



PURCHASE ORDER

Supplier : **Biogenmeds Pharma Center**

P.O. Number: **2022041473**

Address : **fairview park, quezon city**



202201075993D6F

PhilGEPS Registration No. : **201202486531616947132**

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

Registration Certificate : **DTI**

Date : **Mar 31, 2022**

Mode of Procurement : **Competitive**

P.R. No. : **2022010759Bidding**

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	5,000.00 TABLET	AMLODIPINE 5MG NORVATROL	1.50	7,500.00
2	5,000.00 TABLET	AMLODIPINE 10MG NORVATROL	2.00	10,000.00
3	2,000.00 TABLET	ALUMINUM + MAGNESIUM HYDROXIDE 200MG+100MG ZILGAM	1.50	3,000.00
4	150.00 TABLET	AZITHROMYCIN 500MG STIMAX	33.00	4,950.00
5	432.00 BOTTLE	ASCORBIC ACID 100MG/5ML, 120ML SYRUP FORTIS	28.00	12,096.00
6	10,000.00 TABLET	ASCORBIC ACID 500MG FORTIS	1.00	10,000.00
7	15,000.00 CAPSULE	AMOXICILLIN 500MG AMBIMOX	1.80	27,000.00
8	144.00 BOTTLE	AMOXICILLIN 100MG/ML, 15ML DROPS	22.00	3,168.00
			Sub-Total :	77,714.00

**TO BE USED FOR PROVINCIAL HEALTH OFFICE FOR OPLAN TABANG
OUTREACH**

GRAND TOTAL : **₱ 1,072,423.00**

Grand Total Amount in Words : **ONE MILLION SEVENTY-TWO THOUSAND FOUR HUNDRED TWENTY-THREE 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)
May 19, 2022

(Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

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

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P.O. Number: **2022041473**

Address : **fairview park, quezon city**



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Delivery Term: **10 Calendar Days**

Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		AMBIMOX		
9	432.00 BOTTLE	AMOXICILLIN 250MG/5ML, 60ML SUSP	22.00	9,504.00
		AMBIMOX		
10	2,000.00 TABLET	ATORVASTATIN 80MG	5.50	11,000.00
		ATORSAPH		
11	1,000.00 TABLET	BETAHISTINE 24MG	21.00	21,000.00
		VERTASAP		
12	720.00 NEBULE	BUDESONIDE 250MCG/ML, 2ML	38.00	27,360.00
		BUDESON		
13	700.00 TABLET	CO-AMOXICLAV 625MG	12.00	8,400.00
		SANKET		
14	432.00 BOTTLE	CO-AMOXICLAV 400MG/57MG/5ML, 70ML SUSP	280.00	120,960.00
		RANICLAV		
15	5,000.00 TABLET	CETIRIZINE 10MG	1.50	7,500.00
		ALLERCHEM		
			Sub-Total :	205,724.00

TO BE USED FOR PROVINCIAL HEALTH OFFICE FOR OPLAN TABANG OUTREACH	GRAND TOTAL : ₱ 1,072,423.00
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Conforme : Melissa E. Opong
(Signature over printed name)

Very truly yours,
By the Authority of the Governor: **EDWIN I. JUBAHIB**
Governor

May 19, 2022
(Date)

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

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Delivery Term: **10 Calendar Days**

Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
16	288.00 BOTTLE	CETIRIZINE 10MG/ML, 10ML DROPS ALLERCHEM	32.00	9,216.00
17	432.00 BOTTLE	CETIRIZINE 1MG/ML, 60ML SYRUP ALLERCHEM	33.00	14,256.00
18	500.00 TABLET	CEFUROXIME 500MG AEROX	15.00	7,500.00
19	432.00 BOTTLE	CEFUROXIME 250MG/5ML, 120ML SUSP AEROX	150.00	64,800.00
20	10,000.00 CAPSULE	CEFALEXIN 500MG DIACEF	3.50	35,000.00
21	144.00 BOTTLE	CEFALEXIN 100MG/ML, 10ML DROPS DIACEF	23.00	3,312.00
22	432.00 BOTTLE	CEFALEXIN 250MG/5ML, 60ML SUSP DIACEF	28.00	12,096.00
23	2,000.00 TABLET	COTRIMOXAZOLE 400MG	0.90	1,800.00
Sub-Total :				147,980.00

