



## PURCHASE ORDER

Supplier : <b>MACRIK PHILS. VENTURES, INC.</b>	P.O. Number: <b>2023062319</b>
Address : <b>DAVAO CITY</b>	 <b>020230623198E529E44C</b>
PhilGEPS Registration No. : <b>20100231797121327970</b> Tel./Fax No. : <b>082-2240822</b> Registration Certificate : <b>SEC</b>	Date : <b>Jun 29, 2023</b> P.R. No. : <b>2023010419</b> Procurement mode: <b>Bidding</b>
Req. Office : <b>PEEDO - DavNor Pharmacy</b>	

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

Date of Delivery : _____ Payment Term : <b>ON ACCOUNT</b>	Delivery Term: <b>10 Calendar Days</b>
Place of Delivery : <b>DAVNOR PHARMACY</b>	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	50.00 BOTT	ALCOHOL-BASED HAND SANITIZER WITH PUMP SPRAY(ANTISEPTIC), 500ML waterless hand care (OR theatre-grade) 70% Ethanol and 0.5% Chlorhexidine Gluconate, 360 minutes (6 hours) sustained microbial activity. <b>VIRUSAN</b>	1,450.00	72,500.00
2	50.00 BOTT	CONCENTRATE 2.5% DOSING SOAKING SOLUTION FOR INSTRUMENTS, 1L high level disinfectant/sterilant, sporicidal, cationic surfactant and Alkyltriamine-non glutaraldehyde and non per acetic. <b>VIRUSOLVE +LOS</b>	13,500.00	675,000.00
3	50.00 BOTT	SURFACE HIGH LEVEL DISINFECTANT, 1L sporicidal, cationic surfactant, Alkyltriamine, 5% dosing, concentrate, non glutaraldehyde and non per acetic, lemon and lavender scent. <b>VIRUSOLVE +</b>	6,500.00	325,000.00
4	50.00 BOTT	TRIPLE ENZYMATIC PRE-CLEANER WITH DISINFECTANT, 1L lipase, protease and amylase with Didecylmethylpoly Ammonium Propionate and Bis Dodecylamine disinfectant, ocean breeze scent, concentrate. <b>VIRUZYME PCD</b>	7,500.00	375,000.00

**FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS**

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)*

*(Date)*


**EDWIN I. JUBAHIB**  
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.**



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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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- Remarks :
1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
  2. NO PARTIAL DELIVERIES.
  3. ALL ITEMS MUST BE QUOTED WITH SPECIFIC BRAND, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
  4. TOTAL LOT AWARDING.
  5. THE SUPPLIER MUST INFORM THE R.O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITAL MOOE UNDER THE MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT:  
 \*DDNH-KAPALONG ZONE - P482,500.00  
 \*DDNH-IGACOS ZONE - P482,500.00  
 \*DDNH-IGACOS ZONE - P482,500.00

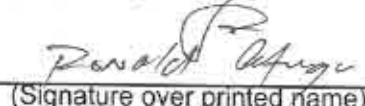
The award is based on Abstract No. **0320230687** created on **March 09, 2023** and resolved on **June 22, 2023** under Quotation No. **B20230250** opened on **March 03, 2023**

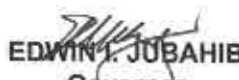
<b>FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS</b>	
Grand Total Amount in Words : <b>ONE MILLION FOUR HUNDRED FORTY-SEVEN THOUSAND FIVE HUNDRED AND XX / 100</b>	GRAND TOTAL : <b>P 1,447,500.00</b>

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 S. JUBAHIB**  
 Governor

8-8-23  
 (Date)

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ALEJANDRO R. OMILA JR.