

PURCHASE ORDER

Supplier : **ECE MARKETING**

P.O. Number: 2023093461

Address : **Door 6, Ground Floor, South Dev. Corp. Bldg., Ma-a, Davao City**



O20230934618DA0BB2B5

PhilGEPS Registration No. : **2003091841992089537**

Tel./Fax No. : **09955339017**

Registration Certificate : **DTI**

Date : **Sep 27, 2023**

P.R. No. : **2023063485**

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: **20 Calendar Days**

Place of Delivery : **PGSO Warehouse**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	7,500.00 tab	Amlodipine 5mg AMLOTHIX	4.40	33,000.00
2	5,500.00 tab	Amlodiphine 10mg AMLOTHIX	6.00	33,000.00
3	3,600.00 cap	Amoxicillin 500mg SAVERMOX	6.00	21,600.00
4	612.00 bot	Amoxicillin 250mg, 5ml susp.60ml MOXYLOV	90.00	55,080.00
5	3,000.00 tab	Ascorbic acid(Vitamin C)500mg ASCORGEN	4.00	12,000.00
6	100.00 bot	Ascorbic acid (Vitamin c)100mg/5ml,60ml syrup VITCEE	72.00	7,200.00
7	100.00 bot	Ascorbic acid(Vitamin C) 100mg/ml, 30 ml Oral drops VITCEE	50.00	5,000.00
8	650.00 tab	Azithromycin 500mg AZSAPH	79.60	51,740.00
9	100.00 bot	Calamine 8%,60ml Lotion bottle J.CHEMIE	110.00	11,000.00
10	6,000.00 tab	Cetirizine 10mg TRACEN	4.50	27,000.00

Drugs and medicines for 3rd quarter for use of Disaster Risk Reduction and Management in Health (DRRM-H) and other programs

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 :

 (Signature over printed name)

Very truly yours,

By the Authority of the Governor

EDWIN I. JUBAHIB
 Governor

10-18-2023

 (Date)

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

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ALEJANDRO R. OMILA JR.



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I.N.	Quantity/Unit	Item	Unit Cost	Amount
11	100.00 tab	Cotrimoxazole(sulfamethoxazole+Trimethoprim)800mg + 160mg KATHREX	3.90	390.00
12	47.00 bot	Cotrimoxazole(Sulfamethoxazole)400mg + 80mg/5ml, 60ml Oral susp. DIAZOLE	350.00	16,450.00
13	100.00 cap	Diphenhydramine 50 mg HISTAMOX	3.50	350.00
14	30.00 Ampule	Diphenhydramine 50mg/ml, 1ml RABAPHEN	98.00	2,940.00
15	1,000.00 cap	doxycycline 100mg, PIDELIN	14.00	14,000.00
16	30.00 ampule	Epinephrine (adrenaline) 1mg/ml, 1ml solution for injection EPICARE	80.00	2,400.00
17	1,000.00 tab	Ethambutol + Isoniazid + Pyrazinamide + Rifampicin 75mg + 150mg + 400mg + 275mg QUADIMAX	9.00	9,000.00
18	100.00 bot	Ferrous salt(Equiv. to 15mg elemental iron)/0.6ml, 15ml oral drops FEROLEM	22.95	2,295.00
19	100.00 bot	Ferrous salt(equiv. to 30mg elemental iron)/5ml, 60ml syrup	23.50	2,350.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		FEROLEM		
20	350.00 tube	Fusidate sodium/Fusidic acid 2%, 5g cream	165.00	57,750.00
		FUCISAPH		
21	30.00 vial	hydrocortisone 100mg powder for injection	95.00	2,850.00
		HYDROBET		
22	500.00 tab	Iron + folic acid	6.00	3,000.00
		AMERCIRON		
23	100.00 bot	Lagundi (vitex negundo L) 300mg/5ml, 60ml, syrup	120.00	12,000.00
		OPPLEMED		
24	500.00 tab	Lagundi (Vitex negundo L.)300mg	2.70	1,350.00
		OPPLEMED		
25	50.00 ampule	Lidocaine 2%, 20ml solution for injection	23.00	1,150.00
		LOCAINE		
26	5,900.00 tab	Losartan 50mg	9.00	53,100.00
		A.R.A		
27	2,000.00 tab	Losartan 100mg	8.50	17,000.00
		SAPHLOR		
28	1,900.00 cap	Mefenamic acid 500mg	10.70	20,330.00
		INFLAMGEN		
29	2,100.00 tab	Metformin 500mg film coated	7.50	15,750.00
		SAPHORMIN		