TO BE USED FOR PROVINCIAL HEALTH OFFICE FOR OPLAN TABANG OUTREACH

GRAND TOTAL : **₱ 1,072,423.00**

Grand Total Amount in Words : **ONE MILLION SEVENTY-TWO THOUSAND FOUR HUNDRED TWENTY-THREE AND XX / 100**

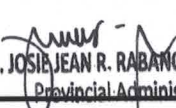
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Conforme : _____

 (Signature over printed name)

 May 19, 2022
 (Date)

Very truly yours,
 By the Authority of the Governor: **EDWIN I. JUBAHIB**
 Governor

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

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ALEJANDRO R. OMILA JR.



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PhilGEPS Registration No. : 201202486531616947132	Date : Mar 31, 2022
Tel./Fax No. : 09392669988	Mode of Procurement : Competitive
Registration Certificate : DTI	P.R. No. : 2022010759Bidding
Req. Office : PEEDO - DavNor Pharmacy	

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

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Place of Delivery : DAVNOR PHARMACY	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		ZOLBACH		
24	2,000.00 TABLET	COTRIMOXAZOLE 800MG	2.80	5,600.00
		KATREX		
25	144.00 BOTTLE	COTRIMOXAZOLE 200MG+40MG/5ML, 70ML SUSP	22.00	3,168.00
		KATREX		
26	5,000.00 CAPSULE	CELECOXIB 200MG	4.50	22,500.00
		EMICOX		
27	3,000.00 TABLET	CLARITHROMYCIN 500MG	17.00	51,000.00
		KLARITHIX		
28	3,000.00 CAPSULE	CLINDAMYCIN 300MG	12.00	36,000.00
		CLIN-GEN		
29	2,000.00 TABLET	CLOPIDOGREL 75MG	1.50	3,000.00
		CLOPIDO-M		
30	3,000.00 CAPSULE	CLOXACILLIN 500MG	2.50	7,500.00
		MYRECLOX		
31	2,000.00 CAPSULE	DIPHENHYDRAMINE 50MG	1.80	3,600.00
Sub-Total :				132,368.00

TO BE USED FOR PROVINCIAL HEALTH OFFICE FOR OPLAN TABANG OUTREACH	GRAND TOTAL : ₱ 1,072,423.00
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(Date)

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 Provincial Administrator

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Req. Office : PEEDO - DavNor Pharmacy	

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Place of Delivery : DAVNOR PHARMACY	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		HISTAZYN		
32	1,000.00 TABLET	GLICLAZIDE 60MG MR	12.80	12,800.00
		MELANOV		
33	1,000.00 TABLET	HYOSCINE-N-BUTYLBROMIDE 10MG	3.50	3,500.00
		BELLOID		
34	2,000.00 TABLET	IBUPROFEN 400MG	1.60	3,200.00
		IBUFEN		
35	1,050.00 NEBULE	IPRATROPIUM + SALBUTAMOL 500MCG+2.5MG, 2.5ML	16.00	16,800.00
		SALREST		
36	100.00 VIAL	LIDOCAINE 2%, 50ML	35.00	3,500.00
		AMESTIN		
37	3,000.00 TABLET	LAGUNDI 300MG	1.80	5,400.00
		ASFLEM		
38	15,000.00 TABLET	LOSARTAN 50MG	1.50	22,500.00
		LOSAAR		
			Sub-Total :	67,700.00

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(Signature over printed name)

EDWIN I. JUBAHIB
Governor

May 19, 2022
(Date)

