

PURCHASE ORDER

Supplier : EURO-MED LABORATORIES PHIL. INC.

P.O. Number: **2022052088**

Address : DAVAO CITY



2022021597293E9

PhilGEPS Registration No. : 20020413217517848909

Tel./Fax No. : 09997101225

Registration Certificate : SEC

Date : May 02, 2022

P.R. No. : 2022021597

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: **End-user shall require the delivery of items in such quantity depending on actual needs**

Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	21,600.00 BOTT	IV FLUIDS, DEXTROSE 5% LACTATED RINGER SOLUTION 1L	40.00	864,000.00
2	500.00 POLYAMPIV	FLUIDS, 0.9% SODIUM CHLORIDE 50ML	39.00	19,500.00
3	1,000.00 POLYAMPLIDOCAINE 2%, 5ML		22.00	22,000.00

Remarks :

10 CAL. DAYSNOTE:

- ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
- ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
- TOTAL LOT AWARDEE.
- DELIVERY TERM: END-USERS SHALL DETERMINE THE QUANTITY OF ITEMS TO BE DELIVERED, DEPENDING ON ACTUAL NEEDS.
- MODE OF PAYMENT: QUARTERLY BASIS.
- BIDDING FOR ONE (1) YEAR SUPPLY BUT DELIVERY SHALL BE ON QUARTERLY BASIS.
- ISSUANCE OF SALES/CHARGE INVOICE AND PROCESSING OF PAYMENT IS ON A QUARTERLY BASIS BASED ON THE ACTUAL CONSUMPTION OR QUANTITY DELIVERED ON A PARTICULAR PERIOD.
- THE ISSUANCE OF SALES/CHARGE INVOICE MUST BE EVERY 1ST WEEK OF THE SUCCEEDING MONTH.

Sub-Total : 905,500.00

TO BE USED FOR THE THREE (3) DDN HOSPITALS

GRAND TOTAL : ₱ 905,500.00

Grand Total Amount in Words : **NINE HUNDRED FIVE THOUSAND FIVE HUNDRED 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 :

Richard J. Rabanoz
(Signature over printed name)

5-17-22
(Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

Engr. Josie Jean R. Rabanoz
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.



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9. WINNING SUPPLIER MUST PROVIDE A COPY OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM UPON DELIVERY.

10. A COPY OF CERTIFICATE OF EXCLUSIVE DISTRIBUTORSHIP AND GOOD MANUFACTURING PRACTICE (GMP) MUST BE PROVIDED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.

11. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

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

*DDNH-KAPALONG ZONE - P739,876.67

*DDNH-IGACOS ZONE - P739,876.67

*DDNH-CARMEN ZONE - P739,876.66

The award is based on Abstract No. **0420222015** created on **April 20, 2022** and resolved on **May 02, 2022** under Quotation No. **20221943B** opened on **April 14, 2022**

Sub-Total : 0.00

TO BE USED FOR THE THREE (3) DDN HOSPITALS GRAND TOTAL : **₱ 905,500.00**

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Conforme :

Richard I. Romulo
(Signature over printed name)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

5-29-22
(Date)

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

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