

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

PURCHASE ORDER

Supplier : <u>EAH MEDICINE AND MEDICAL SUPPLIES MARKETING</u>	P.O. No. : <u>2021104270</u>
PhilGEPS Registration No. : <u>266017</u>	Date : <u>October 14, 2021</u>
Address : <u>P.PANDAN BRGY.REMEGIO,IGACOS,DDN</u>	Mode of Procurement : <u>Bidding</u>
Tel / Fax #: <u>09561675352</u>	P.R. No. : <u>21073913</u>
Registration Certificate : <u>DTI</u>	
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>	Delivery Term: <u>10Calendar Day/s</u>
Date of Delivery: _____	Payment Term : <u>ON ACCOUNT</u>

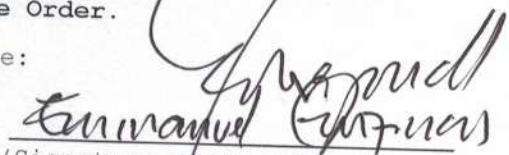
Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	30 BOX	AMLODIPINE 5MG TAB 100'S - AMLOTHIX	130.00	3,900.00
2	40 BOX	AMLODIPINE 10MG TAB 100'S - AMLOTHIX	196.00	7,840.00
3	70 BOX	LOSARTAN 50MG TAB 100'S - ANGISARTAN	180.00	12,600.00
4	15 BOX	AMBROXOL 30MG TAB 60ML - COUXIN	42.00	630.00
5	20 BOX	CO-AMOXICLAV 625MG TAB 14'S - AXICLAV	190.00	3,800.00
6	144 BOT	CETIRIZINE 5MG SYRUP 60ML - MEDRIZINE	36.00	5,184.00
7	20 BOX	CARBOCISTEINE 500MG CAPS 100'S - MUCOVER	154.00	3,080.00
8	50 BOT	AMBROXOL 15MG SYRUP 60ML - BROXOLUAN	18.30	915.00
9	15 BOX	PHENYLPROPANOLAMINE TAB 100'S - SYMDEX	320.00	4,800.00
10	15 BOX	MEFENAMIC ACID 500MG CAPS 100'S - MECID	90.00	1,350.00
11	15 BOX	MEFENAMIC ACID 250MG CAPS 100'S - ANALMIN	70.00	1,050.00
12	10 BOX	IBUPROFEN 400MG TAB 100'S - IBUTEN	116.00	1,160.00
13	40 BOX	ERCE FLORA 10'S - ERCEFLORA	600.00	24,000.00

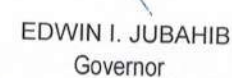
FOR USE OF PROVINCIAL HEALTH OFFICE FOR WALK IN CLIENTS AND REQUESTED MEDICAL OUTREACHES	SUB TOTAL : P	70,309.00
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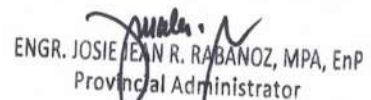
Grand Total Amount in Words :

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: 
(Signature over printed name)

Very truly yours,

EDWIN I. JUBAHIB
Governor

By the Authority of the Governor:

ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
Provincial Administrator

The winning bidder shall be required to submit a warranty security/certificate...

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

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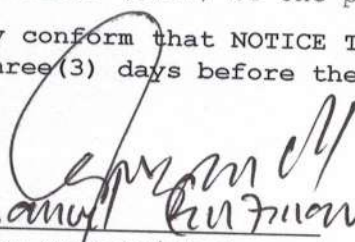
Item No.	Quantity/Unit	Description	Unit Cost	Amount
14	144 BOT	PHENYLPROPANOLAMINE 12.5MG SYRUP - ARNOPHERIN	19.50	2,808.00
15	144 BOT	PHENYLPROPANOLAMINE DROPS - NONE	17.50	2,520.00
16	144 BOT	AMBROXOL DROPS - LYCOBROX	17.60	2,534.40
17	50 BOX	PARACETAMOL 500MG TAB 100'S - RANIGESIC	46.00	2,300.00
18	144 BOT	CETIRIZINE DROPS - MEDRIZINE	53.00	7,632.00
19	15 BOX	ALUMINUM MAGNESIUM 200MG TAB 100'S - NONE	94.00	1,410.00
20	144 BOT	CARBOCISTEINE 250MG SYRUP - 4COUGH	21.00	3,024.00
21	144 BOT	CETIRIZINE 5MG SYRUP - MEDRIZINE	36.00	5,184.00
22	144 BOT	MULTIVITAMINS DROPS - MULTILEM	17.50	2,520.00
23	15 BOX	CARBOCISTEINE 500MG CAP 100'S - MUCOVER	130.00	1,950.00
24	20 BOX	CEFUROXIME 500MG TAB 10'S - AEROX	190.00	3,800.00
25	144 BOT	SALBUTAMOL + GUIAFENESIN SYRUP - VENTORROX	18.50	2,664.00