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

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Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
39	2,000.00	CARPULELIDOCAINE 2%, 1.8ML W/ EPINEPHRINE ZEYCO	15.00	30,000.00
40	3,000.00	TABLET METFORMIN 500MG SAPHORMIN	1.20	3,600.00
41	288.00	BOTTLE MULTIVITAMINS PER 5ML, 15ML DROPS MULTILEM	23.00	6,624.00
42	144.00	BOTTLE MULTIVITAMINS PER 5ML, 120ML SYRUP MULTILEM	32.00	4,608.00
43	10,000.00	CAPSULEMEFENAMIC ACID 250MG MEFESAPH	1.20	12,000.00
44	10,000.00	CAPSULEMEFENAMIC ACID 500MG MEFESAPH	1.00	10,000.00
45	5,000.00	TABLET METOPROLOL 50MG PROLOL	1.80	9,000.00
46	5,000.00	TABLET METOPROLOL 100MG PROLOL	2.50	12,500.00
Sub-Total :				92,082.00

TO BE USED FOR PROVINCIAL HEALTH OFFICE FOR OPLAN TABANG OUTREACH

GRAND TOTAL : **₱ 1,072,423.00**

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Conforme :

Melissa B. Gony
(Signature over printed name)
May 19, 2022
(Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

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

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Delivery Term: **10 Calendar Days**

Place of Delivery : DAVNOR PHARMACY

I.N.	Quantity/Unit	Item	Unit Cost	Amount
47	50.00 TUBE	MUPIROCIN 2%, 15G CREAM MUPIDERM	75.00	3,750.00
48	3,000.00 CAPSULE	OMEPRAZOLE 20MG RANZOLE	2.00	6,000.00
49	1,250.00 SACHET	ORAL REHYDRATION SALT 20.5G AMBILYTE	3.50	4,375.00
50	5,000.00 TABLET	PARACETAMOL 500MG NOVAMOL	1.20	6,000.00
51	576.00 BOTTLE	PARACETAMOL 250MG/5ML, 60ML SYRUP PHILPARA	18.00	10,368.00
52	2,000.00 TABLET	SIMVASTATIN 20MG ZIMVAST	3.50	7,000.00
53	288.00 BOTTLE	SALBUTAMOL 2MG/5ML, 60ML SYRUP BUTAMOL	26.00	7,488.00
54	20,000.00 TABLET	VITAMIN B COMPLEX 100MG+5MG+50MCG AMCOVIT-B	1.20	24,000.00

Sub-Total : 68,981.00

TO BE USED FOR PROVINCIAL HEALTH OFFICE FOR OPLAN TABANG
OUTREACH

GRAND TOTAL : **₱ 1,072,423.00**

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Conforme :

Melissa M. Opony
(Signature over printed name)

May 19, 2022
(Date)

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EDWIN I. JUBAHIB
Governor

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		AMCOVIT-B		
55	5,000.00 TABLET	AMBROXOL 30MG	2.50	12,500.00
		LYCOBROX		
56	288.00 BOTTLE	AMBROXOL 7.5MG/ML, 15ML DROPS	26.00	7,488.00
		SAPROXOL		
57	432.00 BOTTLE	AMBROXOL 15MG/5ML, 60ML SYRUP	25.00	10,800.00
		BROXOVIN		
58	10,000.00 CAPSULE	CEFALEXIN 250MG	2.80	28,000.00
		DIACEF		
59	432.00 BOTTLE	CO-AMOXICLAV 250MG/62.5MG/5ML, 70ML SUSP	145.00	62,640.00
		CLOVIMED		
60	5,000.00 CAPSULE	CARBOCISTEINE 500MG	2.50	12,500.00
		CEASCOL		
61	432.00 BOTTLE	CARBOCISTEINE 250MG/5ML, 60ML SYRUP	23.00	9,936.00
		CEASCOL		
Sub-Total :				143,864.00