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
30	5,000.00 cap	Multivitamins MULTILEM	4.90	24,500.00
31	881.00 bot	Multivitamins per 5ml, 120ml syrup MYREVIT	91.00	80,171.00
32	10.00 bot	Multivitamins per 1ml, 15ml oral drops MULTILEM	51.50	515.00
33	100.00 cap	Nifedipine 10mg CALCIGARD	7.00	700.00
34	1,100.00 sachet	Oral Rehydration Salt(ORS)75 replacement, 20.5g Oral Powder GLUCOSOL	4.75	5,225.00
35	7,000.00 tab	Paracetamol 500mg RAPIDOL	2.25	15,750.00
36	718.00 bot	Paracetamol 250mg/5ml,60ml Oral susp. PARA 250	38.30	27,499.40
37	588.00 bot	Paracetamol 120mg/5ml (125mg/5ml), 60ml syrup PYRESAPH	20.00	11,760.00
38	444.00 bot	Paracetamol 100mg/ml, 15ml Oral drops PARA 100	38.00	16,872.00
39	500.00 bot	Permethrin 5% Lotion, 60ml KWELL	211.00	105,500.00

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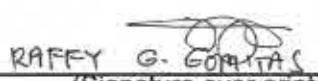
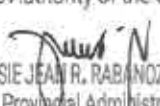
Date of Delivery : _____ Payment Term : ON ACCOUNT Place of Delivery : PGSO Warehouse	Delivery Term: 20 Calendar Days
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
40	150.00 bot	Rifampicin 200mg/5ml, 120ml Oral susp. FAMTRICIN	310.00	46,500.00
41	300.00 tab	Sambong (blumea balsamifera L, Dc, Fam.Compositae, 500mg MIA FORTE	6.50	1,950.00
42	100.00 tube	Silver sulfadiazine 1%,15g cream MAZINE	62.00	6,200.00
43	300.00 tube	Sulfur ointment, 15g J.CHEMIE	65.00	19,500.00
44	2,000.00 tab	Vitamin B1 + Vitamin B6 + Vitamin B12, 100mg + 5mg + 50mcg REVITAPLEX	11.00	22,000.00
45	50.00 bot	Zinc(equiv. to 20mg elemental zinc/5ml),60ml syrup ENERZINC	85.00	4,250.00
46	50.00 bot	Zinc (equiv. to 10mg elemental/ml), 15ml Oral drops ENERZINC	65.00	3,250.00
47	50.00 bot	Zinc 70mg/5ml(equiv. to 10mg elemental zinc), 60ml syrup ORAZINC	85.00	4,250.00
48	250.00 syringe	Immunoglobulin, Tetanus(human)250IU/ml,1ml sol. for injection pre-filled syringe TETAGAM	936.68	234,170.00

Drugs and medicines for 3rd quarter for use of Disaster Risk Reduction and Mangagement in Health (DRRM-H) and other programs

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Conforme :  _____ (Signature over printed name) _____ 10-18-2023 (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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I.N.	Quantity/Unit	Item	Unit Cost	Amount
49	250.00 ampule	Titanus toxoid 0.5ml IMATET	80.00	20,000.00
50	500.00 tab	Acetylcysteine 600mg Effervescent ACC	33.00	16,500.00
51	200.00 tab	Aciclovir 200mg XYCLOVIRAX	18.00	3,600.00
52	200.00 tab	Aciclovir 400mg XYCLOVIRAX	30.40	6,080.00
53	500.00 tab	Aluminum hydroxide+Magnesium hydroxide 200mg+100mg SHELOGEL	1.80	900.00
54	288.00 bot	Amoxicillin 125mg/5ml granules/powder for suspension,60ml(as trihydrate) MOXYLOR	50.00	14,400.00
55	1,000.00 cap	Amoxicillin 250mg AXMEL	2.30	2,300.00
56	360.00 bot	Ascorbic acid(vitamin c) 100mg/ml, 5ml, 120ml syrup VITCEE	90.00	32,400.00
57	144.00 bot	Ascorbic Acid(vitamin c)100mg/ml, 15ml oral drops VITCEE	49.00	7,056.00
58	6,500.00 tab	Ascorbic acid(Vitamin c)500mg	4.00	26,000.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		ASCORGEN		
59	300.00 tab	Atorvastatin 40mg VAZI2R	17.00	5,100.00
60	900.00 tab	Atorvastatin 80mg ATORSAPH	21.00	18,900.00
61	300.00 tab	Betahistine 16mg VERTISAPH	34.50	10,350.00
62	300.00 tab	Betahistine 24mg VERTISAPH	42.50	12,750.00
63	10.00 tube	Betamethasone 0.1%,5g cream BET APPLIED	148.60	1,486.00
64	100.00 respule	Budesonide 250mcg/ml,2ml Respiratory solution RESPISAPH	55.00	5,500.00
65	200.00 tab	Butamirate 50mg modified release SAPHMIRATE	15.50	3,100.00
66	500.00 tab	Captopril 25mg CAPTOR	3.00	1,500.00
67	300.00 tab	Carvedilol 25mg KARVIDOL	7.20	2,160.00
68	144.00 bot	Cefalexin 100mg/ml, 10ml oral drops EXEL	25.00	3,600.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
69	144.00 bot	Cefalexin 250mg/5ml, oral susp. EXEL	38.00	5,472.00
70	2,800.00 cap	Cefalexin 500mg EXEL	6.40	17,920.00
71	300.00 cap	Cefixime 200mg UMEXIM 200	31.00	9,300.00
72	500.00 cap	Cefixime 400mg SAPHIXIME	30.20	15,100.00
73	144.00 bot	Cefuroxime 250mg/5ml,50ml oral susp. SQCEF	210.00	30,240.00
74	500.00 tab	Cefuroxime 500mg EXECORE	44.00	22,000.00
75	1,000.00 cap	Celecoxib 200mg XELIC	19.00	19,000.00
76	288.00 bot	Cetirizine 1mg/ml, 60ml oral solution REAX	114.00	32,832.00
77	144.00 bot	Cetirizine 10mg/ml, 10ml oral drops CETIMED	65.50	9,432.00
78	500.00 tab	Chlorphenamine(chlophenoramine)4mg RIPHEN	0.95	475.00
79	500.00 tab	Ciprofloxacin 500mg	8.00	4,000.00


