



# PURCHASE ORDER

Supplier : **HEAL J TRADING**

P.O. Number: **2024061777**

Address : **Phase 2, Block 5, Lot 37 Purok 6 C, Rosewood Subd., Villa Kananga, Butuan City**



**O20240617772A6B3E175**

PhilGEPS Registration No. : **201908268311844130793**

Tel./Mobile/Fax No. : **09429656308**

Registration Certificate : **DTI**

Date : **Jun 13, 2024**

P.R. No. : **2024032049**

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: **10 Calendar Days**

Place of Delivery : **PGSO Warehouse**

**Partial delivery NOT ALLOWED**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	8,000.00 TAB	LOSARTAN 100MG	6.90	55,200.00
2	3,000.00 TAB	Allopurinol 300MG	2.00	6,000.00
3	15,000.00 Capsule	Mefenamic Acid 500 mg Capsule	8.00	120,000.00
4	113.00 Bottle	Multivitamins per 5 mL, 120 mL Syrup	85.00	9,605.00
5	1,000.00 Tablet	Colchicine 500 mcg Tablet	1.95	1,950.00
6	30,000.00 CAP	MULTIVITAMINS	3.70	111,000.00
7	90.00 BOX	VITAMIN B - COMPLEX TAB 100'S VITAMIN B1 + B12 + B6(100MG+5MG+50MCG)TAB	449.50	40,455.00
8	10,000.00 TAB	PARACETAMOL 500MG	2.15	21,500.00
9	2,500.00 Tablet	Gliclazide 60 mg MR Tablet	8.00	20,000.00
10	3,000.00 TAB	Allopurinol 100 MG. TAB.	1.20	3,600.00
11	20,000.00 Tablet	Ferrous Sulfate + Folic Acid 60 mg elemental iron + 400 mcg folic acid Tablet	2.00	40,000.00
12	50.00 BOX	IBUPROFEN 400MG. CAP 100'S BRANDED	108.75	5,437.50
13	1,000.00 TAB	PANTOPRAZOLE 40MG TAB	9.75	9,750.00
14	150.00 BOX	Mefenamic Acid 250 mg CAP. 100'S	139.60	20,940.00

TO BE USE FOR OPLAN KKK

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 :

LORENZA L. UY  
(Signature over printed name)

Very truly yours,

**DE CARLO L. UY**  
Acting Governor


Jun 13, 2024  
(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.

ALEJANDRO R. OMILAJR.



## PURCHASE ORDER

Supplier : <b>HEAL J TRADING</b>  Address : <b>Phase 2, Block 5, Lot 37 Purok 6 C, Rosewood Subd., Villa Kananga, Butuan City</b>  PhilGEPS Registration No. : <b>201908268311844130793</b> Tel./Mobile/Fax No. : <b>09429656308</b> Registration Certificate : <b>DTI</b>	P.O. Number: <b>2024061777</b>  <b>020240617772A6B3E175</b> Date : <b>Jun 13, 2024</b> P.R. No. : <b>2024032049</b> Procurement mode: <b>Competitive Bidding</b>
Req. Office : <b>Provincial Health Office</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> <b>Partial delivery NOT ALLOWED</b>
Place of Delivery : <b>PGSO Warehouse</b>	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
15	8,006.00 Tablet	Calcium Carbonate + Cholecalciferol (Vit. D3) 1.25 g (equiv. to 500 mg elemental calcium) + 250 IU Tablet	3.95	31,623.70
16	15,000.00 Capsule	Cefalexin 250 mg Capsule (As Monohydrate)	2.30	34,500.00
17	720.00 Bottle	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) 250 mg (As Trihydrate) + 62.5 mg/5 mL, 60 mL Suspension	142.00	102,240.00
18	38.02 BOT	Cetirizine DROPS 2.5MG/ML,10ML ORAL DROPS	125.00	4,752.50
19	10,000.00 Capsule	Celecoxib 200 mg Capsule	2.75	27,500.00
20	2,500.00 TAB	Amlodipine 10MG TAB	4.30	10,750.00
21	1,000.00 TAB	Cefixime 400MG BRANDED	26.10	26,100.00
22	150.00 BOX	Mefenamic Acid CAP. 500 mg 100'S	799.00	119,850.00
23	800.00 TAB	METOCLOPRAMIDE 10mg	1.60	1,280.00
24	30.00 BOX	HYOSCINE 10MG TABLET 100'S	358.40	10,752.00
25	8,000.00 Cap	Tramadol 50 mg Capsule (As Hydrochloride)	1.70	13,600.00
26	432.00 BOT	PARACETAMOL 250MG SUSP. 60ML	19.25	8,316.00
27	10.00 BOX	Clindamycin 300MG CAP 100'S	499.00	4,990.00
28	45.00 BOX	ALUMINUM + MAGNESIUM HYDROXIDE TAB 100'S 20MG+100MG	149.50	6,727.50
29	288.00 BOT	PARACETAMOL 100MG SUSP. 10ML	16.10	4,636.80

**TO BE USE FOR OPLAN KKK**

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Conforme : \_\_\_\_\_ Very truly yours, \_\_\_\_\_  
 (Signature over printed name) **DE CARLO L. UY**  
Acting Governor


\_\_\_\_\_ (Date) **June 13, 2024**

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**ALEJANDRO R. OMILAJR.**



## PURCHASE ORDER

Supplier : <b>HEAL J TRADING</b>  Address : <b>Phase 2, Block 5, Lot 37 Purok 6 C, Rosewood Subd., Villa Kananga, Butuan City</b>  PhilGEPS Registration No. : <b>201908268311844130793</b> Tel./Mobile/Fax No. : <b>09429656308</b> Registration Certificate : <b>DTI</b>	P.O. Number: <b>2024061777</b>  <b>O20240617772A6B3E175</b> Date : <b>Jun 13, 2024</b> P.R. No. : <b>2024032049</b> Procurement mode: <b>Competitive Bidding</b>
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Req. Office : **Provincial Health Office**

