



PURCHASE ORDER

Supplier : **HEAL J TRADING**

P.O. Number: **2024124613**

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



O2024124613ED1A92F91

TIN: **930-715-751-000**
 PhilGEPS Registration No. : **20190826831412199886**
 Tel./Mobile/Fax No. : **09429656308**
 Registration Certificate : **DTI**

Date : **Nov 25, 2024**
 P.R. No. : **2024095617**
 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: **15 Calendar Days**

Place of Delivery : **PHO warehouse**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	2,500.00 Capsule	Cefixime 200 mg ZEFIMED	7.50	18,750.00
2	5,000.00 Capsule	Mefenamic Acid 500 mg GENERIC	2.00	10,000.00
3	2,000.00 Tablet	Atorvastatin 40 mg Tablet BRELVASTIN	3.35	6,700.00
4	11,000.00 1 TABLET	ASCORBIC ACID 500MG TABS ASCOPHIL	0.90	9,900.00
5	3,000.00 Tablet	Acetylcysteine 600mg Effervescent GENERIC	14.00	42,000.00
6	10,000.00 Capsule	Celecoxib 200 mg CELEKOP	2.41	24,100.00
7	1,500.00 PC	Clindamycin 300 mg Capsule GENERIC	6.00	9,000.00
8	500.00 Tablet	Carvedilol 25 mg GENERIC	5.00	2,500.00
9	500.00 Tablet	Furosemide 40 mg Tablet GABIX	0.75	375.00
10	1,050.00 Nebules	Ipratropium + Salbutamol 500 mcg + 2.5 mg, 2.5 mL Respiratory Solution	9.00	9,450.00

DRUGS AND MEDICINES 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 :

Very truly yours,

 (Signature over printed name)

EDWIN T. JUBAHIB
 Provincial Governor

 (Date)


 (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. OMILA JR.



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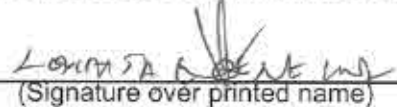

Date of Delivery : _____ Payment Term : <u>ON ACCOUNT</u> Place of Delivery : <u>PHO warehouse</u>	Delivery Term: <u>15 Calendar Days</u>
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
GENERIC				
11	20,000.00 Tablet	Lagundi (Vitex Negundo L.) 600 mg Tablet OFPLEMED	3.00	60,000.00
12	10,000.00 Capsule	Omeprazole 20mg Capsule XOPRAZOLE	1.21	12,100.00
13	15,000.00 Tablet	Losartan 100 mg GENERIC	2.20	33,000.00
14	1,000.00 Tablet	Betahistine 8 mg GENERIC	4.11	4,110.00
15	3,000.00 Tablet	Cefuroxime 500 mg GENERIC	10.50	31,500.00
16	3,000.00 Capsule	Lidocaine 2%, 1.8 mL capsule (with epinephrine) XYLODENT	26.40	79,200.00
17	1,000.00 Sachet	Acetylcysteine 100 mg Oral Powder GENERIC	8.00	8,000.00
18	16,000.00 Tablet	Losartan 50 mg LOSAAR	1.12	17,920.00
19	3,500.00 Tablet	Azithromycin 500 mg GENERIC	16.50	57,750.00

DRUGS AND MEDICINES TO BE USE FOR OPLAN KKK 6

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Conforme :  _____ (Signature over printed name) _____ (Date)	Very truly yours,  EDWIN M. JUBAHIB Provincial Governor _____ (Date)
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Date : **Nov 25, 2024**

P.R. No. : **2024095617**

Procurement mode: **Competitive Bidding**

Req. Office : **Provincial Health Office**

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Delivery Term: **15 Calendar Days**

Place of Delivery : **PHO warehouse**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
20	3,000.00 Tablet	Gliclazide 60 mg MR Tablet GENERIC	6.48	19,440.00
21	5,000.00 TAB	CO-AMOXICLAV 625MG AXALAV	8.24	41,200.00
22	2,500.00 Tablet	Ibuprofen 400 mg FEURAL	1.50	3,750.00
23	432.00 Bot	Paracetamol 100mg/ml, 15ml Oral Drops Bottle HYFER	21.00	9,072.00
24	5,000.00 Capsule	Cefalexin 500 mg EXEL	4.65	23,250.00
25	10,000.00 Tablet	Amlodipine 10 mg LOFIDEN	0.69	6,900.00
26	10,000.00 Capsule	Mefenamic Acid 250 mg GENERIC	1.38	13,800.00
27	1,008.00 BOT	Paracetamol 250mg/5ml, 60ml Syrup Bottle HYFER	21.65	21,823.20
28	288.00 Bottle	Co-Amoxiclav (Amoxicillin + Clavulanic Acid) 400 mg + 57 mg/5 mL, 70 mL Oral Suspension MEOXICLAV	173.00	49,824.00
29	5,000.00 Tablet	Metformin 500 mg Film Coated	0.76	3,800.00

