




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: 2024103770  O20241037709CA76EF23 Date : Oct 24, 2024 P.R. No. : 2024053103 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:

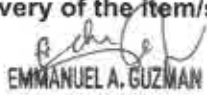

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs
Place of Delivery : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	500.00 Bottle	Domperidone 1 mg/mL, 60 mL Suspension dompy	76.20	38,100.00
2	60.00 Bottle	HYPROMELLOSE 0.3%, 10 ml EYE DROPS generic	68.91	4,134.60
3	50.00 Bottle	Cefuroxime 250 mg/5 mL, 50 mL Oral Suspension SQCEF	94.90	4,745.00
4	7,000.00 Tablet	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) 500 mg (As Trihydrate) + 125 mg Tablet COMXICLAV	7.00	49,000.00
5	5,000.00 Vial	Hydrocortisone 100 mg powder, Vial (As Sodium Succinate) HYTRIX	47.56	237,800.00
6	2,000.00 Vial	Immunoglobulin, Tetanus (Human) 250 IU/mL, 1 mL Solution SEROTET	720.00	1,440,000.00
7	5,000.00 Tablet	Methyldopa 250 mg MYDOPA	4.71	23,550.00
8	5,000.00 Vial	Metronidazole 5 mg/mL, 100 mL Solution GENERIC	23.47	117,350.00
9	600.00 Tablet	Gliclazide 60 mg MR Tablet	5.00	3,000.00

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;">  EMMANUEL A. GUZMAN <small>PROPRIETOR</small> _____ (Signature over printed name) </div> <div style="text-align: center; margin-top: 10px;"> 11/22/2024 _____ (Date) </div>	Very truly yours, <div style="text-align: center;">  EDWIN T. JUBAHIB Provincial Governor </div> <div style="text-align: center; margin-top: 10px;"> _____ (Date) </div>
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ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : <u>EAH MEDICINE & MEDICAL SUPPLIES MARKETING</u> Address : <u>IGACOS DAVAO DEL NORTE</u> TIN: <u>254-115-843-000</u> PhilGEPS Registration No. : <u>201903484741084242891</u> Tel./Mobile/Fax No. : <u>09561675352</u> Registration Certificate : <u>DTI</u>	P.O. Number: 2024103770  O20241037709CA76EF23 Date : <u>Oct 24, 2024</u> P.R. No. : <u>2024053103</u> Procurement mode: <u>Competitive Bidding</u>
Req. Office : PEEDO - DDN Hospital (Carmen Zone)	

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

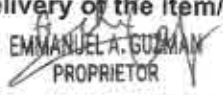

Date of Delivery : _____ Payment Term : <u>ON ACCOUNT</u> Place of Delivery : <u>DAVNOR PHARMACY</u>	Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		GENERIC		
10	144.00 Bottle	Cefixime 100 mg/5 mL, 60 mL Oral Suspension EMACIF	142.00	20,448.00
11	288.00 Bottle	Clarithromycin 125 mg/5 mL, 50 mL Suspension CLARIWELL	140.00	40,320.00
12	50.00 Bottle	Dicycloverine (Dicyclomine) 10 mg/5 mL, 60 mL Syrup GENERIC	13.07	653.50
13	25,000.00 Vial	Cefuroxime 750 mg Vial EXECORE	48.90	1,222,500.00
14	3,780.00 Solvent	Omeprazole 40mg Powder for Injection Vial + 10ml solvent GIOZOLE	80.00	302,400.00
15	30.00 Ampule	Dobutamine 50 mg/mL, 5 mL Ampule (As Hydrochloride) DOBURIS	136.59	4,097.70
16	50.00 PC	Diclofenac 25 mg/mL, 3 mL Solution for Injection Ampule GENERIC	15.96	798.00
17	2,000.00 Vial	Cefoxitin 1 g Powder for Injection GENERIC	80.00	160,000.00
18	432.00 Bottle	Cetirizine 10 mg/mL, 10 mL Oral Drops	21.45	9,266.40

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Conforme :  _____ (Signature over printed name) _____ (Date)	Very truly yours,  EDWIN T. JUBAHIB Provincial Governor _____ (Date)
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Req. Office : **PEEDO - DDN Hospital (Carmen Zone)**

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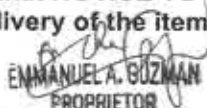

