



## PURCHASE ORDER

Supplier : **Biogenmeds Pharma Center**

P.O. Number: **2022125424**

Address : **fairview park, quezon city**



**O202212542412691A180**

PhilGEPS Registration No. : **2012075656355845605**

Tel./Fax No. : **09152861685**

Registration Certificate : **DTI**

Date : **Nov 21, 2022**

P.R. No. : **2022084878**

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	2,000.00 TAB	ACETYLCYSTEINE 600MG EFFERVESCENT AC-LYTE	26.00	52,000.00
2	5,000.00 TAB	ACICLOVER 800MG XYCLOVIRAX	36.00	180,000.00
3	15.00 VIAL	ADENOSINE 3MG/ML, 2ML ADENOSCAN	1,500.00	22,500.00
4	1,000.00 TAB	ALLOPURINOL 100MG ALLUPREX	2.50	2,500.00
5	1,300.00 TAB	ALLOPURINOL 300MG ALLUPREX	3.80	4,940.00
6	3,200.00 TAB	ALUMINUM + MAGNESIUM HYDROXIDE 200MG+100MG ZILGAM	1.20	3,840.00
7	1,000.00 VIAL	AMIKACIN 125MG/ML, 2ML AMKARIGHT	80.00	80,000.00
8	74,000.00 TAB	AMLODIPINE 5MG AMLOTHIX	2.50	185,000.00
9	77,000.00 TAB	AMLODIPINE 10MG AMLOTHIX	3.50	269,500.00
10	144.00 BOTT	AMOXICILLIN 100MG/ML, 15ML DROPS AMBIMOX	22.00	3,168.00

FOR THE CONSUMPTION OF THE THREE (3) DISTRICT 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 :

  
\_\_\_\_\_  
(Signature over printed name)  
**Feb 17, 2023**  
\_\_\_\_\_  
(Date)

Very truly yours,


  
**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.



# PURCHASE ORDER

Supplier : <b>Biogenmeds Pharma Center</b>	P.O. Number: <b>2022125424</b>
Address : <b>fairview park, quezon city</b>	 <b>O202212542412691A180</b>
PhilGEPS Registration No. : <b>2012075656355845605</b>	Date : <b>Nov 21, 2022</b>
Tel./Fax No. : <b>09152861685</b>	P.R. No. : <b>2022084878</b>
Registration Certificate : <b>DTI</b>	Procurement mode: <b>Competitive 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
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- ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
- TOTAL LOT AWARDING.
- SUPPLIER MUST SPECIFY THE BRAND NAME OF EACH ITEM AND PREFERABLY AN INNOVATOR DRUG FOR ITEM 29, 117, 119, 120 AND 146.
- WINNING SUPPLIER MUST PROVIDE A COPY OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM UPON DELIVERY.
- ITEM NO. 147 UP TO NO. 169 ARE NON DPRI.
- SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO PROVINCIAL HEALTH OFFICE (PHO) AND TO THE THREE (3) DDN HOSPITALS MOOE UNDER DRUGS AND MEDICINES ACCOUNT:

- \*PROVINCIAL HEALTH OFFICE - P 6,364,541.82
- \*DDNH-KAPALONG ZONE - P 7,497,308.28
- \*DDNH-CARMEN ZONE - P 7,497,308.27
- \*DDNH-IGACOS ZONE - P7,497,308.27

The award is based on Abstract No. **1020225003** created on **October 25, 2022** and resolved on **November 21, 2022** under Quotation No. **20226290B** opened on **October 24, 2022**

<b>FOR THE CONSUMPTION OF THE THREE (3) DISTRICT HOSPITALS</b>	
Grand Total Amount in Words : <b>ELEVEN MILLION FIVE HUNDRED ELEVEN THOUSAND NINE HUNDRED SEVENTY-FIVE AND XX / 100</b>	GRAND TOTAL : <b>P 11,511,975.00</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 T. JUBAHIB**  
Governor

Feb 17, 2023  
(Date)

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ALEJANDRO R. OMILA JR.