



## PURCHASE ORDER

Supplier : **HEAL J TRADING**

P.O. Number: **2024082328**

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



**O2024082328AD33D7426**

PhilGEPS Registration No. : **20190826831412199886**

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

Registration Certificate : **DTI**

Date : **Aug 01, 2024**

P.R. No. : **2024063534**

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 : **PHO**

**Partial delivery NOT ALLOWED**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	291.00 Bottle	Cefalexin 250 mg/5 mL, 60 mL Oral Suspension	27.00	7,857.00
2	2,000.00 Tablet	Aluminum Hydroxide + Magnesium Hydroxide 200 mg + 100 mg <b>zilcam</b>	4.70	9,400.00
3	2,000.00 TAB	CO-AMOXICLAV 500mg + 125mg (AMOXICILLIN + CLAVULANIC ACID) <b>axalan</b>	11.10	22,200.00
4	10,000.00 Tablet	Lagundi [Vitex Negundo L. (Fam. Verbenaceae)] 300 mg <b>ofplemed</b>	1.80	18,000.00
5	3,000.00 Pc	Lidocaine 2%, 1.8 mL w/ Epinephrine Carpule <b>xyloident</b>	35.00	105,000.00
6	3,000.00 Cap	Tranexamic Acid 500 mg Capsule <b>tranext</b>	4.50	13,500.00
7	20,400.00 Capsule	Multivitamins <b>multivita</b>	3.35	68,340.00
8	3,000.00 Tablet	Metformin 500 mg Film Coated <b>glycemet</b>	13.10	39,300.00
9	400.00 Bottle	Amoxicillin 250 mg/5 mL, 60 mL Suspension <b>moxylor</b>	20.00	8,000.00


**DRUGS AND MEDICINE TO BE USE FOR OUTREACHES AND WALK IN CLIENTS OF PROVINCIAL HEALTH OFFICE**

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,

  
(Signature over printed name)

  
(Date)

  
EDWIN T. JUBAHIB  
Governor

**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.



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Place of Delivery : **PHO** **Partial delivery NOT ALLOWED**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
10	288.00 Bottle	Lagundi [Vitex Negundo L. (Fam. Verbenaceae)] 300 mg/5 mL, 120 mL Syrup <b>ofplemed</b>	30.00	8,640.00
11	25,000.00 Tablet	Paracetamol 500mg Tablet <b>ambiretic</b>	1.20	30,000.00
12	3,000.00 TABLET	HYOSCINE 10 mg <b>hyoswell</b>	6.50	19,500.00
13	5,000.00 Capsule	Omeprazole 20mg Capsule <b>ometift</b>	11.50	57,500.00

Remarks :

**TERMS AND CONDITIONS**

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.

**DRUGS AND MEDICINE TO BE USE FOR OUTREACHES AND WALK IN CLIENTS OF PROVINCIAL HEALTH OFFICE** 8

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Conforme :

Very truly yours,

LOUISA A. GIBENE WAT  
(Signature over printed name)

**EDWIN T. SUBAHIB**  
Governor *mf*


Aug 29, 2024  
(Date)

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**ALEJANDRO R. OMILAJR.**



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Req. Office : **Provincial Health Office**

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Date of Delivery : _____ Payment Term : <b>ON ACCOUNT</b> Place of Delivery : <b>PHO</b>	Delivery Term: <b>20 Calendar Days</b> <b>Partial delivery NOT ALLOWED</b>
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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The award is based on Abstract No. **0720242260** created on **July 22, 2024** and resolved on **August 01, 2024** under Quotation No. **B20242938** opened on **July 19, 2024**

<b>DRUGS AND MEDICINE TO BE USE FOR OUTREACHES AND WALK IN CLIENTS OF PROVINCIAL HEALTH OFFICE</b>	
Grand Total Amount in Words : <b>FOUR HUNDRED SEVEN THOUSAND TWO HUNDRED THIRTY-SEVEN AND XX / 100</b>	GRAND TOTAL : <b>P 407,237.00</b>

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

Very truly yours,

**EDWARD JUBAHIB**  
 Governor

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ALEJANDRO R. OMILAJR.