

Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier: HEAL J TRADING

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

PhilGEPS Registration No.: 20190826831412199886

Tel./Mobile/Fax No.: 09429656308 Registration Certificate: DTI

Req. Office: PEEDO - DDN Hospital (Kapalong Zone)

Place of Delivery : DAVNOR PHARMACY

P.O. Number: 2024072291



O2024072291503AEFC3F

Date: Jul 25, 2024 P.R. No.: 2024053003

Procurement mode: Competitive Bidding

Gentlemen: Please furnish this office the following articles subject to terms and conditions 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

			Partial delivery NOT ALLOWED	
I.N.:	Quantity/Unit	ltem (Unit Cost	Amount
7	5,000.00 Vial	Cefepime 1 g Vial (As Hydrochloride) SEPIME	27.85	139,250.00
2	1,500.00 Vial	Amikacin 125 mg/mL, 2 mL Solution for Injection COCINE	32.45	48,675.00
3	2,000.00 Tablet	Amlodipine 10 mg Tablet (As Besilate/Camsylate) LODIPEX	3.48	6,960.00
4	50.00 Vial	Biphasic Isophane Human Insulin 70/30 (Recombinant Dna) 100 IU/mL, 10 mL Suspension for Injection INSUGET	448.00	22,400.00
5	50.00 Bottle	Amoxicillin 250 mg/5 mL, 60 mL Suspension MOXYLOR	21.90	1,095.00
6	3,000.00 Tablet	Atorvastatin 80 mg Tablet ATORSAPH	5.48	16,440.00
7	3,000.00 Vial	Ampicillin + Sulbactam 1 g + 500 mg Powder for Injection LINTAM	139.90	419,700.00
8	5,000.00 Tablet	Azithromycin 500 mg AZCORE	49.95	249,750.00
9	3,000.00 Vial	Ampicillin 500 mg Powder for Injection CORPILYN	9.98	29,940.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE 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)

Very truly yours,

W. JUBAHIB

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.



Province of Davao del Norte Government Center, Mankilam, Tagum City

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
10	50.00 Bottle	Ascorbic Acid (Vitamin C) 100 mg/5 mL, 60 mL Syrup BETTER C	22.98	1,149.00
11	1,500.00 Tablet	Ascorbic Acid (Vitamin C) 500 mg Tablet BETTER C	0.77	1,155.00
12	300.00 Tablet	Betahistine 16 mg BETZINE	9.03	2,709.00
13	1,000.00 Tablet	Aspirin 80 mg Tablet PHILPRIN	1.98	1,980.00
14	100.00 Amp	Amiodarone 50 mg/mL, 3 mL Ampule (As Hydrochloride) - IT SHOULD BE AN INNOVATOR DRUG RYTHMA	201.97	20,197.00
15	5,000.00 Capsule	Amoxicillin 500 mg Capsule (As Trihydrate) AMBIMOX	2.78	13,900.00
16	3,000.00 Vial	Ampicillin 250 mg Powder for Injection CORPILYN	11.49	34,470.00
17	100,00 Vial	Bupivacaine 0.5%, 10 mL Solution for Injection - IT SHOULD BE AN INNOVATOR DRUG	97.86	9,786.00
18	5,000.00 Vial	Cefazolin 1 g Vial (As sodium Salt) PHIZOLIN	49.99	249,950.00
19	1,500.00 Tablet	Butamirate 50 mg MR Tablet (As Citrate)	11.98	17,970.00

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ALEJANDRO R. OMILAJR.

Thursday, August 1, 2024 Page 2 of 7



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P.O. Number: 2024072291

Procurement mode: Competitive Bidding

Req. Office: PEEDO - DDN Hospital (Kapalong Zone)

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

Place of Delivery : DAVNOR PHARMACY

Payment Term : ON ACCOUNT | Delivery Term; End-user shall require the delivery of items in such quantity depending on actual needs