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Place of Delivery : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		ALLECUR		
19	3,000.00 Tablet	Metformin 500 mg Film Coated GLYCEMET	0.40	1,200.00
20	100.00 pc	Digoxin 250 mcg/mL, 2 mL Solution for Injection Ampule GENERIC	98.00	9,800.00
21	20,000.00 Tablet	Ferrous Salt equiv. to 60 mg elemental iron Tablet (As Sulfate or Fumarate) FERRICORE	1.08	21,600.00
22	200.00 Ampule	Epinephrine 1 mg/mL, 1 mL Ampule (As Hydrochloride) EPICARE	24.95	4,990.00
23	5,000.00 Vial	Ceftaxidime (Ceftazidime) 1 g Powder for Injection ZEFTACARE	65.00	325,000.00
24	200.00 Ampule	Isoxsuprine 5 mg/mL, 2 mL Ampule (As Hydrochloride) ISOXULIDE	144.66	28,932.00
25	20,000.00 Capsule	Mefenamic Acid 500 mg MECID	0.85	17,000.00
26	300.00 Capsule	Nifedipine 10 mg Capsule CALCIP	2.58	774.00

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Conforme :  EMMANUEL A. BOZMAN PROPRIETOR _____ (Signature over printed name) 11/22/2024 _____ (Date)	Very truly yours,  EDWIN I. JUBAHIB Provincial Governor _____ (Date)
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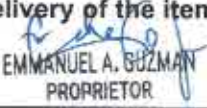
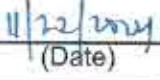

Date of Delivery : _____ Payment Term : ON ACCOUNT Place of Delivery : DAVNOR PHARMACY	Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
27	3,000.00 Ampule	Gentamicin 40 mg/mL, 2 mL Ampule (As Sulfate) GENTACARE	7.23	21,690.00
28	432.00 Bottle	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) 400 mg (As Trihydrate) + 57 mg/5 mL, 70 mL Suspension MEOXICLAV	150.00	64,800.00
29	30.00 Bottle	Moxifloxacin 0.5% (5 mg/mL), 5 mL Eye Drops GENERIC	299.05	8,971.50
30	200.00 Tube	Erythromycin Eye Ointment 0.5%, 5 g Tube EROXINE	123.00	24,600.00
31	3,000.00 PC	Clindamycin 150 mg/mL, 4 mL Solution for Injection Ampule DALIN C	53.00	159,000.00
32	5,000.00 Vial	Hydrocortisone 250 mg powder, Vial (As Sodium Succinate) GENERIC	55.00	275,000.00
33	8,000.00 Ampule	Hyoscine 20 mg/mL, 1 mL Ampule (As N-butyl Bromide) HYOSUR	20.00	160,000.00
34	25,000.00 Vial	Ceftriaxone 1 g + 10 mL diluent Vial (As Disodium/Sodium Salt)	60.00	1,500,000.00

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

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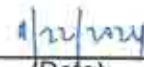

Date of Delivery : _____ Payment Term : ON ACCOUNT Place of Delivery : DAVNOR PHARMACY	Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
HAIXONE				
35	60.00 Vial	Immunoglobulin, Hepatitis B (Human) 0.5 mL Vial GENERIC	1,749.00	104,940.00
36	1,000.00 Tablet	Montelukast 10 mg GENERIC	3.19	3,190.00
37	100.00 Tablet	Methylprednisolone 16 mg GENERIC	8.50	850.00
38	300.00 Capsule	Cloxacillin 500 mg Capsule (As Sodium Salt) CLOXANE	2.00	600.00
39	600.00 Tablet	Isosorbide Dinitrate 5 mg Sublingual - IT SHOULD BE AN INNOVATOR DRUG ISORDIL	15.00	9,000.00
40	100.00 Ampule	Hydralazine 20 mg/mL, 1 mL Ampule (As Hydrochloride) ZACZIN	30.00	3,000.00
41	1,000.00 Tablet	Clonidine 150 mcg Tablet (As Hydrochloride) GENERIC	5.93	5,930.00
42	3,000.00 Capsule	Clindamycin 300 mg Capsule (As Phosphate) CLINDASAPH	5.00	15,000.00
43	10,000.00 Ampule	Furosemide 10 mg/mL, 2 mL Ampule LAZICARE	15.00	150,000.00

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PURCHASE ORDER

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

P.O. Number: **2024103770**

Address : **IGACOS DAVAO DEL NORTE**



O20241037709CA76EF23

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

Date : **Oct 24, 2024**
 P.R. No. : **2024053103**
 Procurement mode: **Competitive Bidding**

