



PURCHASE ORDER

Supplier : **SUREMED MARKETING INC.**

P.O. Number: **2022083567**

Address : **DAVAO CITY**



O2022083567E034B505D

PhilGEPS Registration No. : **20131083689756870528**

Tel./Fax No. : **09989713324**

Registration Certificate : **SEC**

Date : **Aug 04, 2022**

P.R. No. : **2022063654**

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**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	8.00 BOX	ASCORBIC ACID(SUGAR FREE) TAB 100'S POTENCEE	588.00	4,704.00
2	12.00 BOX	VITAMIN E400 TAB GEL 100'S SAPHVIT-E	600.00	7,200.00
3	4.00 BOX	DOXYCYCLINE 100MG CAP 100'S MYDOXY	230.00	920.00
4	10.00 BOX	MULTIVITAMINS +MINERALS TAB 100'S EURIVIT	300.00	3,000.00
5	10.00 BOX	VITAMIN B1 B6 B12 100MG+5MG+50MCG TAB 100'S NERVITA	96.00	960.00
6	140.00 BOTS	ASCORBIC ACID (VITAMIN C)100MG/5ML,60ML APCEE	26.50	3,710.00
7	410.00 BOTS	AMOXICILLIN 250MG/5ML SUSP.60ML AXMEL	84.00	34,440.00
8	87.00 BOX	AMOXICILLIN 500MG CAPSULE 100'S AXMEL	320.00	27,840.00
9	410.00 BOTS	PARACETAMOL 250MG/5ML/60ML SYRUP BIOGIC	45.00	18,450.00
10	17.00 BOX	PARACETAMOL 500MG TAB 100'S BIOGIC	100.00	1,700.00

PURCHASE OF DRUGS AND MEDICINE FOR USE OF PHO-PROGRAMS AND PROJECTS FOR 2ND QUARTER

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 :

Edwin Mapayo

 (Signature over printed name)

Very truly yours,

Edwin T. Tubahib

 Governor

9-13-2022

 (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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11	140.00 BOTS	PARACETAMOL 100MG/ML, 15ML DROPS BIOGIC	22.00	3,080.00
12	140.00 BOT	MULTIVITAMINS + IRON MULTILEM	44.80	6,272.00
13	400.00 SACHET	ORAL REHYDRATION SALT(ORS 75) 20.5g AMBILYTE	3.51	1,404.00
14	4,000.00 BOX	Ferrous Sulfate + Folic Acid 60 mg elemental iron + 400 mcg folic acid Tablet 100's FEFOSAPH	74.00	296,000.00
15	390.00 BOX	MICRONUTIRIENT POWDERS NUTRIFOODS	200.00	78,000.00
16	150.00 BOX	AZITHROMYCIN 500MG TAB 3'S AMBIMAX	369.00	55,350.00
17	150.00 BOX	MULTIVITAMINS + IRON CAP 100'S MYREVIT FE FORTE	180.00	27,000.00
18	150.00 BOX	SODIUM ASCORBATE TAB 100'S CEVITA	180.00	27,000.00
19	144.00 BOTS	METRONIDAZOLE 125MG/ML 60ML SUSPENSION DARYL	25.00	3,600.00
20	1,100.00 TAB	METRONIDAZOLE 500MG FLAGEX	1.56	1,716.00

