




PURCHASE ORDER

Supplier : GLORSO MEDICA Address : A&J BLDG. MT. APO STREET DAVAO CITY 8000 PhilGEPS Registration No. : 2006081097750860373 Tel./Mobile/Fax No. : 09176525247 Registration Certificate : DTI	P.O. Number: 2024072270  O2024072270CA96B4874 Date : Jul 25, 2024 P.R. No. : 2024053104 Procurement mode: Competitive Bidding
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 Place of Delivery : DAVNOR PHARMACY	Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs Partial delivery NOT ALLOWED
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	5,000.00 Ampule	Oxytocin 10 IU/mL, 1ml Solution for Injection Ampule GOCYN	189.90	949,500.00
2	8,000.00 Ampule	Ranitidine 25 mg/mL, 2mL Ampule (As Hydrochloride) ZANTRICID	13.00	104,000.00
3	8,000.00 TAB	SODIUM BICARBONATE 650MG, 100'S BICARBONATE	1.00	8,000.00
4	100.00 Tablet	Propranolol 10 mg Tablet (As Hydrochloride) ASTEROL	1.96	196.00
5	30.00 PC	Dexamethasone + Tobramycin 0.1% + 0.3%, 5 mL Eye Drops Bottle TOBRASON	164.00	4,920.00
6	50.00 Ampule	Ondansetron 2mg/mL, 4mL Solution for Injection Ampule VOMISTOP	360.00	18,000.00
7	8,000.00 Ampule	Paracetamol 150mg/ml, 2ml Solution for Injection Ampule AMADOL	11.90	95,200.00
8	30.00 Amp	Vitamin B1 B6 B12 100 mg + 100 mg + 1 mg, 3 mL ENPLEX-B	30.00	900.00
9	144.00 Bot	Paracetamol 120mg/5ml (125mg/5ml), 60ml Oral Suspension Bottle	19.00	2,736.00

FOR THE CONSUMPTION OF THE THREE 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 : _____ Very truly yours,
 (Signature over printed name)

 (Date)


EDWIN JUBAHIB
 Governor

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ALEJANDRO R. OMILAJR.



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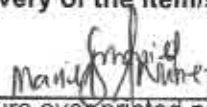
I.N.	Quantity/Unit	Item	Unit Cost	Amount
P-IRECAPH				
10	50.00 Vial	Suxamethonium (Succinylcholine) 20 mg/mL, 10 mL Vial (As Chloride)	130.00	6,500.00
ANEKTIL				
11	10,000.00 Tablet	Paracetamol 500mg Tablet	1.20	12,000.00
PARA 500				
12	3,000.00 Amp	Tramadol 50 mg/mL, 2 mL Ampule (As Hydrochloride)	44.90	134,700.00
AMBIDOL				
13	30.00 Bot	Tobramycin Eye Drops 0.3%, 5 mL	199.90	5,997.00
TOBRAGO				
14	15.00 Bottle	Sevoflurane 250 mL Bottle	5,084.00	76,260.00
SEVO				
15	2,000.00 Ampule	Phytomenadione 10 mg/mL, 1 mL Ampule (As Mixed Micelle)	39.98	79,960.00
AMBIVIT K				
16	8,000.00 Amp	Tranexamin Acid 100 mg/mL, 5 mL Ampule	44.90	359,200.00
XED				
17	720.00 Bot	Zinc 55 mg/5mL (Equiv. to 20 mg Elemental Zinc), 60 mL Syrup (As Sulfate Monohydrate)	35.00	25,200.00
IMMUNOSAPH 55S				
18	720.00 BOT	Paracetamol 250mg/5ml, 60ml Syrup Bottle	20.00	14,400.00

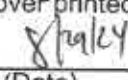
FOR THE CONSUMPTION OF THE THREE DAVAO DEL NORTE HOSPITALS.

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 : _____ Very truly yours, _____



 (Signature over printed name)


 (Date)


EDWIN A. JUBAHIB
 Governor

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ALEJANDRO R. OMILAJR.



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Place of Delivery : DAVNOR PHARMACY	

Partial delivery NOT ALLOWED

I.N.	Quantity/Unit	Item	Unit Cost	Amount
NOVAMOL				
19	1,500.00 Cap	Tranexamin Acid 500 mg Capsule TRANXSAPH	5.90	8,850.00
20	200.00 Tablet	Sambong (Blumea Balsamifera) 500 mg Tablet URISAM	2.50	500.00
21	5,000.00 Amp	Vaccine, Tetanus Toxoid 0.5 mL Ampule ABHAYTOX	55.00	275,000.00
22	200.00 Tablet	Sucralfate 1 g Tablet SUCRALFIN	30.00	6,000.00
23	720.00 Bot	Paracetamol 100mg/ml, 15ml Oral Drops Bottle PARA 100	17.00	12,240.00
24	576.00 Drop	Zinc 27.5 mg/mL (Equiv. to 10 mg Elemental Zinc), 15 mL Oral Drops (As Sulfate Monohydrate) ENERZINC	30.00	17,280.00
25	600.00 Ampule	Serum, Anti-tetanus (ATS) (equine) 1500 IU/mL, 1 mL Ampule SHARJVAX	60.00	36,000.00
26	14,800.00 Solvent	Omeprazole 40mg Powder for Injection Vial + 10ml solvent OMCARE	80.00	1,184,000.00
27	300.00 Ampule	Sodium Bicarbonate 1 meq/mL, 50 mL Ampule	127.00	38,100.00

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EDWIN T. JUBAHIB
Governor


8/29/24
(Date)

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		AMB		
28	4,000.00 Sachet	Oral Rehydration Salts (75-Replacement) 20.5g Powder Sachet GLUCOSOL	3.50	14,000.00
29	15.00 Tube	Silver Sulfadiazine Cream 1%, 25 g Tube BURNSIL	69.80	1,047.00
30	200.00 Suppositor	Paracetamol 125 mg Suppository ENDURE	25.00	5,000.00
31	5,000.00 TAB	POTASSIUM CHLORIDE 600MG ELECTRA	1.20	6,000.00

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.

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

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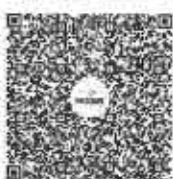
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EDWIN T. JUBAHIB
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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- VIOLATION OR COMPLAIN FROM THE END-USER.
3. THE ITEM MUST HAVE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
 4. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHUOLD 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/WHOLESALE 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 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 - IGACOS ZONE MOOE UNDER DRUGS AND MEDICINES ACCOUNT.

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(Date) **8/20/24** _____


EDWIN J. SUBAHIB
Governor *mf*

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The award is based on Abstract No. **0720242039** created on **July 04, 2024** and resolved on **July 19, 2024** under Quotation No. **B20242467** opened on **June 28, 2024**

FOR THE CONSUMPTION OF THE THREE DAVAO DEL NORTE HOSPITALS.	
Grand Total Amount in Words : THREE MILLION FIVE HUNDRED ONE THOUSAND SIX HUNDRED EIGHTY-SIX AND XX / 100	GRAND TOTAL : ₱ 3,501,686.00

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