

Republic of the Philippines
Province of Davao del Norte
 Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier : <u>EAH MEDICINE AND MEDICAL SUPPLIES MARKETING</u>	P.O. No. : <u>2021104289</u>
PhilGEPS Registration No. : <u>266017</u>	Date : <u>October 19, 2021</u>
Address : <u>P.PANDAN BRGY.REMEGIO,IGACOS,DDN</u>	Mode of Procurement : <u>Shopping</u>
Tel / Fax #: <u>09561675352</u>	P.R. No. : <u>21084350</u>
Registration Certificate : <u>DTI</u>	

Req. Off.: Provincial Health Office

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

Place of Delivery <u>PGSO Warehouse</u>	Delivery Term: <u>10Calendar Day/s</u>
Date of Delivery: _____ Payment Term : <u>ON ACCOUNT</u>	

Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	50 BOX	TAMSULOSIN HYDROCHLORIDE 400MCG(ALPHA-ADRENOCEPTOR BLOCKER) 100'S - SULTAM	1,400.00	70,000.00
2	20 BOX	TAMSULOSIN HYDROCHLORIDE 200MCG(ALPHA-ADRENOCEPTOR BLOCKER)100'S - SULTAM	1,200.00	24,000.00
3	3 BOX	FINASTERIDE 5MG(5- ALPHA REDUCTASE INHIBITOR)100'S - FINFLOW	900.00	2,700.00
4	3 BOX	FINASTERIDE 10MG(5- ALPHA REDUCTASE INHIBITOR)100'S - URINASE	1,200.00	3,600.00
5	10 BOX	CAPTOPRIL 25MG 100'S - HYPERSTOP	70.00	700.00
6	10 BOX	AMLODIPINE 5MG 100'S - EODIPINE	100.00	1,000.00
7	20 BOX	LOSARTAN 50MG 100'S - LOSAAR 50	200.00	4,000.00
8	10 BOX	LOSARTAN 100MG 100'S - LOSAAR 100	345.00	3,450.00
9	10 BOX	GLICLAZIDE MR 60MG - MELANON MR	264.00	2,640.00
10	50 BOX	AMOXICILLIN TRIHYDRATE 250MG CAP 100'S - VHELLOX	140.00	7,000.00

FOR USE OF CLIENTS WITH PROSTATE PROBLEM AND FOR USE DENTAL PROGRAM.

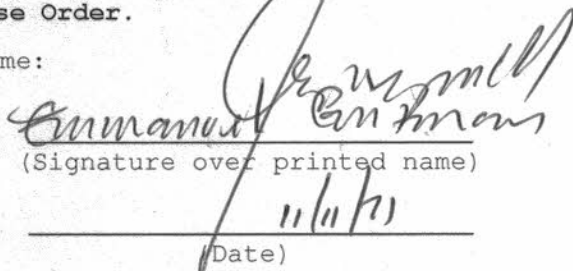
SUB TOTAL :P 119,090.00

Grand Total Amount in Words :

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,

EDWIN I. JUBAHIB
Governor

By the Authority of the Governor:

 GALE GUADALUPE G. MORTILLERO, MSLRG, MHRM
 Assistant Provincial Administrator (Administration)

The winning bidder shall be required to submit a warranty security/certificate during delivery of the item.

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.

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Province of Davao del Norte
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Address : <u>P.PANDAN BRGY.REMEGIO,IGACOS,DDN</u>	Mode of Procurement : <u>Shopping</u>
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Item No.	Quantity/Unit	Description	Unit Cost	Amount
11	60 BOX	AMOXICILLIN TRIHYDRATE 500MG CAP 100'S - AMBIMOX	230.00	13,800.00
12	76 BOX	AMOXICILLIN TRIHYDRATE 250MG SUSP. - UAROLOX	29.00	2,204.00
13	18 BOX	CLINDAMYCIN 300MG CAP 100'S - ACRESIL	650.00	11,700.00
14	4 BOX	CO-AMOXICLAV 625MG TAB - RANICLAV	190.00	760.00
15	161 BOT	IBUPROFEN 100MG/5ML/60ML SUSP. - FEVRAL	40.00	6,440.00
16	25 BOX	IBUPROFEN 400MG CAP 100'S - FEVRAL	120.00	3,000.00
17	35 BOX	BRANDED MEFENAMIC ACID 500MG CAP 100'S - MECID	100.00	3,500.00
18	57 BOX	BRANDED MEFENAMIC ACID 250MG CAP 100'S - ANALMIN	70.00	3,990.00
19	150 BOT	PARACETAMOL 250MG/5ML/60ML SYRUP - NOVAMOL	20.00	3,000.00
20	60 BOX	PARACETAMOL 500MG TAB 100'S - RANIGESIL	70.00	4,200.00
21	9 BOX	TRANEXAMIC ACID 500MG CAP 100'S - HAEMOREX	560.00	5,040.00

FOR USE OF CLIENTS WITH PROSTATE PROBLEM AND FOR USE DENTAL PROGRAM.	SUB TOTAL :P 57,634.00
	GRAND TOTAL :P 176,724.00

Grand Total Amount in Words : **ONE HUNDRED SEVENTY SIX THOUSAND SEVEN HUNDRED TWENTY FOUR and 0/100**

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.

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Conforme:


 (Signature over printed name)

11/19/21
 (Date)

Very truly yours,

EDWIN I. JUBAHIB

By the Authority of the Governor: Governor


 GALE GUADALUPE G. MORTUERO, MSLRG, MHRM
 Assistant Provincial Administrator (Administration)

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
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- ALL BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS
- ALL BIDDERS ARE REQUIRED TO ATTACH CPR
- 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
- 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
- CHARGEABLE AGAINST MALE REPRODUCTIVE HEALTH AND DENTAL PROGRAM

The award is based on Abstract No. 0920213829
 dated September 13, 2021 under Quotation No. C20214056
 opened on September 02, 2021


FOR USE OF CLIENTS WITH PROSTATE PROBLEM AND FOR USE DENTAL PROGRAM.	SUB TOTAL :P GRAND TOTAL :P 176,724.00
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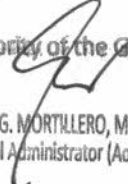
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 (Date) 11/11/21

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