



PURCHASE ORDER

Supplier : **HEAL J TRADING**

P.O. Number: **2024103721**

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



O202410372128126DB4A

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

Date : **Oct 17, 2024**
 P.R. No. : **2024084697**
 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	10,000.00 Tablet	Calcium Carbonate 500 mg GENERIC	1.40	14,000.00
2	100.00 BOT	Paracetamol 250mg/5ml, 60ml Syrup Bottle HYPER	24.00	2,400.00
3	2,000.00 CAP	DOXYCYCLINE 100MG I-ODOXY	1.91	3,820.00
4	50.00 Bottle	Multivitamins per 5 mL, 120 mL Syrup MYREVIT	50.00	2,500.00
5	2,500.00 Tablet	Methyldopa 250 mg GENERIC	4.75	11,875.00
6	70.00 Drops	Amoxicillin 100 mg/mL, 15 mL Oral GENERIC	25.65	1,795.50
7	1,972.00 Tablet	Ascorbic Acid (Vitamin C) 500 mg ASCOPHIL	1.00	1,972.00
8	25.00 TUBE	ERYTHROMYCIN 0.5% 3.5 EYE OINMENT GENERIC	130.00	3,250.00
9	70.00 Bottle	Ascorbic Acid (Vitamin C) 100 mg/5 mL, 60 mL Syrup ASCOPHIL	22.50	1,575.00
10	1,100.00 Bot	Paracetamol 100mg/ml, 15ml Oral Drops Bottle HYPER	19.99	21,989.00

DRUGS AND MEDICINES TO BE USE FOR MATERNAL AND CHILD HEALTH PROGRAMS

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 :

 LOYITADA, EBENE WAK
 (Signature over printed name)

Very truly yours,

 EDWIN I. JUBAHIB
 Provincial Governor

 DEC 7, 2024
 (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 : **HEAL J TRADING**

P.O. Number: **2024103721**

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



O202410372128126DB4A

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

Date : **Oct 17, 2024**
 P.R. No. : **2024084697**
 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
11	5,000.00 Tablet	Calcium + Cholecalciferol (Vitamin D3) Equiv. to 500 mg elemental calcium + 400 IU Film Coated AMBICAL PLUS	2.79	13,950.00
12	500.00 Sachet	Oral Rehydration Salts (75-Replacement) 20.5g Powder Sachet GENERIC	3.89	1,945.00
13	70.00 BOT	ZINC SYRUP ZINCBOS	25.59	1,791.30
14	5,000.00 Tablet	Multivitamins MULTIVITA	0.78	3,900.00
15	100.00 Nebule	Salbutamol 2 mg/mL, 2.5 mL (unit dose) Nebule (As Sulfate) GENERIC	7.98	798.00
16	25.00 Bottle	Nystatin 100,000 units/mL, 30 mL Suspension GENERIC	129.99	3,249.75
17	70.00 BOT	ZINC DROPS ZINLUM	25.59	1,791.30
18	9,500.00 PACK	LEVONORGESTREL 0.15MG ETHINYLESTRADOL 0.03MG 28'S GENERIC	25.00	237,500.00
19	5,000.00 Tab	Vitamin B1 B6 B12 100 mg + 5 mg + 50 mcg Tablet	0.75	3,750.00

DRUGS AND MEDICINES TO BE USE FOR MATERNAL AND CHILD HEALTH PROGRAMS

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)

EDWIN F. JUBAHIB
 Provincial Governor

DEC 9, 2024

 (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 : **HEAL J TRADING**

P.O. Number: **2024103721**

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



O202410372128126DB4A

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

Date : **Oct 17, 2024**
 P.R. No. : **2024084697**
 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 : **PHO**

Delivery Term: **20 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		VITAPLEX		
20	70.00 BOT	AMOXICILLIN 250MG, 5ML SUSP. 60 ML	34.50	2,415.00
		MOXYLOR		

- 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. **1020243482** created on **October 04, 2024** and resolved on **October 17, 2024** under Quotation No. **B20244374** opened on **October 03, 2024**

DRUGS AND MEDICINES TO BE USE FOR MATERNAL AND CHILD HEALTH PROGRAMS

Grand Total Amount in Words : **THREE HUNDRED THIRTY-SIX THOUSAND TWO HUNDRED SIXTY-SIX AND 85 / 100** GRAND TOTAL : **₱ 336,266.85**


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)

 (Date)

Very truly yours,

EDWIN T. JUBAHIB
 Provincial Governor

 (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.