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

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 Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
44	300.00 Tablet	Cinnarizine 25 mg Tablet GENERIC	0.82	246.00
45	10,000.00 Tablet	Cefuroxime 500 mg Tablet (As Axetil) EXECORE	9.00	90,000.00
46	600.00 Tablet	Metoprolol (as Tartrate) 50 mg Tablet (As Tartrate) PROLOL	0.73	438.00
47	3,000.00 Tablet	Metronidazole 500 mg FLAGEX	1.00	3,000.00
48	50.00 Bottle	Lagundi (Vitex Negundo L.) 300 mg/5 mL, 60 mL Syrup OPFLEMED	33.10	1,655.00
49	150.00 Bottle	Lactulose 3.3 g/5 mL (3.35 g/5 mL), 120 mL Syrup GENERIC	84.50	12,675.00
50	720.00 Bottle	Cetirizine 1 mg/mL, 60 mL Bottle (As Dihydrochloride) ALLECUR	35.50	25,560.00
51	600.00 Tablet	Digoxin 250 mcg Tablet DIXIN	3.33	1,998.00
52	1,500.00 Ampule	Methylergometrine (Methylergonovine) 200 mcg/mL, 1 mL Solution GENERIC	27.83	41,745.00

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 (Signature over printed name)

Very truly yours,

EDWIN I. JUBAHIB
 Provincial Governor

 (Date)


 (Date)

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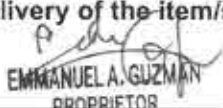
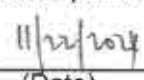

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
53	3,000.00 Capsule	Omeprazole 40mg Capsule INHIBITA	4.00	12,000.00
54	2,000.00 Tablet	Ciprofloxacin 500 mg Tablet (As Hydrochloride) CYFROX	1.82	3,640.00
55	1,000.00 Tablet	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) 1 g Tablet GENERIC	10.00	10,000.00
56	300.00 Tube	Mupirocin 2%, 5 g Ointment T GENERIC	95.00	28,500.00
57	100.00 Tablet	Mebendazole 500 mg GENERIC	2.50	250.00
58	1,000.00 Tablet	Domperidone 10 mg Tablet GENERIC	0.98	980.00
59	10,000.00 Ampule	Metoclopramide 5 mg/mL, 2 mL Solution for Injection Ampule GENERIC	7.22	72,200.00
60	5,000.00 Tablet	Cetirizine 10 mg Tablet (As Dihydrochloride) CETICIT	0.33	1,650.00
61	10,000.00 Ampule	Ketorolac 30 mg/mL, 1 mL Ampule (As Tromethamol) KETHRAM	24.00	240,000.00
62	3,000.00 Capsule	Celecoxib 200 mg	1.66	4,980.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		EMCOX		
63	1,500.00 Tablet	Hyoscine 10 mg Tablet (As N-butyl Bromide) GENERIC	1.98	2,970.00
64	300.00 Tablet	Colchicine 500 mcg Tablet GOUTSAPH	1.42	426.00
65	2,000.00 Capsule	Omeprazole 20mg Capsule OMETIFT	0.87	1,740.00
66	10.00 Ampule	Haloperidol 5 mg/mL, 1 mL Ampule GENERIC	447.00	4,470.00
67	1,000.00 Ampule	Norepinephrine 1mg/ml, 4ml Solution for Injection Ampule NUPIRA	136.50	136,500.00
68	288.00 Bottle	Metronidazole 125 mg/5 mL, 60 mL Oral Suspension AMBIDAZOLE	18.50	5,328.00
69	600.00 Tablet	Lagundi (Vitex Negundo L.) 600 mg Tablet OPPLEMED	2.21	1,326.00
70	1,500.00 Amp	Nicardine 1 mg/mL, 10 mL Ampule (As Hydrochloride) CARDIOWIN	240.00	360,000.00
71	3,000.00 Tablet	Clopidogrel 75 mg Tablet GENERIC	1.11	3,330.00

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Conforme :

EMMANUEL A. GUZMAN
PROPRIETOR

Very truly yours,

(Signature over printed name)

EDWIN I. JUBAHIB
Provincial Governor

(Date)

(Date)

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
72	300.00 Tablet	Isosorbide -5-Mononitrate 60 mg Modified Release GENERIC	6.59	1,977.00
73	1,500.00 Capsule	Lidocaine 2%, 1.8 mL capsule (with epinephrine) XYLODENT	23.40	35,100.00
74	50.00 Bottle	Ibuprofen 200 mg/5mL, 60 mL Bottle GENERIC	40.26	2,013.00
75	2.00 Spray	Lidocaine 10%, 50 mL Spray (As Hydrochloride) GENERIC	2,000.00	4,000.00
76	60.00 PC	Dexamethasone + Tobramycin 0.1% + 0.3%, 5 mL Eye Drops Bottle TOBYN-D	220.00	13,200.00
77	1,000.00 Tablet	Gliclazide 80 mg MR Tablet ZEBET	3.60	3,600.00