DRUGS AND MEDICINES TO BE USE FOR OPLAN KKK

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Conforme :

LORENZA ARRENE UNO
(Signature over printed name)

Very truly yours,

EDWIN JUBAHIB
Provincial Governor

Jan 6, 2025
(Date)

(Date)

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ALEJANDRO R. OMILA JR.



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Delivery Term: **15 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		GENERIC		
30	2,000.00 Cap	Tramadol 50 mg Capsule (As Hydrochloride)	1.50	3,000.00
		GENERIC		
31	10,000.00 1 CAP	Amoxicillin 250MG CAPSULE	2.50	25,000.00
		AXIOMACE		
32	576.00 Bottle	Lagundi [Vitex Negundo L. (Fam. Verbenaceae)] 300 mg/5 mL, 120 mL Syrup	48.15	27,734.40
		OPPLEMED		
33	2,400.00 Cap	Tranexamic Acid 500 mg Capsule	6.00	14,400.00
		GENERIC		
34	1,000.00 PC	Ciprofloxacin 500 mg Tablet	2.49	2,490.00
		GENERIC		
35	1,000.00 Tablet	Rosuvastatin 20 mg Tablet (As Calcium Salt)	4.20	4,200.00
		ROZATIN		
36	10,000.00 Tablet	Amlodipine 5 mg	0.77	7,700.00
		LOPIDEN		
37	10,000.00 CAP	Amoxicillin 500MG CAPSULE	2.89	28,900.00
		AMBIMOX		
38	45,100.00 Capsule	Multivitamins	0.88	39,688.00
		MULTIVITA		

DRUGS AND MEDICINES TO BE USE FOR OPLAN KKK

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Conforme :



(Signature over printed name)

Very truly yours,


EDWINA J. JUBAHIB
Provincial Governor

Nov 26, 2024
(Date)


(Date)

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Req. Office : Provincial Health Office	

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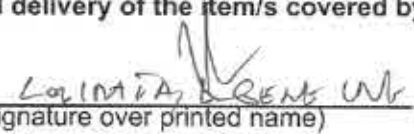

I.N.	Quantity/Unit	Item	Unit Cost	Amount
39	5,000.00 TAB	CETIRIZINE 10MG GENERIC	0.49	2,450.00
40	10,200.00 Tablet	Paracetamol 500mg Tablet AMBIRETIC	0.75	7,650.00
41	45,100.00 Tab	Vitamin B1 B6 B12 100 mg + 5 mg + 50 mcg Tablet AMCOVIT	0.87	39,237.00
42	2,000.00 Nebule	Salbutamol 2 mg/mL, 2.5 mL (unit dose) Nebule (As Sulfate) GENERIC	7.14	14,280.00
43	144.00 Bottle	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) 250 mg (As Trihydrate) + 62.5 mg/5 mL, 60 mL Suspension GENERIC	142.00	20,448.00

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

DRUGS AND MEDICINES TO BE USE FOR OPLAN KKK	8
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Conforme : _____ <div style="text-align: center;">  (Signature over printed name) </div> <div style="text-align: center;"> JAN 6, 2025 (Date) </div>	Very truly yours, <div style="text-align: center;">  EDWIN JUBAHIB Provincial Governor </div> <div style="text-align: center;"> _____ (Date) </div>
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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7. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

The award is based on Abstract No. **1120244202** created on **November 11, 2024** and resolved on **November 25, 2024** under Quotation No. **B20245079** opened on **November 08, 2024**

DRUGS AND MEDICINES TO BE USE FOR OPLAN KKK	
Grand Total Amount in Words : EIGHT HUNDRED SIXTY-SIX THOUSAND THREE HUNDRED NINETY-ONE AND 60 / 100	GRAND TOTAL : ₱ 866,391.60

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EDWIN JUBAHIB
 Provincial Governor

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