

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

PURCHASE ORDER

Payment Term : ON ACCOUNT

Supplier: NDMS ENTERPRISES, INC.

Address : TAGUM CITY

Date of Delivery : _

PhilGEPS Registration No.: 2017101356821853647504

Tel./Fax No.: 09266044895 Registration Certificate: SEC

registration Certificate: <u>GEO</u>

Req. Office: PEEDO - DavNor Pharmacy

P.O. Number: 2022115191

O202211519166FC56B7C

Date: Nov 07, 2022 P.R. No.: 2022085205

Procurement mode: Competitive Bidding

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

Place of Delivery : DAVNOR PHARMACY

Delivery Term: 10 Calendar Days

I.N.	Quantity/Unit	ltem .	Unit Cost	Amount	
÷1	5.000.00 PCKS	ABDOMINAL PACK 12X12 (STERILE LAP SPONGE) PROHEALTH	179.00	895,000.00	
2	10,000.00 BOTTS	ALCOHOL 70% ISOPROPYL, 500ML ALCOOL	~94.00	940,000.00	
3	100.00 PCS	ARM SLING LARGE GENERIC	A59.00	15,900.00	
4	300.00 PCS	ASEPTO SYRINGE SIMPLEX	_{>} 59.00	17,700.00	
5	300.00 PCS	CAUTERY PENCIL SURGISENZ	>899.00	269,700.00	
6	300.00 PADS	CAUTERY PAD/DISPOSABLE ELECTROSURGICAL GROUNDING PAD SURGISENZ	×199.00	59,700.00	
7	5,000.00 PCS	CORD CLAMP SURGITECH	~7.00	35,000.00	
8	100.00 PCS	DIGITAL THERMOMETER GENERIC	>89.00	8,900.00	
9	45,000.00 PCS	DISPOSABLE SYRINGE W/NEEDLE 1ML PROHEALTH	_4.00	180,000.00	
10	51,000.00 PCS	DISPOSABLE SYRINGE W/NEEDLE 3ML PROHEALTH	-4.00	204,000.00	

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)

IE (K) TACONA

(Date)

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

EDWIN F JUBAHI

Very truly yours,

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.

Wednesday, November 23, 2022



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

PURCHASE ORDER

Payment Term : ON ACCOUNT

Supplier: NDMS ENTERPRISES, INC.

Address : TAGUM CITY

Date of Delivery :

PhilGEPS Registration No. : 2017101356821853647504

Tel./Fax No.: 09266044895 Registration Certificate: SEC

Req. Office: PEEDO - DavNor Pharmacy

P.O. Number: 2022115191

Date: Nov 07, 2022 P.R. No.: 2022085205

Procurement mode: Competitive Bidding

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

Place of Delivery: DAVNOR PHARMACY

Delivery Term: 10 Calendar Days

I.N.	Quantity/Unit	Item	Unit Cost	Amount				
11	42,000.00 PCS	DISPOSABLE SYRINGE W/NEEDLE 5ML PROHEALTH	5.00	210,000.00				
12	28,500.00 PCS	DISPOSABLE SYRINGE W/NEEDLE 10ML PROHEALTH	NGE W/NEEDLE 10ML 5.00					
13	1,200.00 PCS	DISPOSABLE DRAWSHEET/UNDERPADS 60X90CM MEDPRO	ET/UNDERPADS 87.00					
14	216.00 ROLL	ELASTIC BANDAGE 3X5 PROHEALTH	24.00	5,184.00				
15	216.00 ROLL	ELASTIC BANDAGE 4X5 PROHEALTH	25.00	5,400.00				
16	444.00 ROLL	ELASTIC BANDAGE 6X5 PROHEALTH	27.00	11,988.00				
17	30.00 PCS	ENDOTRACHEAL TUBE 2.0 W/CUFFED	39.00	1,170.00				
18	20.00 PCS	ENDOTRACHEAL TUBE 2.5 W/CUFFED SURGITECH	39.00	780.00				
19	30.00 PCS	ENDOTRACHEAL TUBE 3.0 W/CUFFED	39.00	1,170.00				
20	20.00 PCS	ENDOTRACHEAL TUBE 4.5 W/CUFFED	JBE 4.5 W/CUFFED 39.00					
21	20.00 PCS	ENDOTRACHEAL TUBE 6.0 W/CUFFED SURGITECH	BE 6.0 W/CUFFED 39.00					
22	50.00 PCS	ENDOTRACHEAL TUBE 6.5 W/CUFFED	39.00	1,950.00				

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:

GENDROIT (Signature over printed name)

(Date)

Very truly yours,

EDWIN 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.