FOR USE OF PROVINCIAL HEALTH OFFICE FOR WALK IN CLIENTS AND REQUESTED MEDICAL OUTREACHES	SUB TOTAL : P	38,346.40
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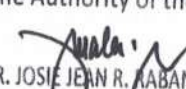
Grand Total Amount in Words :

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(Signature over printed name)

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EDWIN I. JUBAHIB
Governor

By the Authority of the Governor:

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Provincial Administrator

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Republic of the Philippine
Province of Davao del Norte
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Tel / Fax #: <u>09561675352</u>	P.R. No. : <u>21073913</u>
Registration Certificate : <u>DTI</u>	
Req. Off. : Provincial Health Office	

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Date of Delivery: _____ Payment Term : <u>ON ACCOUNT</u>	

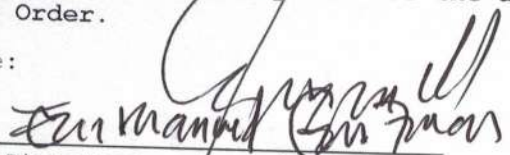
Item No.	Quantity/Unit	Description	Unit Cost	Amount
26	20 BOX	SALBUTAMOL + GUIAFENESIN CAP 100'S - VENTREX-6	114.00	2,280.00
27	20 BOX	LAGUNDI 300MG TAB 100"S - OFPLEMED	190.00	3,800.00
28	15 BOX	SIMVASTATIN 20MG 100'S - SAPHVAS	130.00	1,950.00
29	15 BOX	CETIRIZINE 10MG TAB 100'S - TRACEN	60.00	900.00
30	15 BOX	OMEPRAZOLE 20MG TAB 100'S - OMEBLOC 20	154.00	2,310.00
31	288 BOT	MULTIVITAMINS SYRUP 120ML - FULVIT	32.50	9,360.00
32	144 BOT	ASCORBIC ACID 100MG SYRUP 120ML - NOVACEE	28.00	4,032.00
33	15 BOX	HYOSCINE 10MG - HYOPAN	500.00	7,500.00
34	40 BOX	VIT.B COMPLEX(250+250+1000MG CAPS 100'S) - AMCOVIT - B FORTE	350.00	14,000.00
35	30 BOX	ASCORBIC ACID 500MG TAB 100'S - MYREVIT-C	96.00	2,880.00
36	40 BOX	MULTIVITAMINS + IRON CAP 100'S - HANIZYN	174.00	6,960.00
37	5 BOX	BETAHISTINE 24MG TAB 100'S - VERT	5,400.00	27,000.00

FOR USE OF PROVINCIAL HEALTH OFFICE FOR WALK IN CLIENTS AND REQUESTED MEDICAL OUTREACHES	SUB TOTAL : P 82,972.00
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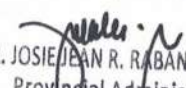
Grand Total Amount in Words :

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Conforme: 
 (Signature over printed name)

Very truly yours,
EDWIN I. JUBAHIB
 Governor

By the Authority of the Governor:

ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
 Provincial Administrator

 (Date)

The winning bidder shall be required to submit a warranty security deposit.