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
30	83.00 CAP	Cefixime 200 MG CAP 30'S	215.15	17,857.45
31	15,000.00 Capsule	Mefenamic Acid 250 mg Capsule	1.20	18,000.00
32	1,000.00 Tablet	Betahistine 8 mg Tablet (Hydrochloride)	8.50	8,500.00
33	1,000.00 Bottle	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) 400 mg (As Trihydrate) + 57 mg/5 mL, 70 mL Suspension	149.50	149,500.00
34	144.00 Bottle	Dicycloverine (Dicyclomine) 10 mg/5 mL, 60 mL Syrup	14.85	2,138.40
35	2,000.00 Tablet	Ranitidine 300 mg Tablet (As Hydrochloride)	2.10	4,200.00
36	5,000.00 Tablet	Ibuprofen 400 mg Tablet	1.00	5,000.00
37	1,000.00 Tablet	Diclofenac 50 mg Tablet (As Sodium Salt)	1.75	1,750.00
38	3,000.00 Capsule	Omeprazole 20 mg Capsule	13.80	41,400.00
39	288.00 BOT	Cetirizine SYRUP 5MG/5ML	35.15	10,123.20
40	8.00 BOX	ERYTHROMYCIN 500MG TAB. 100'S	461.01	3,688.08
41	1,500.00 TAB	Amlodipine 5 MG TAB	4.10	6,150.00
42	144.00 BOT	METOCLOPRAMIDE 10MG SYRUP	17.75	2,556.00
43	10.00 BOX	COTRIMOXAZOLE 400MG TAB. 100'S	171.50	1,715.00
44	10.00 BOX	DICYCLOVERINE 10MG TAB	199.75	1,997.50
45	1,000.00 CAP	DOXYCYCLINE 100MG	2.50	2,500.00

<b>TO BE USE FOR OPLAN KKK</b>	8
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Conforme : \_\_\_\_\_ Very truly yours, \_\_\_\_\_  
 (Signature over printed name) **DE CARLO L. UY**  
Acting Governor

\_\_\_\_\_ (Date) June 21, 2024


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ALEJANDRO R. OMILAJR.





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Req. Office : <b>Provincial Health Office</b>	

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
46	10.00 BOX	TRANEXAMIC ACID 500MG CAP. 100'S	567.25	5,672.50
47	150.00 BOX	Amoxicillin CAP. 250MG 100'S	249.50	37,425.00
48	1,500.00 Tablet	Domperidone 10 mg Tablet	1.50	2,250.00
49	2,500.00 TAB	CEFUROXIME 500mg	8.00	20,000.00
50	144.00 Bottle	Cotrimoxazole (Sulfamethoxazole + Trimethoprim) 400 mg + 80 mg/5 mL, 60 mL Suspension	31.25	4,500.00
51	100.00 BOX	METFORMIN 500MG TAB 100'S	52.40	5,240.00
52	10,000.00 CAPSULE	CELECOXIB 200mg	2.70	27,000.00
53	2,000.00 TAB	LOSARTAN 50MG	4.60	9,200.00
54	2,500.00 TAB	Azithromycin 500MG TAB	9.45	23,625.00
55	1,000.00 Tablet	Ciprofloxacin 500 mg Tablet (As Hydrochloride)	1.40	1,400.00
56	10,000.00 CAP	AMOXICILIN 500MG	3.95	39,500.00
57	10,000.00 CAPSULE	CEFALEXIN 500mg	6.10	61,000.00
58	5,000.00 Tablet	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) 500 mg (As Trihydrate) + 125 mg Tablet	6.20	31,000.00

Remarks :  
 FAILURE TO SUBMIT ANY OF THE POST-QUALIFICATION REQUIREMENTS ON TIME, OR A FINDING AGAINST THE VERACITY THEREOF, SHALL DISQUALIFY THE BIDDER FOR AWARD.


**TERMS AND CONDITIONS**

<b>TO BE USE FOR OPLAN KKK</b>
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Conforme : \_\_\_\_\_ Very truly yours, \_\_\_\_\_

  
**DE CARLO L. UY**  
 Acting Governor


\_\_\_\_\_  
 (Signature over printed name)  
 \_\_\_\_\_  
 (Date)

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Place of Delivery : <b>PGSO Warehouse</b>	


I.N.	Quantity/Unit	Item	Unit Cost	Amount
1. THE ITEM MUST CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT, 2. THE ITEM MUST HAVE CERTIFICATE OF PRODUCT REGISTRATION (CPR) ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION THAT TO BE SUBMITTED UPON DELIVERY. 3. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO YEARS UPON DELIVERY 4. THE SUPPLIER MUST HAVE VALID AND CURRENT LICENSE TO OPERATE AS DRUG DISTRIBUTORS/WHOLESALERS ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION. 5. ALL MULTIVITAMINS CAP.& SYRUP WITH NO APPROVED THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED 6. WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE PAYMENT FOR BFAD SAMPLING 7. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.				

The award is based on Abstract No. **0520241573** created on **May 31, 2024** and resolved on **June 13, 2024** under Quotation No. **B20241862** opened on **May 30, 2024**

<b>TO BE USE FOR OPLAN KKK</b>	
Grand Total Amount in Words : <b>ONE MILLION FOUR HUNDRED SEVENTEEN THOUSAND NINE HUNDRED FORTY-FOUR AND 13 / 100</b>	GRAND TOTAL : <b>₱ 1,417,944.13</b>

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Acting Governor

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(Signature over printed name)

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(Date)

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