




PURCHASE ORDER

Supplier : EAH MEDICINE & MEDICAL SUPPLIES MARKETING Address : IGACOS DAVAO DEL NORTE PhilGEPS Registration No. : 201903484741796059715 Tel./Fax No. : 082-3927098 Registration Certificate : DTI	P.O. Number: 2022125889  O2022125889EC9C2E150 Date : Dec 29, 2022 P.R. No. : 2022096199 Procurement mode: Competitive Bidding
Req. Office : Provincial Health Office	

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

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: 30 Calendar Days
Place of Delivery : PGSO Warehouse		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	300.00 TAB	ACICLOVIR 800MG XYCLOVIRAX	27.00	8,100.00
2	500.00 TAB	ALLOPURINOL 100MG URISOL	0.98	490.00
3	500.00 TAB	ALLOPURINOL 300MG ALLUPREX	2.34	1,170.00
4	800.00 TAB	ALUMINUM HYDROXIDE + MAGNESIUM HYDROXIDE 200MG + 100MG MELMAG ZILMAG/CALMSAP	0.86	688.00
5	144.00 BOT	ALUMINUM HYDROXIDE + MAGNESIUM HYDROXIDE 225 + 200MG 5ML SUSP.60ML MEDALEM	27.50	3,960.00
6	5,000.00 TAB	AMLODIPINE 10MG AMLOTHIX	0.64	3,200.00
7	5,000.00 TAB	AMLODIPINE 5MG AMLOTHIX	0.42	2,100.00
8	288.00 BOT	AMOXICILLIN 100MG GRANULE, 15ML AMLOTHIX	26.00	7,488.00
9	10,000.00 CAP	AMOXICILLIN 250MG AXMEL	4.00	40,000.00
10	500.00 BOT	AMOXICILLIN 250MG GRANULE, 60ML AXMEL	38.20	19,100.00

DRUGS AND MEDICINE FOR USE OF PROGRAMS AND PROJECT OF DAVAO DEL NORTE

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

EDWIN I. JUBAHIB
 Governor

7/10/23
 (Date)

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.

GLOBERT M. GREGORIO



PURCHASE ORDER

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

P.O. Number: **2022125889**

Address: **IGACOS DAVAO DEL NORTE**



02022125889EC9C2E150

PhilGEPS Registration No.: **201903484741796059715**

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

Registration Certificate: **DTI**

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
11	8,000.00 CAP	AMOXICILLIN 500MG MOXYLOR	2.96	23,680.00
12	288.00 BOT	ASCORBIC ACID DROPS 100MG/ML 15ML AMBIMOX	24.00	6,912.00
13	3,000.00 TAB	ASCORBIC ACID 500MG ENOCEE/MYREVIT-C	1.00	3,000.00
14	432.00 BOT	ASCORBIC ACID 100MG/ML, 60ML, SYRUP NOVACEE/NOVACEE-C	21.30	9,201.60
15	800.00 TAB	ATORVASTATIN 80MG NOVACEE	5.60	4,480.00
16	500.00 TAB	AZITHROMYCIN 500MG	14.66	7,330.00
17	6,000.00 CAP	CEFALEXIN 250MG AZITOBACT	2.98	17,880.00
18	6,000.00 CAP	CEFALEXIN 500MG DIACEF/EXEL	4.20	25,200.00
19	720.00 BOT	CEFALEXIN 250MG/ML GRANULES, 60ML DIACEF	51.70	37,224.00
20	721.00 BOT	CEFALEXIN 100MG/ML GRANNULES, 10ML DIACEF	23.70	17,087.70
21	1,000.00 TAB	CEFUROXIME 500MG	19.00	19,000.00
22	2,000.00 CAP	CELECOXIB 200MG	2.70	5,400.00

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Conforme:

[Signature]

(Signature over printed name)

2/10/23

(Date)

Very truly yours,
By the Authority of the Governor:

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

EDWIN I. JUBAHIB
Governor

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
23	2,000.00 TAB	CETIRIZINE 10G	0.52	1,040.00
24	288.00 BOT	CETIRIZINE 2.5MG/ML, 10ML	31.80	9,158.40
25	720.00 BOT	CETIRIZINE 5MG/ML, 30ML	33.80	24,336.00
26	1,000.00 TAB	CHLORPHENAMINE 4MG	0.62	620.00
27	244.00 BOT	CHLORPHENAMINE 2.5/5ML, 60 ML	21.80	5,319.20
28	1,000.00 TAB	CIPROFLOXACIN 500MG	2.90	2,900.00
29	500.00 CAP	CLINDAMYCIN 300MG	6.50	3,250.00
30	500.00 TAB	CLOPIDOGREL 75MG	1.78	890.00
31	800.00 CAP	CLOXACILLIN 500MG	4.30	3,440.00
32	288.00 BOT	CLOXACILLIN 250MG/5ML, 60ML (POWDER FOR ORAL)	64.00	18,432.00
33	300.00 TAB	COLCHICINE 500MG	1.60	480.00
34	144.00 TAB	CO-AMOXICLAV 457MG/5ML, 70ML SUSP.	250.00	36,000.00
35	1,000.00 TAB	CO-AMOXICLAV 625MG	15.70	15,700.00
36	500.00 TAB	DICLOFENAC 50MG	0.60	300.00
37	500.00 TAB	DICYCLOVERINE 10MG	0.54	270.00
38	500.00 CAP	DIPHENHYDRAMINE 50MG	1.18	590.00
39	500.00 TAB	DOMPERIDONE 10MG	1.06	530.00

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(Signature over printed name)

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By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

2/10/23
(Date)

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

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
40	200.00 TAB	DOXYCYCLINE 100MG	2.16	432.00
41	1,000.00 VIAL	EPINEPHRINE + LIDOCAINE 20MG + 10MCG/ML 1.8ML SOLUTION FOR INJECTION, CARPULE	40.00	40,000.00
42	1,000.00 TAB	FELODIPINE 5MG	4.10	4,100.00
43	50,000.00 TAB	FERROUS SULFATE + FOLIC ACID 60MG ELEMENTAL IRON + 400MCG FOLIC ACID	1.18	59,000.00
44	1,000.00 TAB	LEVOFLOXACIN 500MG	6.50	6,500.00
45	171.00 VIAL	LIDOCAINE 2% 50ML SOLUTION FOR INJECTION	160.00	27,360.00
46	1,000.00 CAP	LOPERAMIDE 2MG	0.90	900.00
47	500.00 TAB	LORATIDINE 10MG	1.92	960.00
48	6,000.00 TAB	LOSARTAN POTASSIUM 50MG	1.28	7,680.00
49	6,000.00 TAB	LOSARTAN POTASSIUM 100MG	3.12	18,720.00
50	14.00 VIAL	MEDROXYL PROGESTERONE ACETATE	180.00	2,520.00
51	10,000.00 CAP	MEFENAMIC ACID 250MG	1.04	10,400.00
52	5,000.00 CAP	MEFENAMIC ACID 500MG	1.16	5,800.00
53	1,000.00 TAB	METOPROLOL 100MG	1.40	1,400.00
54	1,000.00 TAB	METOPROLOL 50MG	1.06	1,060.00
55	250.00 BOT	METRONIDAZOLE 125MG/5ML, 60ML SUSP.	28.50	7,125.00

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(Signature over printed name)

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

(Date)


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

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Registration Certificate : DTI	Procurement mode: Competitive Bidding
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Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:

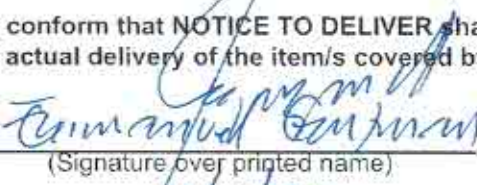
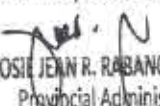
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
56	1,550.00 TAB	METRONIDAZOLE 500MG	1.44	2,232.00
57	500.00 TAB	MONTELUKAST 10MG	4.90	2,450.00
58	500.00 CAP	MULTIVITAMINS + MINERALS 500MG	3.10	1,550.00
59	2,920.00 BOT	MULTIVITAMINS WITH IRON, 60ML	30.00	87,600.00
60	1,500.00 CAP	OMEPRAZOLE 20MG	1.30	1,950.00
61	1,500.00 SACHET	ORAL REHYDRATION SALTS(ORS75-REPLACEMENT) 20.5G	4.00	6,000.00
62	144.00 BOT	PARACETAMOL 250MMG/5ML, 60ML	25.00	3,600.00
63	10,000.00 TAB	PARACETAMOL 500MG	1.20	12,000.00
64	432.00 BOT	PARACETAMOL 100MG/ML, 15ML	22.50	9,720.00
65	800.00 TAB	ROSUVASTATIN 20MG	5.50	4,400.00
66	1,000.00 TAB	SALBUTAMOL 2MG	0.44	440.00
67	432.00 BOT	SALBUTAMOL 2MG/ 5ML, 60ML	23.20	10,022.40
68	500.00 TAB	SIMVASTATIN 20MG	1.26	630.00
69	500.00 CAP	TRAMADOL 50MG	2.50	1,250.00
70	3,000.00 CAP	TRANEXAMIC ACID 500MG	6.80	20,400.00
71	3,000.00 CAP	TRANEXAMIC ACID 250MG	24.00	72,000.00
72	1,000.00 TAB	TRIMETAZIDINE 35MG	4.50	4,500.00

