




PURCHASE ORDER

Supplier : BIOGENMEDS PHARMA CENTER Address : UNIT E REGAL VIEW APARTMENT REGALADO AVE FAIRVIEW PARK FAIRVIEW QUEZON CITY TIN : 171-604-049-005 PhilGEPS Registration No. : 2012075656341517148 Tel./Mobile/Fax No. : 09152861685 Registration Certificate : DTI	P.O. Number: 2024124652  O20241246525E29206C8 Date : Dec 05, 2024 P.R. No. : 2024106436 Procurement mode: Competitive Bidding
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Req. Office : **PEEDO - DDN Hospital (Carmen Zone)**

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 Partial delivery NOT ALLOWED
Place of Delivery : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	943.00 Vial	Vaccine, Vero Cell (purified) 2.5 IU/0.5 mL Vial + diluent ABHAYRAB	1,278.00	1,205,154.00

Remarks :
ADDITIONAL REQUIREMENTS:
 1. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT LICENSE TO OPERATE AS DRUG DISTRIBUTOR/WHOLESALE ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
 2. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT CERTIFICATE OF PRODUCT REGISTRATION (CPR) AND MUST CONFORM TO THE ITEMS BID THAT TO BE SUBMITTED UPON DELIVERY.

FAILURE TO SUBMIT ANY OF THE POST-QUALIFICATION REQUIREMENTS ON TIME, OR A FINDING AGAINST THE VERACITY THEREOF, SHALL DISQUALIFY THE BIDDER FOR AWARD.

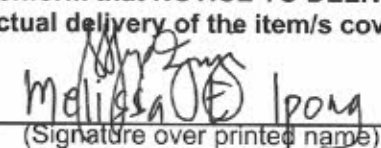

- TERMS AND CONDITIONS:**
1. THE ITEM MUST CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT.
 2. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO (2) YEARS FROM THE DATE OF DELIVERY. IN CASE OF SHELF-LIFE OF ITEMS TO BE OFFERED IS LESS THAN TWO (2) YEARS, A GUARANTEE LETTER SHALL BE SUBMITTED.
 3. GOODS WHICH ARE THREE (3) MONTHS NEAR THE EXPIRY PERIOD SHALL BE RETURNED TO THE SUPPLIER. THE SUPPLIER SHALL ALSO REPLACE THE RETURNED ITEMS/GOODS.
 4. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
 5. TOTAL LOT AWARDING
 6. SUPPLIER MUST INFORM THE REQUISITIONING OFFICE FIVE (5) DAYS BEFORE DELIVERY OF THE ITEMS.

ITEMS TO BE CHARGED TO DDNH-CARMEN ZONE MOOE UNDER DRUGS AND MEDICINES ACCOUNT.

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,  EDWIN J. JUBAHIB Provincial Governor _____ (Date)
_____ (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.



PURCHASE ORDER

Supplier : **BIOGENMEDS PHARMA CENTER**

P.O. Number: **2024124652**

Address : **UNIT E REGAL VIEW APARTMENT REGALADO AVE FAIRVIEW
 PARK FAIRVIEW QUEZON CITY**



O20241246525E29206C8

TIN: **171-604-049-005**
 PhilGEPS Registration No. : **2012075656341517148**
 Tel./Mobile/Fax No. : **09152861685**
 Registration Certificate : **DTI**

Date : **Dec 05, 2024**
 P.R. No. : **2024106436**
 Procurement mode: **Competitive Bidding**

Req. Office : **PEEDO - DDN Hospital (Carmen Zone)**

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 : **DAVNOR PHARMACY** Partial delivery **NOT ALLOWED**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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The award is based on Abstract No. **1120244451** created on **November 26, 2024** and resolved on **December 05, 2024** under Quotation No. **B20245713** opened on **November 25, 2024**

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

Grand Total Amount in Words : **ONE MILLION TWO HUNDRED FIVE THOUSAND ONE HUNDRED FIFTY-FOUR AND XX / 100** GRAND TOTAL : **P 1,205,154.00**


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)

 Jan 16, 2025
 (Date)

Very truly yours,

EDWINT JUBAHIB
 Provincial 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.