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

PURCHASE ORDER

Supplier: NDMS ENTERPRISES, INC.

Address : TAGUM CITY

PhilGEPS Registration No. : 2017101356821853647504

Tel./Fax No.: 09266044895 Registration Certificate: SEC

Req. Office : PEEDO - DavNor Pharmacy

P.O. Number: 2022115191

O202211519166FC56B7C

Date : Nov 07, 2022 P.R. No. : 2022085205

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

Place of Delivery : DAVNOR PHARMACY

Delivery Term: 10 Calendar Days

I.N.	Quantity/Unit	Item	γ γ	GEOGRAPHICA CONTRACTOR
1.174.	Quantity/Offic	l	Unit Cost	Amount
		SURGITECH		
23	100.00 PCS	ENDOTRACHEAL TUBE 7.0 W/CUFFED SURGITECH	,39.00	3,900.00
24	30.00 PCS	ENDOTRACHEAL TUBE 7.5 W/CUFFED	/39.00	1,170.00
25	10.00 PCS	ENDOTRACHEAL TUBE 2.5 UNCUFFED	/39.00	390.00
26	10.00 PCS	ENDOTRACHEAL TUBE 3.0 UNCUFFED SURGITECH	/39.00	390.00
27	10.00 PCS	ENDOTRACHEAL TUBE 3.5 UNCUFFED SURGITECH	∠ 39.00	390.00
28	10.00 PCS	ENDOTRACHEAL TUBE 4.0 UNCUFFED SURGITECH	∕39.00	390.00
29	10.00 PCS	ENDOTRACHEAL STYLET SMOOTH CURVE 30-60 DEGREE BEND (GUIDE WIRE FOR NEWBORN)	/3,799.00	37,990.00
30	300.00 RIM	ELECTRONIC FETAL MONITOR THERMAL PAPER 112MM	_399.00	119,700.00
31	100.00 SET	EPIDURAL CATHETER SET G18 PORTEX	>979.00	97,900.00
32	1,000.00 ROLL	ECG PAPER 80MM X 20M SIMPLEX	×249.00	249,000.00
33	30.00 PCS	FEEDING TUBE/NGT FR5 SIMPLEX	19.00	570.00

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)

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

Very truly yours,

DWIN I. JUBAHIB Governor

(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.

Wednesday, November 23, 2022



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

PURCHASE ORDER

Payment Term : ON ACCOUNT

Supplier: NDMS ENTERPRISES, INC.

Address : TAGUM CITY

PhilGEPS Registration No. : 2017101356821853647504

Tel./Fax No.: 09266044895 Registration Certificate: SEC

Req. Office: PEEDO - DavNor Pharmacy

P.O. Number: 2022115191

O202211519166FC56B7C

Date: Nov 07, 2022 P.R. No.: 2022085205

Procurement mode: Competitive Bidding

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

Place of Delivery : DAVNOR PHARMACY

Delivery Term: 10 Calendar Days

I.N.	Quantity/Unit	Item	Unit Cost	Amount			
34	30.00 PCS	FEEDING TUBE/NGT FR12 SIMPLEX	19.00	570.00			
35	100.00 PCS	FEEDING TUBE/NGT FR 14 SIMPLEX	19.00	1,900.00			
36	1,000.00 PCS	FEEDING TUBE/NGT FR16 SIMPLEX	19.00	19,000.00			
37	100.00 PCS	FOLEY CATHETER FR12 SIMPLEX/UROSENZ					
38	100.00 PCS	FOLEY CATHETER FR14 SIMPLEX/UROSENZ	5,900.00				
39	2,000.00 PCS	FOLEY CATHETER FR16 SIMPLEX/UROSENZ	OLEY CATHETER FR16 59.00				
40	3,000.00 ROLL	HYPOALLERGENIC PLASTER 2.5CM X 9.1M (BRANDED) PREFERABLY MADE IN U. S. A. 3M	59.00	177,000.00			
41	500.00 BOTT	HYDROGEN PEROXIDE 3% SOL'N 10V, 500ML	74.00	27 000 00			
42	5,000.00 SACHET	LUBRICATING GEL 3G SURGITECH	7.00	37,000.00 35,000.00			
43	1,000.00 PCS	NEBULIZING KIT W/MASK PEDIA SURGITECH	49.00	49,000.00			

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:

GENPROVE THROWK (Signature over, printed name) 02/11/27

Very truly yours,

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.