	~		Partial delivery NOT ALLOWED	
I.N.	Quantity/Unit	ltem	Unit Cost	Amount
		SAPHMIRATE		0.1.11.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
20	10,000.00 Capsule	Cefalexin 500 mg Capsule (As Monohydrate) EXEL	2.91	29,100.00
21	300.00 Tablet	Allopurinol 300 mg ALLUPREX	2.08	624.00
22	300.00 Tablet	Atorvastatin 20 mg Tablet fredtor	3.46	1,038.00
23	3,500.00 Tablet	Atorvastatin 40 mg Tablet fredtor	5.98	20,930.00
24	300.00 Tablet	Carvedilol 6.25 mg Tablet CARDESAPH	1.16	348.00
25	300.00 Ampule	Calcium Gluconate 10%, 10 mL Solution for Injection	59.97	17,991.00
26	6,000.00 Tablet	ACETYLCYSTEINE 600 mg Effervescent Table flucysteine	14.98	89,880.00
27	2,500.00 Vial	Ampicillin + Sulbactam 500 mg + 250 mg Vial (As Sodium Salt) LINTAM	149.99	374,975.00
28	300.00 Bottle	Azithromycin 200 mg/5 mL, 15 mL Suspension (As Base/As Dihydrate) rozitan	192.48	57,744.00
29	200.00 Tablet	Allopurinol 100 mg	1,48	296.00

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

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actual needs

141.00	-		Partial delivery NOT ALLOWED	
I.N.	Quantity/Unit	Item	Unit Cost	Amount
		URISOL		
30	500.00 Tablet	Calcium Carbonate 500 mg VONWELT	1.78	890.00
31	300,00 Tablet	Aluminum Hydroxide + Magnesium Hydroxide 200 mg + 100 mg ZILGAM	1.48	444.00
32	100.00 Ampule	Atracurium 10 mg/mL, 2.5 mL Ampule (As Besilate) ACURIUM	68.95	6,895.00
33	1,000.00 Ampule	Bupivacaine 0.5%, 4 mL (spinal) with 8% Dextrose Ampule (As Hydrochloride) - IT SHOULD BE AN INNOVATOR DRUG BUPIRIGHT	429.89	429,890.00
34	300.00 Tablet	Betahistine 8 mg BETZINE	8.78	2,634.00
35	1,000.00 Tablet	Captopril 25 mg Tablet < CAPTOBES	1.78	1,780.00
36	1,000.00 Tablet	Calcium + Cholecalciferol (Vitamin D3) Equiv. to 500 mg elemental calcium + 400 IU Film Coated AMBICAL PLUS	3.97	3,970.00
37	300.00 Sachet	Acetylcysteine 200 mg Oral Powder FLUCYSTEINE	7.56	2,268.00

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Conforme:

29,2021

Very truly yours,

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ALEJANDRO R. OMILAJR.



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P.O. Number: 2024072291

O2024072291503AEFC3F

Date: <u>Jul 25, 2024</u> P.R. No.: <u>2024053003</u>

Procurement mode: Competitive Bidding

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

Date of Delivery : ______ Payment Term

Payment Term : ON ACCOUNT Delivery Term: End-user shall require the delivery of items in such quantity depending on setup pages.

actual needs

			Partial delivery NOT ALLOWED	
I.N.	Quantity/Unit	Item	Unit Cost	Amount
38	300.00 Tablet	Betahistine 24 mg BETZINE	11.65	3,495.00
39	150.00 PC	Bisacodyl 10MG SUPPOSITORY DYLAX	17.98	2,697.00
40	300.00 Ampule	Carboprost 125 mcg/0.5 mL, 0.5 mL Solution for Injection EVACARB	143.95	43,185.00
41	150.00 PC	Bisacodyl 5MG SUPPOSITORY DYLAX	16.85	2,527,50
42	5,000.00 Vial	Ampicillin 1 g Powder for Injection ELCILLIN	12.00	60,000.00
43	3,500.00 Amp	Budesonide 250 mcg/mL, 2 mL Respiratory Solution RESPISAPH	31.98	111,930.00
44	50.00 Bottle	Cefalexin 250 mg/5 mL, 60 mL Oral Suspension DIACEF	28.98	1,449.00
45	3,000.00 Tablet	Amlodipine 5 mg Tablet (As Besilate/ Camsylate) LODIPEX	2.48	7,440.00

Remarks:

ADDITIONAL REQUIREMENTS:

1. ORIGINAL/CERTIFIED TRUE COPY OF A VALID AND CURRENT CERTIFICATE OF PRODUCT REGISTRATION (CPR) AND MUST CONFORM WITH THE ITEMS BID THAT TO BE SUBMIT UPON DELIVERY.

