



PURCHASE ORDER

Supplier : **Biogenmeds Pharma Center**

Address : **fairview park, quezon city**

PhilGEPS Registration No. : **201202486531616947132**

Tel./Fax No. : **09392669988**

Registration Certificate : **DTI**

P.O. Number: **2021121143**



20211010847A5CA

Date : **Dec 20, 2021**

Mode of Procurement : **Bidding**

P.R. No. : **2021101084**

Req. Office : **PEEDO - DavNor Pharmacy**

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

Date of Delivery : _____ Payment Term : **ON ACCOUNT**

Place of Delivery : **DAVNOR PHARMACY**

Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	3,000.00 TAB	AMLODIPINE 5MG	0.25	750.00
2	1,000.00 VIALS	AMPICILLIN + SULBACTAM 750MG	15.00	15,000.00
3	3,600.00 VIALS	AMPICILLIN + SULBACTAM 1.5G	38.00	136,800.00
4	5,400.00 VIALS	AMPICILLIN 250MG	5.00	27,000.00
5	5,400.00 VIALS	AMPICILLIN 500MG	8.50	45,900.00
6	5,400.00 VIALS	AMPICILLIN 1G	11.00	59,400.00
7	5,500.00 TAB	ASCORBIC ACID 500MG	0.50	2,750.00
8	300.00 TAB	ASPIRIN 80MG	1.00	300.00
9	500.00 VIALS	ATRACURIUM BESILATE 10MG/ML, 2ML	225.00	112,500.00
10	2,000.00 TAB	ACETYLCYSTEINE 600MG EFFERVESCENT	15.00	30,000.00
11	50.00 AMPS	AMINOPHYLLINE 25MG/ML, 10ML	28.00	1,400.00
12	12.00 VIALS	ADENOSINE 3MG/ML, 2ML	1,500.00	18,000.00
13	300.00 AMPS	AMIODARONE HCl 50MG/ML, 3ML	320.00	96,000.00
14	300.00 SUPP	BISACODYL 10MG	28.00	8,400.00
15	500.00 AMPS	BUPIVACAINE 0.5ML, 4ML (SPINAL) W/ 8% DEXTROSE HEAVY (BRANDED)	325.00	162,500.00
16	1,000.00 TAB	BUTAMIRATE CITRATE 50MG	8.00	8,000.00
17	1,000.00 TAB	CAPTOPRIL 25MG (BRANDED)	1.00	1,000.00
Sub-Total :				725,700.00

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS FOR THE 1ST QUARTER OF THE YEAR 2022

GRAND TOTAL : **₱ 3,245,552.00**

Grand Total Amount in Words : **THREE MILLION TWO HUNDRED FORTY-FIVE THOUSAND FIVE HUNDRED FIFTY-TWO AND XX / 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.

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 :

Melissa T. Opong
(Signature over printed name)

Feb 8, 2022
(Date)

Very truly yours,

By the Authority of the Governor: **EDWIN I. JUBAHIB**
Governor

Josie Jean R. Rabanoz
ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
Provincial Administrator

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.

ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : **Biogenmeds Pharma Center**