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

PURCHASE ORDER

Supplier : EAH MEDICINE AND MEDICAL SUPPLIES MARKETING

P.O. No. : 2021104270

PhilGEPS Registration No. : 266017

Date : October 14, 2021

Address : P.PANDAN BRGY.REMEGIO,IGACOS,DDN

Mode of Procurement : Bidding

Tel / Fax #: 09561675352

Registration Certificate : DTI

P.R. No. : 21073913

Req. Off. : Provincial Health Office

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
38	20 BOX	METFORMIN 500MG TAB 100'S - FORMET	100.00	2,000.00
39	4 BOX	BUDESONIDE 250MCG/ML,2ML - BUDESON	1,520.00	6,080.00
40	15 BOX	CEFALEXIN 250MG CAP 100'S - EXEL	214.00	3,210.00
41	20 BOX	CEFALEXIN 500MG CAP 100'S - EXEL	312.00	6,240.00
42	5 BOX	DIPHENHYDRAMINE 50MG CAP 100'S - HISTAZYN	88.00	440.00
43	5 BOX	GLICLAZIDE 60MG MR TAB 100'S - MELANOV MRGO	880.00	4,400.00
44	288 BOT	PARACETAMOL 250MG SYRUP - PARA 250	17.50	5,040.00
45	15 BOX	METOPROLOL 50MG TAB 100'S - PROLOL	118.00	1,770.00
46	10 BOT	LIDOCAINE 2% 50ML - LOCHINE	64.00	640.00
47	10 BOX	METOPROLOL 100MG TAB 100'S - PROLOL	236.00	2,360.00
48	15 BOX	ORS 20.5G SACHET - DEHYDROSOL	106.00	1,590.00
49	20 BOX	AMOXICILLIN 500MG CAP 100'S - AMBIMOX	216.00	4,320.00
50	144 BOT	AMOXICILLIN 250MG SYRUP - AXMEL	27.00	3,888.00

FOR USE OF PROVINCIAL HEALTH OFFICE FOR WALK IN CLIENTS AND REQUESTED MEDICAL OUTREACHES

SUB TOTAL : P 41,978.00

Grand Total Amount in Words :

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Conforme:

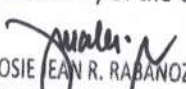

(Signature over printed name)

(Date)

Very truly yours,

EDWIN I. JUBAHIB
Governor

By the Authority of the Governor:


ENGR. JOSIE EAN R. RABANOZ, MPA, EnP
Provincial Administrator

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

PURCHASE ORDER

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P.O. No. : 2021104270

PhilGEPS Registration No. : 266017

Date : October 14, 2021

Address : P.PANDAN BRGY.REMEGIO,IGACOS,DDN

Mode of Procurement : Bidding

Tel / Fax #: 09561675352

Registration Certificate : DTI

P.R. No. : 21073913

Req. Off.: Provincial Health Office

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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
51	144 BOT	AMOXICILLIN 100MG DROPS - AXMEL	19.60	2,822.40
52	144 BOT	ASCORBIC ACID 100MG/5ML 60ML - MYREVIT - C	42.00	6,048.00
53	144 BOT	CEFALEXIN 250MG SUSP.60ML - EXEL	35.00	5,040.00
54	144 BOT	CEFALEXIN DROPS 100MG - EXEL	26.00	3,744.00
55	144 BOT	CEFUROXIME 250MG SUSP. - SQCEF	160.00	23,040.00
56	10 BOX	COTRIMOXAZOLE 800MG TAB 100'S - KATHREX	170.00	1,700.00
57	50 BOT	CO-AMOXICLAV 375MG SUSP. - CLOUIMED	30.00	1,500.00
58	50 BOT	CO-AMOXICLAV 457MG SUSP. - CLOMIVED	300.00	15,000.00
59	5 BOX	IPRATROPIUM + SALBUTAMOL 500MGCG NEB - RESPOSAL -1	982.00	4,910.00
60	5 BOX	COTRIMOXAZOLE 400MG TAB 100'S - ZOCBACH	100.00	500.00
61	20 TUBE	MUPIROCIN CREAM 2%,15G TUBE - MUPIBAN	150.00	3,000.00
62	15 BOX	ATORVASTATIN 80MG TAB 100'S - FULVAST	2,100.00	31,500.00
63	144 BOT	SALBUTAMOL 2MG SYRUP 60ML - NOBUTOL	14.50	2,088.00

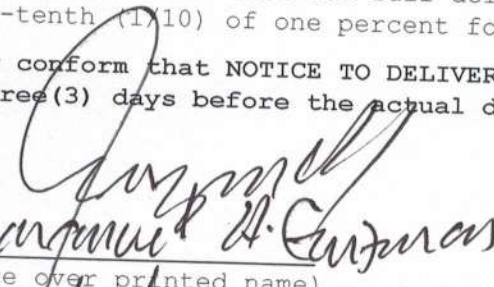
FOR USE OF PROVINCIAL HEALTH OFFICE FOR WALK IN CLIENTS AND REQUESTED MEDICAL OUTREACHES

SUB TOTAL :P 100,892.40

Grand Total Amount in Words :

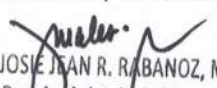
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Conforme: 
(Signature over printed name)

Very truly yours,
EDWIN I. JUBAHIB
Governor

(Date)

By the Authority of the Governor:

ENGR. JOSE JAN R. RABANOZ, MPA, EnP
Provincial Administrator

The winning bidder shall be required to submit a warranty...