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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		CYFROX		
80	600.00 tab	Clarithromycin 500mg CLARITROL	42.90	25,740.00
81	2,000.00 tab	Clopidogrel 75mg CLOPIDE	18.50	37,000.00
82	1,000.00 cap	Cloxacillin 500mg CLOXANE	11.00	11,000.00
83	144.00 bot	Co-Amoxiclav(Amoxicillin + Clavulanic acid)400mg+57mg/5ml, 70ml Oral susp. MEOXICLAV	312.00	44,928.00
84	1,120.00 tab	Co-Amoxiclav(amoxicillin+clavulanic acid)500mh+125mg AXALAR	19.00	21,280.00
85	300.00 tab	Colchicine 500mcg LESIRHEN	4.10	1,230.00
86	500.00 tab	Dicycloverine (dicyclomine) 10mg GASAIDE	3.90	1,950.00
87	72.00 bot	Dicycloverine (dicyclomine)10mg/5ml,60ml syrup DIACIEL	67.80	4,881.60
88	300.00 tab	Domperidone 10mg EMETIL 10	15.00	4,500.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
89	1,000.00 tab	Finasteride 5mg FINAVID	12.00	12,000.00
90	600.00 tab	Hyoscine 10mg HYOSWELL	6.20	3,720.00
91	3,600.00 tab	Ibuprofen 400mg SAPHFEN	3.00	10,800.00
92	400.00 respule	Ipratropium+Salbutamol 500mcg+2.5mg, 2.5ml respiratory solution DUOMED	32.50	13,000.00
93	288.00 bot	Lagundi(Vitex Negundo L.)fam.verbenaceae, 300mg/5ml, 120ml CLIRCAF	74.00	21,312.00
94	1,000.00 cap	Loperamide 2mg DATAB	3.80	3,800.00
95	200.00 tab	Levofloxacin 500mg FLAMIDRYL	38.00	7,600.00
96	2,100.00 cap	Mefenamic Acid 250mg ANALMIN	3.00	6,300.00
97	500.00 tab	metoclopramide 10mg DLI	8.00	4,000.00
98	142.00 bot	Metronidazole 125mg/5ml, 60ml Oral susp.	30.00	4,260.00

Drugs and medicines for 3rd quarter for use of Disaster Risk Reduction and Mangagement in Health (DRRM-H) and other programs

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)
 10-18-2023

 (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

Supplier : **ECE MARKETING**

P.O. Number: **2023093461**

Address : **Door 6, Ground Floor, South Dev. Corp. Bldg., Ma-a, Davao City**



020230934618DA0BB2B5

PhilGEPS Registration No. : **2003091841992089537**

Tel./Fax No. : **09955339017**

Registration Certificate : **DTI**

Date : **Sep 27, 2023**

P.R. No. : **2023063485**

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**

Place of Delivery : **PGSO Warehouse**

Delivery Term: **20 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		AMBIDAZOL		
99	125.00 tube	MUpirocin 2%,15g cream MUPIREX	164.00	20,500.00
100	1,000.00 tab	Metronidazole 500mg FLAGEX	19.80	19,800.00
101	1,000.00 cap	Omeprazole 20mg ZOSEE	19.00	19,000.00
102	400.00 respule	Salbutamol 2mg/ml, 2.5ml respiratory solution HIVENT	11.00	4,400.00
103	144.00 bot	Salbutamol 2mg/ml, 60ml syrup BUTAMOL	42.00	6,048.00
104	23.00 tube	Silver sulfadiazine 1%,25g cream MAZINE	120.00	2,760.00
105	1,000.00 tab	Tamsulosin 400mcg Prolonged release film coated PIMAX	21.60	21,600.00
106	400.00 cap	Tramadol 50mg SAPHTRAM	18.00	7,200.00
107	500.00 tab	Trimetazidine 35mg TRIMESAPH	13.20	6,600.00
108	144.00 bot	Amoxicillin 100mg/ml,15ml oral drops MOXYLOR	50.00	7,200.00