P.O. Number: **2021121143**

Address : **fairview park, quezon city**



20211010847A5CA

PhilGEPS Registration No. : **201202486531616947132**

Tel./Fax No. : **09392669988**

Registration Certificate : **DTI**

Date : **Dec 20, 2021**

Mode of Procurement : **Bidding**

P.R. No. : **2021101084**

Req. Office : **PEEDO - DavNor Pharmacy**

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

Date of Delivery : _____ Payment Term : **ON ACCOUNT**

Delivery Term: **10 Calendar Days**

Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
18	200.00 BOTTS	CO-AMOXICLAV 457MG/5ML, 70ML SUSP	305.00	61,000.00
19	200.00 BOTTS	CO-AMOXICLAV 228.5MG/5ML, 70ML SUSP	205.00	41,000.00
20	9,000.00 VIALS	CEFTRIAZONE 1G + DILUENT	50.00	450,000.00
21	3,600.00 CAP	CELECOXIB 200MG	2.00	7,200.00
22	200.00 BOTTS	CEFUROXIME 250MG/5ML, 50ML SUSP	200.00	40,000.00
23	9,000.00 VIALS	CEFUROXIME 750MG	55.00	495,000.00
24	144.00 BOTTS	CEFALEXIN 250MG/5ML, 60ML SUSP	35.00	5,040.00
25	1,000.00 TAB	CO-AMOXICLAV 625MG	10.00	10,000.00
26	300.00 AMPS	CARBOPROST 125MCG/0.5ML	280.00	84,000.00
27	144.00 BOTTS	CETIRIZINE 1MG/ML, 60ML SYRUP	60.00	8,640.00
28	100.00 AMPS	DIGOXIN 250MCG/ML, 2ML (BRANDED)	200.00	20,000.00
29	200.00 BOTTS	DOMPERIDONE 1MG/ML, 60ML SYRUP	190.00	38,000.00
30	1,000.00 AMPS	EPINEPHRINE 1MG/ML, 1ML	25.00	25,000.00
31	5,000.00 TAB	FERROUS SULFATE 325MG	0.50	2,500.00
32	50.00 BOTTS	FEROUS SULFATE 30MG/5ML, 60ML SYRUP	20.00	1,000.00
33	300.00 TAB	FUROSEMIDE 20MG	1.00	300.00
34	500.00 TAB	FUROSEMIDE 40MG	1.00	500.00
35	500.00 AMP	GLUCOSE (DEXTROSE) 50%, 50ML	62.00	31,000.00
Sub-Total :				1,320,180.00

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS FOR THE 1ST QUARTER OF THE YEAR 2022

GRAND TOTAL : **₱ 3,245,552.00**

Grand Total Amount in Words : **THREE MILLION TWO HUNDRED FORTY-FIVE THOUSAND FIVE HUNDRED FIFTY-TWO AND XX / 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.

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 :

Melinda J. Opong
(Signature over printed name)
Feb 8, 2022
(Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

Josie Jean R. Rabanoz
ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
Provincial Administrator

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.

ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : **Biogenmeds Pharma Center**

Address : **fairview park, quezon city**

PhilGEPS Registration No. : **201202486531616947132**

Tel./Fax No. : **09392669988**

Registration Certificate : **DTI**

P.O. Number: **2021121143**



20211010847A5CA

Date : **Dec 20, 2021**

Mode of Procurement : **Bidding**

P.R. No. : **2021101084**

Req. Office : **PEEDO - DavNor Pharmacy**

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

Date of Delivery : _____ Payment Term : **ON ACCOUNT**

Place of Delivery : **DAVNOR PHARMACY**

Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
36	1,000.00 VIALS	HYDROCORTISONE 100MG	15.00	15,000.00
37	1,000.00 VIALS	HYDROCORTISONE 250MG	50.00	50,000.00
38	500.00 TAB	ISOXSUPRINE HCI 10MG	12.00	6,000.00
39	500.00 AMPS	ISOXSUPRINE HCI 5MG/ML, 2ML	200.00	100,000.00
40	15.00 BOTTS	ISOFLURANE 100ML	1,850.00	27,750.00
41	1,000.00 TAB	METOPROLOL 50MG	2.00	2,000.00
42	1,000.00 TAB	METOPROLOL 100MG	2.00	2,000.00
43	600.00 TAB	METHYLDOPA 250MG	10.00	6,000.00
44	1,500.00 VIALS	METRONIDAZOLE 5MG/ML, 100ML	30.00	45,000.00
45	1,000.00 AMPS	METOCLOPRAMIDE 5MG/ML, 2ML	15.00	15,000.00
46	300.00 TAB	MONTELUKAST 10MG	15.00	4,500.00
47	500.00 AMPS	NICARDIPINE 1MG/ML, 10ML	400.00	200,000.00
48	500.00 AMPS	NICARDIPINE 1MG/ML, 2ML	410.00	205,000.00
49	500.00 AMPS	NOREPINEPHRINE 1MG/ML, 4ML	450.00	225,000.00
50	1,000.00 CAP	OMEPRAZOLE 20MG	1.00	1,000.00
51	1,000.00 CAP	OMEPRAZOLE 40MG	0.50	500.00
52	500.00 SACHET	ORAL REHYDRATION SALT 20.5G	5.00	2,500.00
53	3,000.00 TAB	PARACETAMOL 500MG (BRANDED)	2.00	6,000.00
Sub-Total :				913,250.00

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS FOR THE 1ST QUARTER OF THE YEAR 2022

GRAND TOTAL : **₱ 3,245,552.00**

Grand Total Amount in Words : **THREE MILLION TWO HUNDRED FORTY-FIVE THOUSAND FIVE HUNDRED FIFTY-TWO AND XX / 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.

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 :

Melissa T. Opon

(Signature over printed name)
Feb 8, 2022

(Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

Jobie Jean R. Rabanoz

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

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.

ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : Biogenmeds Pharma Center	P.O. Number: 2021121143
Address : fairview park, quezon city	 20211010847A5CA
PhilGEPS Registration No. : 201202486531616947132	Date : Dec 20, 2021
Tel./Fax No. : 09392669988	Mode of Procurement : Bidding
Registration Certificate : DTI	P.R. No. : 2021101084
Req. Office : PEEDO - DavNor Pharmacy	

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

Date of Delivery : _____ Payment Term : ON ACCOUNT	Delivery Term: 10 Calendar Days
Place of Delivery : DAVNOR PHARMACY	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
54	20.00 BOTTS	PREDNISON 10MG/5ML, 60ML SUSP	56.00	1,120.00
55	1,000.00 AMPS	PHYTOMENADIONE 10MG/ML, 1ML	28.00	28,000.00
56	300.00 TAB	PREDNISON 20MG	6.05	1,815.00
57	600.00 TAB	RANITIDINE 150MG	0.50	300.00
58	200.00 TAB	SUCRALFATE 1G	40.00	8,000.00
59	20.00 BOTTS	SEVOFLURANE 250ML	5,100.00	102,000.00
60	300.00 AMPS	SODIUM BICARBONATE 1mEq/ML, 20ML	143.00	42,900.00
61	100.00 BOTTS	STERILE WATER FOR INJECTION 1L	84.75	8,475.00
62	1,000.00 AMPS	TRAMADOL 50MG/ML, 2ML	50.00	50,000.00
63	2,000.00 TAB	TRIMETAZIDINE HCI 35MG	14.00	28,000.00
64	1,000.00 CAPS	TRANEXAMIC ACID 500MG	8.00	8,000.00
65	5.00 AMPS	VERAPAMIL 2.5MG/ML, 2ML	180.00	900.00
66	144.00 BOTTS	ZINC SULFATE 20MG/5ML, 60ML SYRUP	48.00	6,912.00

Sub-Total : 286,422.00

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS FOR THE 1ST QUARTER OF THE YEAR 2022	GRAND TOTAL : P 3,245,552.00
--	-------------------------------------

Grand Total Amount in Words : **THREE MILLION TWO HUNDRED FORTY-FIVE THOUSAND FIVE HUNDRED FIFTY-TWO AND XX / 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.

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 : Melisa A. Pong
(Signature over printed name)
Feb 8, 2022
(Date)

Very truly yours,
EDWIN I. JUBAHIB
Governor
By the Authority of the Governor:
Josie Jean R. Rabanoz
ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
Provincial Administrator

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.

ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : Biogenmeds Pharma Center	P.O. Number: 2021121143
Address : fairview park, quezon city	 20211010847A5CA
PhilGEPS Registration No. : 201202486531616947132	Date : Dec 20, 2021
Tel./Fax No. : 09392669988	Mode of Procurement : Bidding
Registration Certificate : DTI	P.R. No. : 2021101084
Req. Office : PEEDO - DavNor Pharmacy	

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

Date of Delivery : _____ Payment Term : ON ACCOUNT	Delivery Term: 10 Calendar Days
Place of Delivery : DAVNOR PHARMACY	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
------	---------------	------	-----------	--------

- Remarks :
- 10 CAL. DAYS1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
 2. NO PARTIAL DELIVERIES.
 3. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
 4. TOTAL LOT AWARDING.
 5. WINNING SUPPLIER MUST PROVIDE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM UPON DELIVERY.
 6. ALL ITEMS PRICES ARE BASED ON DPRI 2021 UNDER GIDA HIGHEST PRICE RANGE.
 7. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS
- ALL ITEMS TO BE CHARGED TO THREE (3) DISTRICT HOSPITALS MOOE UNDER DRUGS AND MEDICINES ACCOUNT.
- *KAPALONG - P2,301,841.06
 - *IGACOS - P2,301,841.06
 - *CARMEN - P2,301,841.05

The award is based on Abstract No. **1220211110** dated **December 20, 2021** under Quotation No. **20217995B** opened on **December 02, 2021**

Sub-Total : 0.00

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS FOR THE 1ST QUARTER OF THE YEAR 2022	GRAND TOTAL : P 3,245,552.00
--	-------------------------------------

Grand Total Amount in Words : **THREE MILLION TWO HUNDRED FORTY-FIVE THOUSAND FIVE HUNDRED FIFTY-TWO AND XX / 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.

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 : Melisa E. Lopez (Signature over printed name) Very truly yours,
Feb 8, 2022 (Date) By the Authority of the Governor
EDWIN I. JUBAHIB
Governor

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

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.

ALEJANDRO R. OMILA JR.