POYONG

## Republic of the Philippines

Province of Davao del Norte

Government Center, Mankilam, Tagum City

## PURCHASE ORDER

Supplier : BIOGENMEDS PHARMA CENTER

P.O. No.: 2021104203

PhilGEPS Registration No. : 2012-02486531616947132

Date : October 07, 2021

Address : TAGUM CITY

Mode of Procurement: Bidding

Tel / Fax #: 09152861685

Registration Certificate

P.R. No.: \_21094636

Req. Off .: PEEDO - ADMIN.

Date of Delivery:

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

Place of Delivery DAVNOR PHARMACY

Payment Term : ON ACCOUNT

Delivery Term: 10Calendar Day/s

Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	500 AMP	BUPIVACAINE 0.5ML, 4ML (SPINAL) W/8% DEXTROSE HEAVY (BRANDED) - SENSORCAINE	430.00	215,000.00
2	400 AMP	BUPIVACAINE 0.5ML, 10ML ISOBARIC (BRANDED) - SENSORCAINE	280.00	112,000.00
3	1,000 VIAL	CEFAZOLIN 1G - CEFAZ	50.00	50,000.00
4	1,020 TAB	CLARITHROMYCIN 500MG - KLARITHIX	27.00	27,540.00
5	1,000 TAB	CO-AMOXICLAV 1G - CLOVIMED	10.00	10,000.00
6	300 TAB	COLCHICINE 500MCG - GOUT SAPH	2.80	840.00
7	9,000 VIAL	CEFTRIAXONE 1G + DILUENT - PEFTRIM	65.00	585,000.00
8	1,000 VIAL	CEFTAZIDIME 1G - CEFTAZ	98.00	98,000.00
9	144 BOTT	CETIRIZINE 1MG/ML, 60ML SYRUP - ZYRINE	45.00	6,480.00
10	300 TAB	DICLOFENAC SODIUM 50MG - PHILFLAM	1.60	480.00
11	3,000 TAB	DOMPERIDONE 10MG - APULDON	2.50	7,500.00
12	100 TUBE	ERYTHROMYCIN EYE OINTMENT 0.5%, 5G - ERYCIN	140.00	14,000.00

FOR THE CONSUMPTION OF DDNH - KAPALONG ZONE

SUB TOTAL : P

1,126,840.00

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:

Very truly yours,

**EDWIN I. JUBAHIB** Governor

By the Authority of the Governor:

Ander N ENGR. JOSIE EAN R. RABANOZ, MPA, ENP Provincial Administrator

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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Delivery Term: 10Calendar Day/s

Date of Delivery: Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
13	600 TAB	ISOSORBIDE DINITRATE 5MG SUBLINGUAL - ISORDIL	9.00	5,400.00
14	30 VIAL	IMMUNOGLOBULIN, HEPATITIS B (HUMAN) 0.5ML - HEPABIG	1,900.00	57,000.00
15	3,000 TAB	LOSARTAN 100MG - PRESARTAN	8.00	24,000.00
16	3,000 AMP	OXYTOCIN 10IU/ML, 1ML - TOCINOX	25.00	75,000.00
17	100 TAB	SAMBONG 250MG - RENALEAF	2.90	290.00
18	20 TUBE	SILVER SULFADIAZINE CREAM 1%, 25G - MAZINE	105.00	2,100.00
		NOTE:		

1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.

2. NO PARTIAL DELIVERIES.

3. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.

FOR THE CONSUMPTION OF DDNH - KAPALONG ZONE

SUB TOTAL : P 163,790.00

GRAND TOTAL : P

1,290,630.00

Grand Total Amount in Words : ONE MILLION TWO HUNDRED NINETY THOUSAND SIX HUNDRED THIRTY and 0/100

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Delivery Term: 10Calendar Day/s

Date of Delivery:

Item No. Quantity/Unit

Description

Unit Cost

Amount

4. TOTAL LOT AWARDING.

5. WINNING SUPPLIER MUST PROVIDE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM UPON DELIVERY.

6. ITEM # 17 IS NON DPRI.

7. SUPPLIER MUST INFORM THE R.O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO DDNH - KAPALONG MOOE UNDER DRUGS AND MEDICINES ACCOUNT 10 CAL DAYS

The award is based on Abstract No. dated October 04, 2021 under Bid No. B20210487 opened on September 30, 2021

FOR THE CONSUMPTION OF DDNH - KAPALONG ZONE

SUB TOTAL

: P

GRAND TOTAL : P

Very truly yours,

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