Term : <u>ON ACCOUNT</u>

Item No.	Quantity/Unit	Description	Unit Cost	Amount
31	20 BOX	PATIENT ID TAG WHITE	490.00	9,800.00
32	3 BOX	SURGICAL BLADE #10	1,000.00	3,000.00
33	2 BOX	SURGICAL BLADE #11	1,000.00	2,000.00
34	3 BOX	SURGICAL BLADE #15	1,000.00	3,000.00
35	20 PAD	EFM PAPER	650.00	13,000.00
36	2 GAL	EFM GEL	850.00	1,700.00

The award is based on Abstract No. 0220200616
 dated February 18, 2020 under Bid No. B20200039
 opened on February 17, 2020

PURCHASE OF MEDICAL SUPPLIES FOR THE USE OF DDNH-CARMEN ZONE.	SUB TOTAL : P 32,500.00
	GRAND TOTAL : P 642,450.00

Grand Total Amount in Words : **SIX HUNDRED FORTY TWO THOUSAND FOUR HUNDRED FIFTY 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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JOHN MICHAEL EMPENIO
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