Remarks :

ADDITIONAL REQUIREMENTS:

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

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 :

EMMANUEL A. GUZMAN
 PROPRIETOR

Very truly yours,

EDWIN T. JUBAHIB
 Provincial Governor

(Signature over printed name)

(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 : 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: 2024103770  020241037709CA76EF23 Date : Oct 24, 2024 P.R. No. : 2024053103 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: End-user shall require the delivery of items in such quantity depending on actual needs
Place of Delivery : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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FAILURE TO SUBMIT ANY OF THE POST-QUALIFICATION REQUIREMENTS ON TIME, OR A FINDING AGAINST THE VERACITY THEREOF, SHALL DISQUALIFY THE BIDDER FOR AWARD.

TECHNICAL SPECIFICATIONS:

1. THE ITEM MUST CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT.
2. THE REQUISITIONING OFFICE HAVE A RIGHT TO DECLINED OR REJECT THE DELIVERED GOODS/ITEMS IF IT DOES NOT CONFORM TO THE SPECIFICATION STATED IN THE PURCHASE ORDER AND/OR THE ITEMS HAVE A RECORD OF VIOLATION OR COMPLAIN FROM THE END-USER.
3. THE ITEM MUST HAVE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
4. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO (2) YEARS FROM THE DATE OF DELIVERY. IN CASE THE SHELF-LIFE OF ITEMS TO BE OFFERED IS LESS THAN TWO (2) YEARS, A GUARANTEE LETTER SHALL BE SUBMITTED.
5. 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.
6. THE SUPPLIER MUST HAVE A VALID AND CURRENT LICENSE TO OPERATE AS DRUG DISTRIBUTOR/WHOLESALER ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.

TERMS AND CONDITIONS:

1. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
2. TOTAL LOT AWARDING.
3. BIDDERS MUST OFFERED ONLY ONE (1) BRAND OF EVERY ITEM IN THE BID DOCUMENT.
4. DELIVERY TERM: END-USER SHALL DETERMINE THE QUANTITY OF ITEMS TO BE DELIVERED, DEPENDING ON ACTUAL NEEDS.
5. MODE OF PAYMENT: MONTHLY BASIS.
6. ISSUANCE OF SALES/CHARGE INVOICE AND PROCESSING OF PAYMENT IS ON A MONTHLY BASIS BASED ON THE

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

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Conforme : EMMANUEL A. GUZMAN
 PROPRIETOR

 (Signature over printed name)

11/24/2024

 (Date)

Very truly yours,

EDWIN I. JUBAHIB
 Provincial Governor *mf*

 (Date)

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ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : EAH MEDICINE & MEDICAL SUPPLIES MARKETING	P.O. Number: 2024103770
Address : IGACOS DAVAO DEL NORTE	 O20241037709CA76EF23
TIN: 254-115-843-000 PhilGEPS Registration No. : 201903484741084242891 Tel./Mobile/Fax No. : 09561675352 Registration Certificate : DTI	Date : Oct 24, 2024 P.R. No. : 2024053103 Procurement mode: Competitive Bidding

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Place of Delivery : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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ACTUAL CONSUMPTION OR QUANTITY DELIVERED ON A PARTICULAR PERIOD.
7. THE ISSUANCE OF SALES/CHARGE INVOICE MUST BE EVERY 1ST WEEK OF THE SUCCEEDING MONTH.
8. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM FIVE (5) DAYS BEFORE THE DELIVERY OF ITEMS.

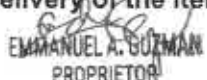
ALL ITEMS TO BE CHARGED TO DAVAO DEL NORTE HOSPITAL - CARMEN ZONE MOOE UNDER DRUGS AND MEDICINES ACCOUNT.


The award is based on Abstract No. **0920243135** created on **September 16, 2024** and resolved on **October 24, 2024** under Quotation No. **B20243860** opened on **September 12, 2024**

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS	
Grand Total Amount in Words : SEVEN MILLION SEVEN HUNDRED TWENTY-ONE THOUSAND FIVE HUNDRED TWENTY-SEVEN AND 70 / 100	GRAND TOTAL : ₱ 7,721,527.70

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EDWIN I. JUBAHIB
Provincial Governor

(Signature over printed name)

(Date)

(Date)

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ALEJANDRO R. OMILA JR.