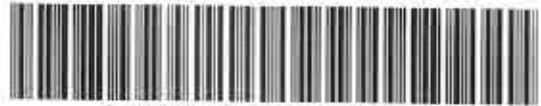




PURCHASE ORDER

Supplier : <u>ECE MARKETING</u> Address : <u>Door 6, Ground Floor, South Dev. Corp. Bldg., Ma-a, Davao City</u> PhilGEPS Registration No. : <u>2003091841992089537</u> Tel./Fax No. : <u>09955339017</u> Registration Certificate : <u>DTI</u>	P.O. Number: 2023114652  O2023114652AA941D6A5 Date : Nov 13, 2023 P.R. No. : 2023095651 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 Place of Delivery : PGSO Warehouse	Delivery Term: 20 Calendar Days
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	10,400.00 tab	Amlodipine 5mg PHILVASC	4.45	46,280.00
2	7,500.00 tab	Amlodipine 10mg AMLOTHIX	4.30	32,250.00
3	1,500.00 cap	Amoxicillin 500mg SAVORMOX	3.95	5,925.00
4	288.00 bot	Amoxicillin 250mg, 5ml susp. 60ml AXMEL	90.00	25,920.00
5	764.00 tab	Azithromycin 500mg ZYHEX	119.85	91,565.40
6	2,300.00 tab	Cetirizine 10mg TRACEN	26.50	60,950.00
7	2,000.00 tab	Cotrimoxazole 800mg + 160mg KATHREX	3.90	7,800.00
8	800.00 cap	Diphenhydrtamine 50mg HISTAMOX	3.50	2,800.00
9	1,100.00 cap	Doxycycline 100mg PIDCLIN	11.00	12,100.00
10	6,400.00 tab	Losartan 50mg A.R.A	4.90	31,360.00
11	4,400.00 tab	Losartan 100mg	6.90	30,360.00

Drugs and meds for use of different programs and project 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** at least **three (3) days** before the actual delivery of the item/s covered by this Purchase Order.

Conforme : _____ Very truly yours, **ENGR. JOSE JEAN R. RAMANUZ OE, MPA, EnP**
 (Signature over printed name) Provincial Administrator
EDWIN I. JUBAHIB
 Governor

_____ 12-22-2023
 (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 : **ECE MARKETING**

P.O. Number: **2023114652**

Address : **Door 6, Ground Floor, South Dev. Corp. Bldg., Ma-a, Davao City**



O2023114652AA941D6A5

PhilGEPS Registration No. : **2003091841992089537**

Tel./Fax No. : **09955339017**

Registration Certificate : **DTI**

Date : **Nov 13, 2023**

P.R. No. : **2023095651**

Procurement mode: **Competitive Bidding**

Req. Office : **Provincial Health Office**

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Place of Delivery : **PGSO Warehouse**

Delivery Term: **20 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		SAPHLOR		
12	3,400.00 tab	Metformin 500mg film coated	15.00	51,000.00
		GLYCEMET		
13	2,000.00 cap	Multivitamins	4.90	9,800.00
		MYREVIT		
14	1,867.00 sachet	Oral Rehydration Salt(ORS)75 replacement,20.5g Oral Powder	5.65	10,548.55
		GLUCOSOL		
15	3,000.00 tab	Paracetamol 500mg	2.20	6,600.00
		FLUGARD		
16	444.00 bot	Paracetamol 250mg/5ml,60ml Oral susp.	48.00	21,312.00
		PARAJEN		
17	1,000.00 tab	Acetylcysteine 600mg Effervescent	27.00	27,000.00
		FLUIMUCIL		
18	900.00 tab	Aciclovir 400mg	24.00	21,600.00
		XYCLOVIRAX		
19	1,000.00 cap	Amoxicillin 250mg	2.35	2,350.00
		AXMEL		
20	4,310.00 tab	Ascorbic Acid(vitamin C)500mg	2.10	9,051.00
		MYREVIT-C		
21	700.00 tab	Atorvastatin 40mg	9.00	6,300.00

Drugs and meds for use of different programs and project of Provincial Health Office

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Conforme :

RAPPY G. COMITRI
(Signature over printed name)

12-22-2023
(Date)

Very truly yours,

ENGR. JOHIE JEAN A. RABANG, CE, MPA, EnP
Provincial Administrator
EDWIN T. JOBAHIB
Governor

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ALEJANDRO R. OMILA JR.



PURCHASE ORDER

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Address : **Door 6, Ground Floor, South Dev. Corp. Bldg., Ma-a, Davao City**



O2023114652AA941D6A5

PhilGEPS Registration No. : **2003091841992089537**

Tel./Fax No. : **09955339017**

Registration Certificate : **DTI**

Date : **Nov 13, 2023**

P.R. No. : **2023095651**

Procurement mode: **Competitive Bidding**

Req. Office : **Provincial Health Office**

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Place of Delivery : **PGSO Warehouse**

Delivery Term: **20 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
32	1,000.00 cap	Omeprazole 20mg OMEBLOC	14.00	14,000.00
33	33,000.00 tab	Tamsulosin 400mcg Prolonged release film coated PIMAX	1.80	59,400.00
34	288.00 bot	Amoxicillin 100mg/ml, 15ml Oral drops AXMEL	22.00	6,336.00
35	4,935.00 cap	Vitamin B1 + Vitamin B6 + Vitamin B12, 100mg + 5mg + 50mcg REVITAPLEX	4.00	19,740.00
36	1,100.00 tab	Ascorbic Acid(Sugar free) POTENCEE	2.10	2,310.00
37	1,200.00 cap	Multivitamins + Minerals EURIVIT	3.80	4,560.00
38	1,200.00 tab	Calcium + cholecalciferol(Vitamin D3)Equiv.to 500mg Elemental calcium + 400IU film coated CALCIFESAPH	4.70	5,640.00
39	295.00 bot	Cetirizine 5mg/ml, 30ml syrup CETIMED	70.00	20,650.00
40	1,000.00 tab	Loratadine 10mg LORAREX	6.00	6,000.00
41	500.00 bot	Mebendazole 100mg/5ml,60ml oral susp.	25.50	12,750.00

Drugs and meds for use of different programs and project of Provincial Health Office

8

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 :

(Signature over printed name)

Very truly yours,

ENGR. JOHIE JEAN R. RABANIZ, CE, MPA, EnP
Provincial Administrator
EDWIN I. JUBAHIB
Governor


12-22-2023
(Date)

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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
Place of Delivery : PGSO Warehouse		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		DLI		
42	1,500.00 tab	Mebendazole 500mg DLI	3.70	5,550.00
43	70.00 vial	Penisillin G benzathine(benzathine benzylpenicillin)1,200,000 units modified release powderfor injection ENDURE MED.	190.00	13,300.00
44	2,300.00 tab	Isoniazid 300mg DLI	0.90	2,070.00
45	23.00 bot	Lidocaine 2%,50ml solution for injection EUROCAINE	50.00	1,150.00
46	500.00 tab	Gliclazide 60mg NEDCLAZ7 MR.	11.00	5,500.00
47	20.00 bot	Hypromellose0.3%, 10ml, eye drops EYE MO	298.00	5,960.00
48	6.00 bot	Moxifloxacin 0.5%, 5mg/ml, 5ml eye drops MILFLOX	360.00	2,160.00
49	6.00 bot	Ofloxacin 0.3%,5ml eye drops OFLOBIZ	285.00	1,710.00
50	7.00 tube	Tobramycin eye ointment tube 0.3%, 3.5%G TOBREX	492.90	3,450.30

Drugs and meds for use of different programs and project of Provincial Health Office

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Conforme : _____
 (Signature over printed name)

 (Date)

Very truly yours,
ENGR. JOHIE JEAN P. RAMANUZ, OE, MPA, EnP
 Provincial Administrator
EDWIN T. JUBAHIB
 Governor

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PURCHASE ORDER

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O2023114652AA941D6A5

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Date : **Nov 13, 2023**

P.R. No. : **2023095651**

Procurement mode: **Competitive Bidding**

Req. Office : **Provincial Health Office**

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Delivery Term: **20 Calendar Days**

Place of Delivery : **PGSO Warehouse**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
51	15,000.00 tab	Tamsulosin 200mcg PIMAX	1.80	27,000.00
52	50.00 amp	Epinephrine(adrenaline)1mg/ml,1ml solition for injection MAXIPHINE	32.00	1,600.00

Remarks :

- ALL BIDDERS ARE REQUIRED TO ATTACH CPR UPON DELIVERY
- NO PARTIAL DELIVERY IS ACCEPTED
- 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
- ALL DELIVERED DRUGS AND MEDICINES MUST BE AT LEAST 2 YEARS OR MORE PRIOR TO ITS EXPIRY DATE

The award is based on Abstract No. **1020234127** created on **October 31, 2023** and resolved on **November 13, 2023** under Quotation No. **B20235088** opened on **October 26, 2023**

Drugs and meds for use of different programs and project of Provincial Health Office

Grand Total Amount in Words : **EIGHT HUNDRED NINETY-FOUR THOUSAND FOUR HUNDRED SIXTY-SEVEN AND 45 / 100**

GRAND TOTAL : **₱ 894,467.45**

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 :

(Signature over printed name)

12-22-2023

(Date)

Very truly yours,

ENGR. JOME JEAN A. RABANOZ, CE, MPA, EnP
EDWIN T. JUBARIB
Governor

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