

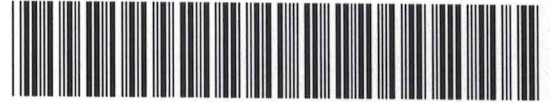


PURCHASE ORDER

Supplier : **EAH MEDICINE & MEDICAL SUPPLIES MARKETING**

P.O. Number: **2022051962**

Address : **IGACOS DAVAO DEL NORTE**



2022021600F213E

PhilGEPS Registration No. : **201903484741796059715**

Tel./Fax No. : **082-3927098**

Registration Certificate : **DTI**

Date : **May 02, 2022**

P.R. No. : **2022021600**

Procurement mode: **Competitive Bidding**

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
1	200.00 TAB	ATORVASTATIN 20MG ATORSAPH	4.50	900.00
2	200.00 TAB	ATORVASTATIN 40MG FULVAST	17.25	3,450.00
3	100.00 TAB	CALCIUM CARBONATE 500MG AMBICAL	6.00	600.00
4	30.00 BOTT	HYPROMELLOSE 5MG/ML, 10ML EYE DROPS (BRANDED) EQUISINE MOIST	245.00	7,350.00
5	500.00	PREFILLEIMMUNOGLOBULIN, TETANUS (HUMAN) 250IU/ML SEROTET	972.00	486,000.00
6	20.00 BOTT	LEVOFLOXACIN (0.5%) 5MG/ML EYE DROPS (BRANDED)	373.50	7,470.00
7	15.00 BOTT	TROPICAMIDE + PHENYLEPHRINE HCl 5MG/5MG/ML, 10ML EYE DROPS (BRANDED) SANMTU	527.50	7,912.50
8	50.00	POLYAMPLIDOCAINE 2%, 5ML (BRANDED) LOCAINE	36.21	1,810.50
9	15.00 BOTT	OFLOXACIN 0.3%, 5ML EAR DROPS (BRANDED) NONE	249.00	3,735.00

Sub-Total : 527,728.00

TO BE USED FOR THE THREE (3) DDN HOSPITAL

GRAND TOTAL : **₱ 527,728.00**

Grand Total Amount in Words : **FIVE HUNDRED TWENTY-SEVEN THOUSAND SEVEN HUNDRED TWENTY-EIGHT 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 :

(Signature over printed name)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

06/10/22

(Date)


ENGR. JOSIE JEAN R. RABANOZ, CE, 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 : EAH MEDICINE & MEDICAL SUPPLIES MARKETING	P.O. Number: 2022051962
Address : IGACOS DAVAO DEL NORTE	 2022021600F213E
PhilGEPS Registration No. : 201903484741796059715	Date : May 02, 2022
Tel./Fax No. : 082-3927098	P.R. No. : 2022021600
Registration Certificate : DTI	Procurement mode: Competitive Bidding
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
10	10.00 BOTT	PROPARACAINE HCI 5MG/ML (0.5%), 15ML EYE DROPS (BRANDED) ALCaine	850.00	8,500.00

Remarks : 10 CAL. DAYSNOTE: 1. 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 AWARDEE. 5. WINNING SUPPLIER MUST PROVIDE A COPY OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM UPON DELIVERY. 6. ITEM NO. 10 ARE NON DPRI. 7. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEM. ALL ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITAL DRUG FUND ACCOUNT: *DF-DDNH-CARMEN ZONE ACCT NO. 0342-1124-39 AMOUNTING P45,105.50 *DF-DDNH-IGACOS ZONE ACCT NO. 0342-1116-47 AMOUNTING P49,980.00 *DF-DDNH-KAPALONG ZONE ACCT NO. 0342-1116-37 AMOUNTING P440,020.00

The award is based on Abstract No. **0420222011** dated **May 02, 2022** under Quotation No. **20221944B** opened on **April 14, 2022**

Sub-Total : 8,500.00

TO BE USED FOR THE THREE (3) DDN HOSPITAL	GRAND TOTAL : P 527,728.00
Grand Total Amount in Words : FIVE HUNDRED TWENTY-SEVEN THOUSAND SEVEN HUNDRED TWENTY-EIGHT 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 : Emmanuel A. Guzman Very truly yours,
(Signature over printed name) By the Authority of the Governor: **EDWIN I. JUBAHIB**
6/10/22 (Date) ENGR. JOSIE JUAN R. RABANOZ, CE, MPA, EnP
Provincial Administrator Governor

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.