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Edwin T. Jubahib
EDWIN T. JUBAHIB
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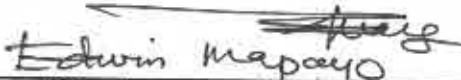
I.N.	Quantity/Unit	Item	Unit Cost	Amount
21	300.00 TAB	CETIRIZINE 10MG TRACEN	0.71	213.00
22	100.00 TAB	LOSARTAN 50MG LOSAAR	1.31	131.00
23	600.00 TAB	LOPERAMIDE 2MG VEXIL	0.58	348.00
24	300.00 TAB	HYOSCINE BUTYBROMIDE 10MG HYOPAN	4.20	1,260.00
25	12.00 BOX	ASCORBIC ACID(ASCORBATE) 500MG TAB 100'S ENOCEE	80.00	960.00
26	10.00 BOTS	ASCORBIC ACID SYRUP 120ML GENERIC	70.00	700.00
27	10.00 BOX	VITAMIN B COMPLEX CAP 100'S NERVITA	450.00	4,500.00
28	110.00 BOT	MULTIVITAMINS SYRUP 120ML MYREVIT	60.50	6,655.00
29	12.00 BOX	MULTIVITAMINS 500MG CAP 100'S BIOMIN	500.00	6,000.00
30	10.00 BOX	METFORMIN 50/ 1000MG 100'S JANUMET	5,600.01	56,000.10
31	10.00 BOX	METFORMIN 100/1000MG 100'S	6,200.00	62,000.00

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EDWIN J. JUBAHIB
Governor

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		JANUMET		
32	10.00 BOX	LOZARTAN+AMLODIPINE 50MG TAB 100'S INOZAR	1,499.00	14,990.00
33	10.00 BOX	ATORVASTATIN 40MG 100'S BRELFASTIN	890.00	8,900.00
34	35.00 BOX	AMOXICILLIN TRIHYDRATE 250MG CAP 100'S AXMEL	180.00	6,300.00
35	25.00 BOX	CO- AMOXICLAV 625MG TAB 14'S RANICLAV	174.00	4,350.00
36	144.00 BOT	BRANDED PARACETAMOL 120MG/5ML/60ML SYRUP(FLAVORED) BIOGIC 125MG	21.00	3,024.00
37	10.00 BOX	TRANEXAMIC ACID 500MG CAP 100'S HEMOSTAP	750.00	7,500.00
38	10.00 BOX	TRANEXAMIC ACID 250MG CAP 100'S HEMOSTAP 500MG,250MG PHASE OUT	750.00	7,500.00
39	15.00 BOX	LIDOCAINE 2%, 1.8ML W/ EPINEPHRINE CARPULE 100'S DENTAL ANESTHESIA ZEYCO OR XILONISSA	2,900.00	43,500.00
40	25.00 BOX	CALCIUM CARBONATE 500MG TAB 100'S CALSIAPH	650.00	16,250.00

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- Remarks :
- ALL BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS
 - ALL BIDDERS ARE REQUIRED TO ATTACH CPR UPON DELIVERY
 - TO BE DELIVERED 10 CALENDAR DAYS UPON RECEIPT OF P.O
 - NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR EXTENTION BE GRANTED
 - TO BE AWARDED IN LOT PRICE BASIS
 - ALL MULTIVITAMINS CAP.& SYRUP WITH NO APPROVED THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED
 - WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE PAYMENT FOR BFAD SAMPLING
 - ALL DELIVERED SUPPLIES MUST BE AT LEAST 1 YEAR OR MORE PRIOR TO ITS EXPIRY DATE
 - ALL DELIVERED DRUGS AND MEDICINES MUST BE AT LEAST 1 YEAR OR MORE PRIOR TO ITS EXPIRY DATE

The award is based on Abstract No. **0720223482** created on **July 22, 2022** and resolved on **August 04, 2022** under Quotation No. **20224049B** opened on **July 21, 2022**

PURCHASE OF DRUGS AND MEDICINE FOR USE OF PHO-PROGRAMS AND PROJECTS FOR 2ND QUARTER

Grand Total Amount in Words : **EIGHT HUNDRED FIFTY-THREE THOUSAND FOUR HUNDRED TWENTY-SEVEN AND 10 / 100**

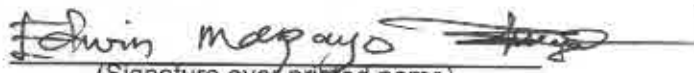
GRAND TOTAL :

₱ 853,427.10

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