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

PURCHASE ORDER

Payment Term : ON ACCOUNT

Supplier: NDMS ENTERPRISES, INC.

Address : TAGUM CITY

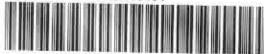
Date of Delivery:

PhilGEPS Registration No. : 2017101356821853647504

Tel./Fax No.: 09266044895 Registration Certificate: SEC

Req. Office: PEEDO - DavNor Pharmacy

P.O. Number: 2022115191



O202211519166FC56B7C

Date: Nov 07, 2022 P.R. No.: 2022085205

Procurement mode: Competitive Bidding

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

Place of Delivery : DAVNOR PHARMACY

Delivery Term: 10 Calendar Days

I.N.	Quantity/Unit	ltem 1	Unit Cost	Amount			
44	1,000.00 PCS	NEBULIZING KIT W/MASK ADULT SURGITECH	×49.00	49,000.00			
45	2,000.00 PCS	NASAL OXYGEN CANNULA ADULT SURGITECH	× 24.00	48,000.00			
46	1,000.00 PCS	NASAL OXYGEN CANNULA PEDIA SURGITECH	24,000.00				
47	5,000.00 PCS	NAME TAG BLUE PEDIA SURGITECH	ME TAG BLUE PEDIA 7.00				
48	5.000.00 PCS	NAME TAG PINK PEDIA SURGITECH	35,000.00				
49	5,000.00 PCS	NAME TAG WHITE ADULT SURGITECH	35,000.00				
50	100.00 PCS	NEBULIZING KIT W/OUT MASK ADULT SURGITECH	4,900.00				
51	1,000.00 PCS	OXYGEN MASK ADULT SURGITECH					
52	500.00 BOTT	OXYGEN STERILE WATER 350ML (HUMIDIFIER) HUDSON	179,500.00				
53	50.00 BOTT	POVIDONE IODINE 10% SOL'N, 1 GAL	£544.00	27,200.00			
54	50.00 BOTT	POVIDONE IODINE 7.5% SOL'N, 1 GAL	27,200.00				
55	360.00 PCS	PROLENE 2.0 W/NEEDLE ROUND	√544.00 √349.00	125,640.00			

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)

(Date)

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

Very truly yours,

EDWIN SUBAHIB

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.



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

PURCHASE ORDER

Payment Term : ON ACCOUNT

Supplier: NDMS ENTERPRISES, INC.

Address : TAGUM CITY

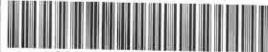
Date of Delivery:

PhilGEPS Registration No. : 2017101356821853647504

Tel./Fax No.: 09266044895 Registration Certificate: SEC

Req. Office: PEEDO - DavNor Pharmacy

P.O. Number: 2022115191



O202211519166FC56B7C

Date: Nov 07, 2022 P.R. No.: 2022085205

Procurement mode: Competitive Bidding

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

Place of Delivery : DAVNOR PHARMACY

Delivery Term: 10 Calendar Days

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		ETHICON		Amount
56	360.00 PCS	PROLENE 2.0 W/NEEDLE CUTTING ETHICON	349.00	
57	360.00 PCS	PROLENE 3.0 W/NEEDLE CUTTING ETHICON	349.00	125,640.00
58	360,00 PCS	PROLENE 3.0 W/NEEDLE ROUND ETHICON	349.00	125,640.00
59	360.00 PCS	PROLENE 4.0 W/NEEDLE CUTTING ETHICON	349.00	125,640.00
60	500.00 ROLL	PLASTER OF PARIS 6X5 ORTHOSENZ	359.00	179,500.00
61	5,000.00 PCS	SOLUSET 150ML	79.00	395,000.00
62	3,000.00 PCS	SUCTION CATHETER FR8 SURGITECH	29.00	87,000.00
63	100.00 PCS	SUCTION CATHETER FR16 SURGITECH	29.00	2,900.00
64	30.00 PCS	SUCTION CATHETER FR18 SURGITECH	29.00	870.00
65	500.00 PCS	SUCTION TUBE W/YANKAUER TIP (BRANDED) PREFERABLY MADE IN U. S. A. SIMPLEX	449.00	224,500.00

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,

DWIN 1. JUBAHIE

(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.