TO BE USED FOR PROVINCIAL HEALTH OFFICE FOR OPLAN TABANG OUTREACH	GRAND TOTAL : P 1,072,423.00
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Conforms to : _____ (Signature over printed name) May 19, 2022 _____ (Date)	Very truly yours, By the Authority of the Governor: ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP Provincial Administrator
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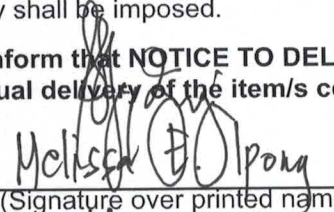
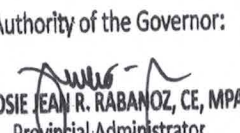
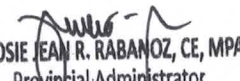
I.N.	Quantity/Unit	Item	Unit Cost	Amount
62	300.00	POLYAMPBACILLUS CLAUSII NOVAFLORA	55.00	16,500.00
63	5,000.00 TABLET	PHENYLPROPANOLAMINE HCl BROMPHENIRAMINE MALEATE 15MG/12MG ZEDITAPH	5.50	27,500.00
64	288.00 BOTTLE	PHENYLPROPANOLAMINE HCl BROMPHENIRAMINE 6.25MG/2MG/ML, 15ML DROPS ZEDITAPH	72.00	20,736.00
65	432.00 BOTTLE	PHENYLPROPANOLAMINE HCl BROMPHENIRAMINE 12.5MG/4MG/5ML, 60ML SYRUP ZEDITAPH	75.00	32,400.00
66	20,000.00 CAPSULE	MULTIVITAMINS + IRON MULTILEM	1.50	30,000.00
67	3,000.00 CAPSULE	SALBUTAMOL + GUAIFENESIN BUTAMOL	2.00	6,000.00
68	288.00 BOTTLE	SALBUTAMOL + GUAIFENESIN, 60ML SYRUP	23.00	6,624.00
Sub-Total :				139,760.00

TO BE USED FOR PROVINCIAL HEALTH OFFICE FOR OPLAN TABANG OUTREACH	GRAND TOTAL : ₱ 1,072,423.00
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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IPRACARE

- 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 AWARDING.
 5. WINNING SUPPLIER MUST PROVIDE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM UPON DELIVERY.
 6. ITEMS NO. 55 TO 68 ARE NON DPRI.
 7. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO DAVAO DEL NORTE HOSPITAL - KAPALONG ZONE MOOE UNDER DRUGS AND MEDICINES ACCOUNT.

Sub-Total : 0.00

TO BE USED FOR PROVINCIAL HEALTH OFFICE FOR OPLAN TABANG OUTREACH	GRAND TOTAL : ₱ 1,072,423.00
Grand Total Amount in Words : ONE MILLION SEVENTY-TWO THOUSAND FOUR HUNDRED TWENTY-THREE 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)

 (Date) **May 19, 2022**

Very truly yours,
 By the Authority of the Governor:
EDWIN I. JUBAHIB
 Governor

 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 : Biogenmeds Pharma Center

P.O. Number: **2022041473**

Address : fairview park, quezon city



202201075993D6F

PhilGEPS Registration No. : 201202486531616947132
Tel./Fax No. : 09392669988
Registration Certificate : DTI

Date : Mar 31, 2022
Mode of Procurement : Competitive
P.R. No. : 2022010759Bidding

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
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The award is based on Abstract No. **0320221324** dated **March 31, 2022** under Quotation No. **20220826B** opened on **March 14, 2022**

Sub-Total : 0.00

TO BE USED FOR PROVINCIAL HEALTH OFFICE FOR OPLAN TABANG OUTREACH	GRAND TOTAL : ₱ 1,072,423.00
Grand Total Amount in Words : ONE MILLION SEVENTY-TWO THOUSAND FOUR HUNDRED TWENTY-THREE AND XX / 100	

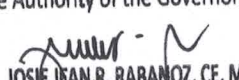
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

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)

 (Date) **May 19, 2022**

Very truly yours,
 By the Authority of the Governor: **EDWIN I. JUBAHIB**
 Governor

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

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ALEJANDRO R. OMILA JR.