



PURCHASE ORDER

Supplier : **HEAL J TRADING**

P.O. Number: 2024103320

Address : **Phase 2, Block 5, Lot 37 Purok 6 C, Rosewood Subd., Villa Kananga, Butuan City**



O2024103320D07C6B7F9

TIN: **930-715-751-000**
PhilGEPS Registration No. : **20190826831412199886**
Tel./Mobile/Fax No. : **09429656308**
Registration Certificate : **DTI**

Date : **Sep 19, 2024**
P.R. No. : **2024074336**
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**

Place of Delivery : **PHO**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	2,000.00 Capsule	Omeprazole 20mg Capsule OMETIFT	2.50	5,000.00
2	1,000.00 Tablet	Betahistine 8 mg BETZINE	4.40	4,400.00
3	36.00 Bottle	Sterile Water for injection 100 mL Bottle GENERIC	42.50	1,530.00
4	2,000.00 Capsule	Celecoxib 200 mg EMCOX	4.30	8,600.00
5	2,000.00 Capsule	Omeprazole 40mg Capsule XOPRAZOLE	5.50	11,000.00
6	1,000.00 PC	Ciprofloxacin 500 mg Tablet XAFLOQUIN	3.80	3,800.00
7	1,000.00 Tab	Trimetazine 35 mg Tablet (As Hydrochloride) XANGINART	4.00	4,000.00
8	1,000.00 Tablet	Amlodipine 10 mg GENERIC	0.90	900.00
9	3,400.00 Capsule	Multivitamins MULTIVITA	1.25	4,250.00
10	1,000.00 Tablet	Colchicine 500 mcg Tablet GOUTSAPH	2.10	2,100.00

DRUGS AND MEDICINES TO BE USE FOR COMPREHENSIVE OUTREACHES AND VITAMINS FOR ELDERLY AND PWDs

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,

By the Authority of the Governor:

GALE E. MADALAGA G. MORTILLERO, MSLRG, MHRM
Assistant Provincial Administrator (Administration)
EDWIN I. JUBAHIB
Provincial Governor

Oct 29, 2024
(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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Procurement mode: **Competitive Bidding**

Req. Office : **Provincial Health Office**

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Date of Delivery : _____ Payment Term : **ON ACCOUNT**

Place of Delivery : **PHO**

Delivery Term: **20 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
11	2,500.00 Tablet	Losartan 100 mg LOSAAR	4.25	10,625.00
12	1,000.00 Tablet	Losartan 100 mg LOSAAR	4.00	4,000.00
13	4,100.00 TAB	CETIRIZINE 10MG CETIRILIFE	0.90	3,690.00
14	3,000.00 PC	Co -Amoxiclav (Amoxicillin + Clavulanic Acid) 500 mg + 125 mg Tablet AXALAV	13.10	39,300.00
15	3,000.00 Tablet	Amlodipine 5 mg GENERIC	0.90	2,700.00
16	1,000.00 Tablet	Gliclazide 60 mg MR Tablet GLIFRED	8.10	8,100.00
17	200.00 Vial	Biphasic Isophane Human Insulin 70/30 (Recombinant Dna) 100 IU/mL, 10 mL Suspension for Injection GENERIC	250.00	50,000.00
18	2,938.00 Cap	Vitamin B1 B6 B12 100 mg + 5 mg + 50 mcg Capsule GENERIC	4.00	11,752.00
19	1,000.00 PC	Clindamycin 300 mg Capsule CLINDASAPH	9.00	9,000.00

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Conforme :

(Signature over printed name)

Very truly yours,

By the Authority of the Governor:

GALE C. JACAYUE G. MORTILZERO, MSLRG, MHRM:
Assistant Provincial Administrator (Administration)
EDWIN I. JUBAHIB
Provincial Governor


Oct 24, 2024
(Date)

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ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : HEAL J TRADING Address : Phase 2, Block 5, Lot 37 Purok 6 C, Rosewood Subd., Villa Kananga, Butuan City TIN: 930-715-751-000 PhilGEPS Registration No. : 20190826831412199886 Tel./Mobile/Fax No. : 09429656308 Registration Certificate : DTI	P.O. Number: 2024103320  O2024103320D07C6B7F9 Date : Sep 19, 2024 P.R. No. : 2024074336 Procurement mode: Competitive Bidding
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Req. Office : **Provincial Health Office**

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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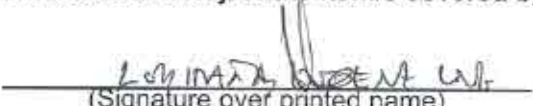
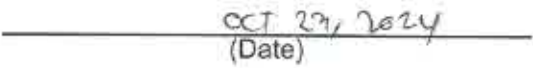

Remarks :
TERMS AND CONDITIONS
 1. THE ITEM MUST CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT,
 2. THE ITEM MUST HAVE CERTIFICATE OF PRODUCT REGISTRATION (CPR) ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION THAT TO BE SUBMITTED UPON DELIVERY.
 3. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO YEARS UPON DELIVERY.
 4. THE SUPPLIER MUST HAVE VALID AND CURRENT LICENSE TO OPERATE AS DRUG DISTRIBUTORS/WHOLESALERS ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
 5. ALL MULTIVITAMINS CAP.& SYRUP WITH NO APPROVED THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED
 6. WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE PAYMENT FOR BFAD SAMPLING
 7. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

The award is based on Abstract No. **0920243016** created on **September 09, 2024** and resolved on **September 19, 2024** under Quotation No. **B20243531** opened on **September 05, 2024**

DRUGS AND MEDICINES TO BE USE FOR COMPREHENSIVE OUTREACHES AND VITAMINS FOR ELDERLY AND PWDs	
Grand Total Amount in Words : ONE HUNDRED EIGHTY-FOUR THOUSAND SEVEN HUNDRED FORTY-SEVEN AND XX / 100	GRAND TOTAL : ₱ 184,747.00

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.

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Conforme :  _____ (Signature over printed name)  _____ (Date)	Very truly yours,  _____ GALE P. JACALUPE G. MORTILLERO, MSURG, MHRN Assistant Provincial Administrator (Administration) EDWIN I. JUBAHIB Provincial Governor
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