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(Signature over printed name) **ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP**
Governor
(Date) **12/10/22** Provincial Administrator

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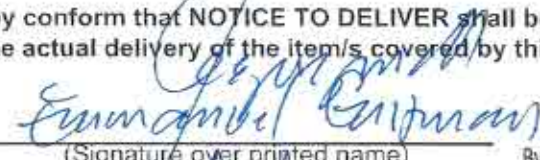
I.N.	Quantity/Unit	Item	Unit Cost	Amount
73	5,000.00 CAP	VITAMIN B1(100MG) B6(5MG) B12(50MCG)	1.00	5,000.00
74	600.00 TAB	VITAMIN B COMPLEX	4.00	2,400.00
75	8.00 BOX	VITAMIN E 400	6.66	53.28
76	30.00 AMP	DIPHENHYDRAMINE 25MG AMPULE	29.00	870.00
77	30.00 AMP	EPINEPHIRINE 1MG/ML 1ML AMPULE	29.00	870.00
78	50.00 AMP	HYOSCINE 20MG/ML, 1ML AMPULE	19.00	950.00
79	50.00 AMP	KETOROLAC 30MG/ML, 1ML AMPULE	2.00	100.00
80	20.00 AMP	METOCLOPRAMIDE 5MG/ML, 2ML AMPULE	12.00	240.00
81	30.00 AMP	NICARDIPINE 1MG/ML, 2ML AMPULE	240.00	7,200.00
82	15.00 AMP	PARACETAMOL 150MG/ML, 2ML AMPULE	12.00	180.00
83	25.00 AMP	TRAMADOL 50MG/ML, 1ML AMPULE	13.00	325.00
84	15.00 AMP	TRANEXAMIC ACID 100MG/ML, 5ML AMPULE	34.00	510.00
		NONE		

Remarks :
 -ALL BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS
 -ALL BIDDERS ARE REQUIRED TO ATTACH CPR UPON DELIVERY
 -NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR EXTENTION BE GRANTED
 -ALL MULTIVITAMINS CAP.& SYRUP WITH NO APPROVED THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED
 -WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE PAYMENT FOR BFAD SAMPLING
 -ALL DELIVERED DRUGS AND MEDICINES MUST BE AT LEAST 2 YEARS OR MORE PRIOR TO ITS EXPIRY DATE

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 _____ (Signature over printed name) By the Authority of the Governor: **EDWIN I. JUBAHIB**
 _____ (Date) **12/16/22** **Governor**
 ENGR. JOSIE JEAN R. RABANOS, CE, MPA, EnP
 Provincial Administrator

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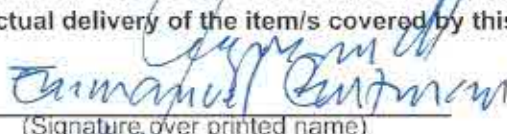
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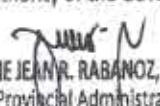
The award is based on Abstract No. **1220225810** created on **December 07, 2022** and resolved on **December 07, 2022** under Quotation No. **20227695B** opened on **December 05, 2022**

DRUGS AND MEDICINE FOR USE OF PROGRAMS AND PROJECT OF DAVAO DEL NORTE	
Grand Total Amount in Words : EIGHT HUNDRED THIRTY-NINE THOUSAND THREE HUNDRED FORTY-SIX AND 58 / 100	GRAND TOTAL : ₱ 839,346.58

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Conforme : 
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21/12/22
 (Date)

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