




PURCHASE ORDER

Supplier : EAH MEDICINE & MEDICAL SUPPLIES MARKETING Address : IGACOS DAVAO DEL NORTE TIN: 254-115-843-000 PhilGEPS Registration No. : 201903484741084242891 Tel./Mobile/Fax No. : 09561675352 Registration Certificate : DTI	P.O. Number: 2024124651  02024124651D606145EB Date : Dec 05, 2024 P.R. No. : 2024106432 Procurement mode: Competitive Bidding
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Req. Office : **PEEDO - DDN Hospital (IGCS 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	983.00 Vial	Vaccine, Vero Cell (purified) 2.5 IU/0.5 mL Vial + diluent GENEREIC	1,280.00	1,258,240.00
2	50.00 Vial	Iopromide 300 mg/mL equiv. to 623 mg iodine, 50 mL Vial ULTRAVIST	1,899.20	94,960.00
3	300.00 vial	BCG Vaccine 500mcg/ml + 1 ml diluent in ampule (per dose) GENEREIC	600.00	180,000.00

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.

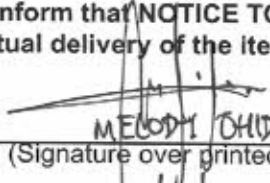

FAILURE TO SUBMIT ANY OF THE POST-QUALIFICATION REQUIREMENTS ON TIME, OR A FINDING AGAINST THE VERACITY THEREOF, SHALL DISQUALIFY THE BIDDER FOR AWARD.

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.

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 : <div style="text-align: center;">  _____ (Signature over printed name) _____ (Date) </div>	Very truly yours, <div style="text-align: center;">  EDWIN J. JUBAHIB Provincial Governor _____ (Date) </div>
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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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Address : IGACOS DAVAO DEL NORTE	
TIN: 254-115-843-000 PhilGEPS Registration No. : 201903484741084242891 Tel./Mobile/Fax No. : 09561675352 Registration Certificate : DTI	Date : Dec 05, 2024 P.R. No. : 2024106432 Procurement mode: Competitive Bidding
Req. Office : PEEDO - DDN Hospital (IGCS Zone)	

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Place of Delivery : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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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-IGACOS ZONE MOOE UNDER DRUGS AND MEDICINES ACCOUNT.

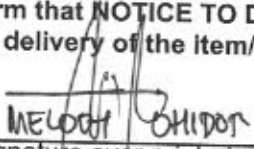
The award is based on Abstract No. **1120244450** created on **November 26, 2024** and resolved on **December 06, 2024** under Quotation No. **B20245712** opened on **November 25, 2024**

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS		
Grand Total Amount in Words : ONE MILLION FIVE HUNDRED THIRTY-THREE THOUSAND TWO HUNDRED AND XX / 100	GRAND TOTAL :	₱ 1,533,200.00


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.

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Conforme : _____ Very truly yours, _____


 (Signature over printed name)

 01/14/25
 (Date)


 Edwin Jubahib
 Provincial Governor

 (Date)

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ALEJANDRO R. OMILA JR.