Drugs and medicines for 3rd quarter for use of Disaster Risk Reduction and Mangagement in Health (DRRM-H) and other programs

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Conforme :

(Signature over printed name)

10-18-2023

(Date)

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Provincial Administrator

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PURCHASE ORDER

Supplier : <u>ECE MARKETING</u> Address : <u>Door 6, Ground Floor, South Dev. Corp. Bldg., Ma-a, Davao City</u> PhilGEPS Registration No. : <u>2003091841992089537</u> Tel./Fax No. : <u>09955339017</u> Registration Certificate : <u>DTI</u>	P.O. Number: 2023093461  O20230934618DA0BB2B5 Date : <u>Sep 27, 2023</u> P.R. No. : <u>2023063485</u> Procurement mode: <u>Competitive Bidding</u>
Req. Office : Provincial Health Office	

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Date of Delivery : _____ Payment Term : <u>ON ACCOUNT</u> Place of Delivery : <u>PGSO Warehouse</u>	Delivery Term: 20 Calendar Days
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
109	1,300.00 cap	Clindamycin 300mg CLINDAGOLD	37.00	48,100.00
110	1,000.00 tab	Lagundi(Vitex Negundo L.) Fam.verbenaceae,600mg OFPLEMED	3.30	3,300.00
111	1,500.00 tab	Prednisone 10mg VONWELT	2.70	4,050.00
112	60.00 vial	Tuberculin,purified protein derivative 2TU/0.1ml,1ml SPAN	605.00	36,300.00
113	30.00 tube	Betamethasone 0.05%,5g cream BETASON	275.00	8,250.00
114	5,000.00 cap	Vitamin B1 + Vitamin B6 + Vitamin B12,100mg + 5mg +50mcg REVITAPLEX	3.00	15,000.00
115	650.00 vials	Medroxyol Progesterone Acetate 150mcg w 2.5ml DEPOGESTIN	95.00	61,750.00
116	3,000.00 tab	Ethinylestradiel + Levonogestrel 30mcg + 150mcg PROTEC	35.00	105,000.00

Remarks :
 -ALL BIDDERS ARE REQUIRED TO ATTACH CPR UPON DELIVERY
 -NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR EXTENTION BE GRANTED
 -TO BE AWARDED IN LOT PRICE BASIS
 -ALL MULTIVITAMINS CAP.& SYRUP WITH NO APPROVED THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED

Drugs and medicines for 3rd quarter for use of Disaster Risk Reduction and Mangagement in Health (DRRM-H) and other programs

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)

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.



PURCHASE ORDER

Supplier : ECE MARKETING

P.O. Number: 2023093461

Address : Door 6, Ground Floor, South Dev. Corp. Bldg., Ma-a, Davao City



020230934618DA0BB2B5

PhilGEPS Registration No. : 2003091841992089537

Date : Sep 27, 2023

Tel./Fax No. : 09955339017

P.R. No. : 2023063485

Registration Certificate : DTI

Procurement mode: Competitive Bidding

Req. Office : **Provincial Health Office**

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

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Delivery Term: 20 Calendar Days

Place of Delivery : PGSO Warehouse

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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-ALL DELIVERED DRUGS AND MEDICINES MUST BE AT LEAST 2 YEARS OR MORE PRIOR TO ITS EXPIRY DATE
 -WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE PAYMENT FOR BFAD SAMPLING

The award is based on Abstract No. **0820232986** created on **August 31, 2023** and resolved on **September 14, 2023** under Quotation No. **B20233516** opened on **August 29, 2023**

Drugs and medicines for 3rd quarter for use of Disaster Risk Reduction and Mangagement in Health (DRRM-H) and other programs

Grand Total Amount in Words : TWO MILLION ONE HUNDRED SEVENTEEN THOUSAND TWO HUNDRED FIFTY AND XX / 100

GRAND TOTAL : **₱ 2,117,250.00**

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 :

PAPPY J. BARRERA
 (Signature over printed name)
10-18-2023
 (Date)

Very truly yours,

By the Authority of the Governor*

EDWIN I. JUBAHIB
 Governor

JOSIE J. RABINOZ
 ENGR. JOSIE J. RABINOZ, CE, MPA, EnP
 Provincial Administrator

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ALEJANDRO R. OMILA JR.