

Republic of the Philippines

Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier: EURO-MED LABORATORIES PHIL. INC.

Address : DAVAO CITY

PhilGEPS Registration No.: 200204132171978682522

Tel./Fax No.: 09997101225 Registration Certificate: SEC

Req. Office: PEEDO - DavNor Pharmacy

P.O. Number: 2022115208

ON

Date: Nov 10, 2022 P.R. No.: 2022085000

Procurement mode: Competitive Bidding

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

Date of Delivery:

Payment Term : ON ACCOUNT | Delivery Term: DELIVERY SHALL Place of Delivery : DAVNOR PHARMACY QUARTERLY BASIS

Y				
I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	1,000.00 BOTTS	0.9% SODIUM CHLORIDE SOL'N FOR INJECTION 50ML	~32.00	32,000.00
2	12,960.00 BOTTS	DEXTROSE + SODIUM CHLORIDE 5% + 0.3%, SOL'N FOR INJECTION 500ML	/30.00	388,800.00
3	5,000.00 POLYAMPGLUCOSE (DEXTROSE) 50%, 50ML		30.00	150,000,00
4	24.300.00 NEBS	IPRATROPIUM + SALBUTAMOL 500MCG+2.5MG, 2.5ML	×13.50	150,000.00 328,050.00
5	6,480.00 BOTTS	LACTATED RINGER'S SOL'N FOR INJECTION 1L	~30.00	***
6	2,000.00 POLYAM	IPLIDOCAINE 2%, 5ML		194,400.00
7	700.00 VIALS	LIDOCAINE 2%, 50ML	20.00ر	40,000.00
8			_50.00	35,000.00
	2,000.00 POLYNEBPOTASSIUM 2mEq/ML, 20ML		~23.00	46,000.00
9	24,000.00 NEBS	SALBUTAMOL 2MG/ML, 2.5ML	∠ 6.90	165,600.00

Remarks:

- ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
- 2. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
- 3. TOTAL LOT AWARDEE
- 4. DELIVERY TERM: END-USERS SHALL DETERMINE THE QUANTITY OF ITEMS TO BE DELIVERED, DEPENDING ON
- MODE OF PAYMENT: QUARTERLY BASIS.
- 6. BIDDING FOR ONE (1) YEAR SUPPLY BUT DELIVERY SHALL BE ON QUARTERLY BASIS.
- 7. ISSUANCE OF SALES/CHARGE INVOICE AND PROCESSING OF PAYMENT IS ON A QUARTERLY BASIS BASED ON THE ACTUAL CONSUMPTION OR QUANTITY DELIVERED ON A PARTICULAR PERIOD.

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:

ARTHY. MARILUZ Signature over printed name)

13. 2023 (Date)

Very truly yours,

JUBAHIB Governor

This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial NOTE: Treasurer supported by this form to be attached to the voucher.

ALEJANDRO R. OMILA JR.



Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier : EURO-MED LABORATORIES PHIL. INC. P.O. Number: 2022115208 Address : DAVAO CITY PhilGEPS Registration No. : 200204132171978682522 Date: Nov 10, 2022 Tel./Fax No.: 09997101225 P.R. No.: 2022085000 Registration Certificate: SEC Procurement mode: Competitive Bidding Req. Office: PEEDO - DavNor Pharmacy Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein: Date of Delivery: Payment Term : ON ACCOUNT Delivery Term: ELIVERY SHALL BE ON Place of Delivery: DAVNOR PHARMACY QUARTERLY BASIS LN. Quantity/Unit Item Unit Cost Amount 8. THE ISSUANCE OF SALES/CHARGE INVOICE MUST BE EVERY 1ST WEEK OF THE SUCCEEDING MONTH. 9. WINNING SUPPLIER MUST PROVIDE A COPY OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM 10. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS. ALL ITEMS TO BE CHARGED TO PROVINCIAL HEALTH OFFICE AND TO THE THREE (3) DAVAO DEL NORTE HOSPITALS MOOE UNDER DRUGS AND MEDICINES ACCOUNT: *PROVINCIAL HEALTH OFFICE - P 19,950.00 *DDNH-KAPALONG ZONE - P 1,108,606.67 DDNH-CARMEN ZONE - P 1,108,606.67 *DDNH-IGACOS ZONE - P 1,108,606.66 The award is based on Abstract No. 1020224820 created on October 18, 2022 and resolved on November 10, 2022 under Quotation No. 20225952B opened on October 13, 2022 FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS Grand Total Amount in Words: ONE MILLION THREE HUNDRED SEVENTY-NINE GRAND TOTAL: THOUSAND EIGHT HUNDRED FIFTY AND XX / 100 P 1,379,850.00 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. 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, ARTHU AMPAME (Signature over printed name) JUBAHIB 62.13.2022

Treasurer supported by this form to be attached to the voucher.

ALEJANDRO R. OMILA JR.

This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial

(Date)

NOTE: