



PURCHASE ORDER

Supplier : **EAH MEDICINE & MEDICAL SUPPLIES MARKETING**

P.O. Number: **2024103408**

Address : **IGACOS DAVAO DEL NORTE**



O2024103408356990D66

TIN: **254-115-843-000**
PhilGEPS Registration No. : **201903484741084242891**
Tel./Mobile/Fax No. : **09561675352**
Registration Certificate : **DTI**

Date : **Sep 26, 2024**
P.R. No. : **2024074185**
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: **20 Calendar Days**
Partial delivery NOT ALLOWED

Place of Delivery : **PHO**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	2,000.00 PC	Clindamycin 300 mg Capsule CLINDASAPH	7.27	14,540.00
2	4,500.00 Tablet	Lagundi (Vitex Negundo L.) 300 mg Tablet CLIRCAF	2.00	9,000.00
3	432.00 Bottle	Ascorbic Acid (Vitamin C) 100 mg/5 mL, 120 mL Syrup NOVACEE	24.18	10,445.76
4	1,000.00 Tablet	Betahistine 24 mg BETZINE	20.25	20,250.00
5	9,000.00 Tablet	Ascorbic Acid (Vitamin C) 500 mg ASCOPHIL	0.60	5,400.00
6	144.00 Bottle	Cefuroxime 250 mg/5 mL, 50 mL Oral Suspension SQCEF	112.05	16,135.20
7	800.00 TAB	LOSARTAN 100MG LOSAAR	2.04	1,632.00
8	1,000.00 Tablet	Betahistine 16 mg CENVERT	3.11	3,110.00
9	300.00 Tablet	Montelukast 5 mg Chewable AUROHEX	4.30	1,290.00
10	216.00 Bottle	Cefalexin 100 mg/mL, 10 mL Oral Drops	20.59	4,447.44

DRUGS AND MEDICINES TO BE USE FOR OUTREACHES AND WALK IN CLIENTS OF PROVINCIAL HEALTH OFFICE

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. JOBAHIB
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.



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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		DIACEF		
11	500.00 Tablet	ACETYLCYSTEINE 600 mg Effervescent Table FLUZETRIN	20.25	10,125.00
12	2,000.00 Capsule	Cefixime 200 mg SEPRAPHIL	4.93	9,860.00
13	8,000.00 Tab	Vitamin B1 B6 B12 100 mg + 5 mg + 50 mcg Tablet RAMAVIT	0.59	4,720.00
14	1,000.00 Tablet	Captopril 25 mg HYPERSTOP	0.42	420.00
15	3,000.00 Tablet	Atorvastatin 40 mg ATORSAPH	2.05	6,150.00
16	1,000.00 PC	Ciprofloxacin 500 mg Tablet CYFROX	1.73	1,730.00
17	2,000.00 PC	Clindamycin 300 mg Capsule CLINDASAPH	4.05	8,100.00
18	3,000.00 Tablet	. Cetirizine 10 mg CETICIT	0.41	1,230.00
19	288.00 Drop	Ascorbic Acid (Vitamin C) 100 mg/ml, 15 mL Oral Drops MYREVIT	16.19	4,662.72

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Conforme :

Erinanda Supman
(Signature over printed name)

Very truly yours,

Edwin J. Jubahib
EDWIN J. JUBAHIB
Provincial Governor

(Date) 10/6/24

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
20	14,000.00	CAPSULECELECOXIB 200mg EMCOX	1.72	24,080.00
21	1,000.00	PC Cloxacillin 500 mg Capsule PHILCLOX	2.57	2,570.00
22	1,000.00	Tablet Calcium Carbonate 500 mg Chewable AMBICAL	2.99	2,990.00
23	432.00	Oral SusptAmoxicillin 250 mg/5 mL, 60 mL MOXYLOR	22.00	9,504.00
24	15,000.00	Tablet Amlodipine 5 mg AMLOTHIX	0.27	4,050.00
25	432.00	Bottle Cetirizine 1 mg/mL, 60 mL Oral Solution ALLECUR	22.28	9,624.96
26	10,000.00	Capsule Cefalexin 500 mg EXEL	2.89	28,900.00
27	3,000.00	Tablet Clopidogrel 75 mg Tablet PIDOGREL	4.72	14,160.00
28	288.00	Drops Amoxicillin 100 mg/mL, 15 mL Oral AXMEL	18.68	5,379.84
29	7,350.00	Tablet Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) 500 mg (As Trihydrate) + 125 mg Tablet	8.91	65,488.50

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Conforme :

Emmanuel E. Emano
(Signature over printed name)

Very truly yours,

Edwin T. Jubahib
EDWIN T. JUBAHIB
Provincial Governor

(Date) 9/26/24

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		RANICLAV		
30	144.00 Bottle	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) 400 mg (As Trihydrate) + 57 mg/5 mL, 70 mL Suspension	158.96	22,890.24
		MEOXICLAV		
31	1,000.00 Tablet	Calcium + Cholecalciferol (Vitamin D3) Equiv. to 600 mg elemental calcium + 400 IU Film Coated	4.00	4,000.00
		CALCIFESAPH		
32	3,000.00 Tablet	Clopidogrel 75 mg Tablet	1.17	3,510.00
		PIDOGREL		
33	1,000.00 Tablet	Colchicine 500 mcg Tablet	1.62	1,620.00
		GOOTSAPH		
34	144.00 Bottle	Cetirizine 2.5 mg/mL, 10 mL Oral Drops	22.94	3,303.36
		ALLECUR		
35	10,000.00 Tablet	Amlodipine 10 mg	0.42	4,200.00
		AMLOTHIX		
36	432.00 Bottle	Cefalexin 250 mg/5 mL, 60 mL Oral Suspension	29.00	12,528.00
		EXEL		
37	10,000.00 TAB	CEFUROXIME 500mg	8.27	82,700.00
		AEROX		
38	15,000.00 Capsule	Orneprazole 20mg Capsule	0.88	13,200.00

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Conforme :

[Signature]
(Signature over printed name)

Very truly yours,

[Signature]
EDWIN J. JUBAHIB
Provincial Governor

(Date) **11/6/24**

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
OMEPHIL				
39	3,000.00 Tablet	Aluminum Hydroxide + Magnesium Hydroxide 200 mg + 100 mg	0.62	1,860.00
NONE/GENERIC				
40	500.00 Tablet	Paracetamol 500mg Tablet	0.98	490.00
AMBIRETIC				
41	10,000.00 Capsule	Amoxicillin 500 mg	3.00	30,000.00
AMBIMOX				
42	1,900.00 Capsule	Cefixime 400 mg	13.35	25,365.00
SAPHIXIME				
43	1,050.00 Tablet	Azithromycin 500 mg	12.15	12,757.50
AZCORE				
44	200.00 Tablet	Losartan 50 mg	0.61	122.00
LOSAAR				
45	1,200.00 Tablet	Clarithromycin 500 mg Tablet	10.99	13,188.00
CLARITROL				

Remarks :
TERMS AND CONDITIONS
 1. THE ITEM MUST CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT,
 2. THE ITEM MUST HAVE CERTIFICATE OF PRODUCT REGISTRATION (CPR) ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION THAT TO BE SUBMITTED UPON DELIVERY.
 3. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO YEARS UPON DELIVERY.

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Conforme : Emmanuel Subman Very truly yours,
 (Signature over printed name)
11/6/24
 (Date)


EDWIN T. JUBAHIB
 Provincial Governor *[Signature]*

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- THE SUPPLIER MUST HAVE VALID AND CURRENT LICENSE TO OPERATE AS DRUG DISTRIBUTORS/WHOLESALERS ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
- 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
- SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

The award is based on Abstract No. **0920243012** created on **September 09, 2024** and resolved on **September 26, 2024** under Quotation No. **B20243529** opened on **September 05, 2024**

DRUGS AND MEDICINES TO BE USE FOR OUTREACHES AND WALK IN CLIENTS OF PROVINCIAL HEALTH OFFICE	
Grand Total Amount in Words : FIVE HUNDRED THIRTY-ONE THOUSAND SEVEN HUNDRED TWENTY-NINE AND 52 / 100	GRAND TOTAL : ₱ 531,729.52

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Conforme: *[Signature]* Very truly yours,
(Signature over printed name)

11/6/24
(Date)

EDWINI. JUBAHIB
Provincial Governor *[Signature]*

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