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Province of Davao del Norte
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Tel / Fax #: <u>09561675352</u>	P.R. No. : <u>21073913</u>
Registration Certificate : <u>DTI</u>	
Req. Off.: Provincial Health Office	

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Date of Delivery: _____ Payment Term : <u>ON ACCOUNT</u>	

Item No.	Quantity/Unit	Description	Unit Cost	Amount
64	144 BOTS	CARBOCISTEINE 250MG SYRUP - 4COUGH	75.00	10,800.00
65	30 BOX	AZITHROMYCIN 500MG TAB 3'S - AMBIMAX	65.00	1,950.00
66	15 BOX	CELECOXIB 200MG TAB 100'S - SAPHLECOX 200	300.00	4,500.00
67	10 BOX	CLARITHROMYCIN 500MG TAB 100'S - KLARITHIX	1,500.00	15,000.00
68	10 BOX	CLINDAMYCIN 300MG TAB 100'S - ACRESIL 300	650.00	6,500.00
69	5 BOX	CLOPIDOGREL 75MG TAB 30'S - SAPHLOPID	300.00	1,500.00
70	10 BOX	CLOXACILLIN 500MG CAPS 100'S - PHILCLOX	480.00	4,800.00

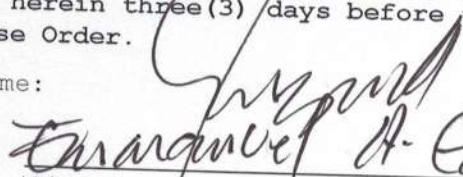
- ALL BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS
- ALL BIDDERS ARE REQUIRED TO ATTACH CPR
- TO BE DELIVERED 10 CALENDAR DAYS UPON RECEIPT OF P.O
- NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR EXTENTION BE GRANTED
- ALL MULTIVITAMINS CAP.& SYRUP WITH NO APPROVED THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED

FOR USE OF PROVINCIAL HEALTH OFFICE FOR WALK IN CLIENTS AND REQUESTED MEDICAL OUTREACHES	SUB TOTAL :P 45,050.00
	GRAND TOTAL :P 379,547.80

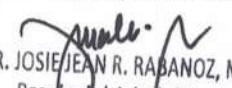
Grand Total Amount in Words : **THREE HUNDRED SEVENTY NINE THOUSAND FIVE HUNDRED FORTY SEVEN and 80/100**

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Conforme: 
 (Signature over printed name)
12/21
 (Date)

Very truly yours,
EDWIN I. JUBAHIB
 Governor

By the Authority of the Governor:

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 Provincial Administrator

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P.R. No. : 21073913

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Date of Delivery: _____ Payment Term : ON ACCOUNT

Delivery Term: 10Calendar Day/s

Item No.	Quantity/Unit	Description	Unit Cost	Amount
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- WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE PAYMENT FOR BFAD SAMPLING
- ALL DELIVERED SUPPLIES MUST BE AT LEAST 1 YEAR OR MORE PRIOR TO ITS EXPIRY DATE
- TO BE AWARDED IN LOT PRICE BASIS

Period of Delivery: 10 days

The award is based on Abstract No. 0920213826
dated September 13, 2021 under Bid No. B20210423
opened on September 09, 2021

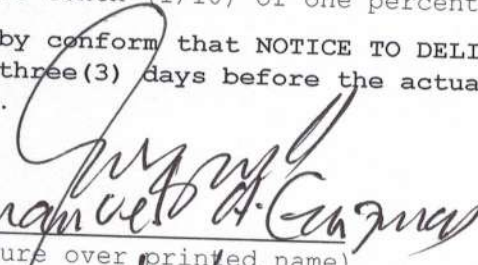
FOR USE OF PROVINCIAL HEALTH OFFICE FOR WALK IN CLIENTS AND REQUESTED MEDICAL OUTREACHES

SUB TOTAL : P
GRAND TOTAL : P 379,547.80

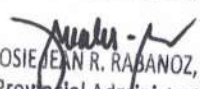
Grand Total Amount in Words : THREE HUNDRED SEVENTY NINE THOUSAND FIVE HUNDRED FORTY SEVEN and 80/100

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Conforme: 
(Signature over printed name)
12/10/21
(Date)

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Governor

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Provincial Administrator

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