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

PURCHASE ORDER

Payment Term : ON ACCOUNT

Supplier: NDMS ENTERPRISES, INC.

Address : TAGUM CITY

Date of Delivery:

PhilGEPS Registration No.: 2017101356821853647504

Tel./Fax No.: 09266044895 Registration Certificate: SEC

Req. Office: PEEDO - DavNor Pharmacy

P.O. Number: 2022115191

The second secon

O202211519166FC56B7C

Date: Nov 07, 2022 P.R. No.: 2022085205

Procurement mode: Competitive Bidding

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

Place of Delivery : DAVNOR PHARMACY

Delivery Term: 10 Calendar Days

I.N. Quantity/Unit		uantity/Unit Item		Amount	
66	3,000.00 PCS	URINE BAG SURGITECH	✓ 29.00	87,000.00	
67	180:00 PCS	VICRYL 0 WINEEDLE ROUND TUDOR	_179.00	32,220.00	
68	225.00 PCS	VICRYL 1.0 W/NEEDLE CUTTING TUDOR	179.00	40,275.00	
69	360.00 PCS	VICRYL 1.0 W/NEEDLE ROUND TUDOR	_179.00	64,440.00	
70	360.00 PCS	VICRYL 2.0 W/NEEDLE ROUND TUDOR	_179.00	64,440.00	
71	360.00 PCS	VICRYL 3.0 W/NEEDLE ROUND TUDOR	_179.00	64,440.00	
72	10.00 PCS	COPLIN GLASS STAINING JAR GENERIC	>799.00	7,990.00	
73	3.00 PCS	GLASS STAINING RACK (FOR SLIDES)	× 699.00	2,097.00	
74	200.00 BOTT	DISTILLED WATER 6L	79.00	15,800.00	
75	30,000.00 PCS	GLUCOSE TEST STRIPS INCLUDED 30 GLUCOMETER AND 9 BOTTS OF CONTROL SOLUTION SINOCARE	69.00	2,070,000.00	
76	200.00 PCS	TORNIQUET	×14.00	2,800.00	

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)

(Date)

Very truly yours,

DWIN . 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. OMILA JR.

Wednesday, November 23, 2022



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

PURCHASE ORDER

Supplier: NDMS ENTERPRISES, INC. P.O. Number: 2022115191 Address : TAGUM CITY PhilGEPS Registration No.: 2017101356821853647504 Date: Nov 07, 2022 Tel./Fax No.: 09266044895 P.R. No.: 2022085205 Registration Certificate: SEC

Procurement mode: Competitive Bidding

Req. Office: PEEDO - DavNor Pharmacy

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

Date of Delivery: Payment Term : ON ACCOUNT

Delivery Term: 10 Calendar Days Place of Delivery : DAVNOR PHARMACY

Quantity/Unit Item Unit Cost Amount 77 4.00 PCS TEST TUBE RACK PLASTIC 119.00 476.00

Remarks:

- ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE TIME OF DELIVERY.
- NO PARTIAL DELIVERIES
- ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
- TOTAL LOT AWARDING
- 5. SUPPLIER MUST SPECIFY THE BRAND NAME OFFERED OF EACH ITEM PARTICULARLY IN ITEMS NO. 40 AND 65.
- SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE THREE (3) DAVAO DEL NORTE HOSPITALS MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT:

*DDNH-KAPALONG ZONE - P2,896,959,34

*DDNH-CARMEN ZONE - P2,896,959.34

*DDNH-IGACOS ZONE - P2,896,959.32

The award is based on Abstract No. 1020224821 created on October 18, 2022 and resolved on November 07, 2022 under Quotation No. 20225953B opened on October 13, 2022

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS								
Grand Total Amount in Words:	EIGHT THOUS	MILLION AND EIGHT	FIVE HUNDI	HUNDRED RED TEN ANI	FORTY-SIX	GRAND TOTAL:	₱ 8,546,810.00	

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:

NOTE:

CERVATORE TARONA (Signature over printed name)

(Date 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.

Very truly yours,