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

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Conforme:

(Signature over printed name)

AGST 29, 2044
(Date)

Very truly yours,

EDVIN JUBAHIB Governor M

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Date: Jul 25, 2024 P.R. No.: 2024053003

Payment Term : ON ACCOUNT | Delivery Term: End-user shall require the

Unit Cost

Procurement mode: Competitive Bidding

delivery of items in such quantity depending on Place of Delivery : DAVNOR PHARMACY actual needs Partial delivery NOT ALLOWED

Amount

2. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT LICENSE TO OPERATE AS DRUG DISTRIBUTOR/WHOLESALER ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.

Item

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

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

TECHNICAL SPECIFICATIONS:

Quantity/Unit

- 1. THE ITEM MUST CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT.
- 2. THE REQUISITIONING OFFICE HAVE A RIGHT TO DECLINED OR REJECT THE DELIVERED GOODS/ITEMS IF IT DOES NOT CONFORM TO THE SPECIFICATION STATED IN THE PURCHASE ORDER AND/OR THE ITEMS HAVE A RECORD OF VIOLATION OR COMPLAIN FROM THE END-USER.
- 3. THE ITEM MUST HAVE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION
- 4. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO (2) YEARS FROM THE DATE OF DELIVERY. IN CASE OF SHELF-LIFE OF ITEMS TO BE OFFERED IS LESS THAN TWO (2) YEARS, A GUARANTEE LETTER SHALL BE SUBMITTED.
- 5. GOODS WHICH ARE THREE (3) MONTHS NEAR THE EXPIRY PERIOD SHALL BE RETURNED TO THE SUPPLIER. THE SUPPLIER SHALL ALSO REPLACE THE RETURNED ITEMS/GOODS.
- 6. THE SUPPLIER MUST HAVE A VALID AND CURRENT LICENSE TO OPERATE AS DRUG

DISTRIBUTORS/WHOLESALERS ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.

TERMS AND CONDITIONS:

- ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
- 2. BIDDERS MUST OFFERED ONLY ONE (1) BRAND OF EVERY ITEM IN THE BID DOCUMENT.
- TOTAL LOT AWARDING

4. DELIVERY TERM: END-USERS SHALL DETERMINE THE QUANTITY OF ITEMS TO BE DELIVERED, DEPENDING ON FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE 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: Very truly yours,

LOSAVILA (Signature over printed name) (Date) 29,2024

JUBAHIB

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ALEJANDRO R. OMILAJR.



Republic of the Philippines Province of Davao del Norte

Government Center, Mankilam, Tagum City

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Quantity/Unit

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Req. Office: PEEDO - DDN Hospital (Kapalong Zone)

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Item

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actual needs

Unit Cost

Partial delivery NOT ALLOWED

Amount

ACTUAL NEEDS.

MEDICINES ACCOUNT.

I.N.

Date of Delivery:

MODE OF PAYMENT: MONTHLY BASIS.

6. ISSUANCE OF SALES/CHARGE INVOICE AND PROCESSING OF PAYMENT IS ON A MONTHLY BASIS BASED ON THE ACTUAL CONSUMPTION OR QUANTITY DELIVERED ON A PARTICULAR PERIOD.

7. THE ISSUANCE OF SALES/CHARGE INVOICES MUST BE EVERY 1ST WEEK OF THE SUCCEEDING MONTH.

8. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM FIVE (5) DAYS BEFORE THE DELIVERY OF ITEMS.

ALL ITEMS TO BE CHARGED TO DAVAO DEL NORTE HOSPITAL - KAPALONG ZONE MOOE UNDER DRUGS AND

The award is based on Abstract No. 0720242030 created on July 04, 2024 and resolved on July 25, 2024 under Quotation No. B20242461 opened on June 28, 2024

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS Grand Total Amount in Words: TWO MILLION FIVE HUNDRED SIXTY-ONE GRAND TOTAL: P 2,561,896.50 THOUSAND EIGHT HUNDRED NINETY-SIX AND 50 / 1

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