




PURCHASE ORDER

Supplier : <u>NIPCON DISTRIBUTORS</u> Address : <u>N. ARROYO CORNER, R. CASTILLO ST., AGDAO, DAVAO CITY</u> PhilGEPS Registration No. : <u>2004053978146502141</u> Tel./Mobile/Fax No. : <u>09338245316</u> Registration Certificate : <u>DTI</u>	P.O. Number: 2024072264  0202407226429DCEE6E6 Date : Jul 25, 2024 P.R. No. : 2024053049 Procurement mode: Competitive Bidding
Req. Office : PEEDO - DDN Hospital (Kapalong Zone)	

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

Date of Delivery : _____ Payment Term : ON ACCOUNT	Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs
Place of Delivery : DAVNOR PHARMACY	
Partial delivery NOT ALLOWED	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	12,300.00 BOX	IV CANNULA G-22 - CLOSE SYSTEM, NON PORTED - FEP TEFLONS CANNULA MATERIAL - WITH BUILT IN SEPTUM TO PREVENT BLOOD SPILAGE - PASSIVE SAFETY CLIP AND BACK CUT BEVEL /PC, INTROCAN SAFETY 3G22	190.00	2,337,000.00

Remarks :
ADDITIONAL REQUIREMENTS:
 1. ORIGINAL/CERTIFIED TRUE COPY OF CERTIFICATION THAT THE SUPPLIER IS AN EXCLUSIVE DISTRIBUTORS OR DEALER OF THE PRODUCTS/ITEMS FOR BIDDING DULY ISSUED BY THE PRINCIPAL/MANUFACTURER.
 2. ORIGINAL/CERTIFIED TRUE COPY OF A CERTIFICATE OF PRODUCT COMPLIANCE/APPROVAL FORM AN INTERNATIONAL PRODUCTS STANDARD ACCREDITATION BODY OR ORGANIZATION (SUCH AS U.S. FDA, ISO/IEC) OR ITS EQUIVALENT.
 3. 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.
 4. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT LICENSE TO OPERATE AS MEDICAL DEVICE IMPORTER/WHOLESALE ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.

FAILURE TO SUBMIT ANY OF THE POST-QUALIFICATION ON TIME, OR A FINDING AGAINST THE VERACITY THEREOF, SHALL DISQUALIFY THE BIDDER FOR AWARD.

TECHNICAL SPECIFICATIONS:
 1. THE ITEM MUST BE CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT.
 2. THE ITEM MUST HAVE NO RECORD OF VIOLATION AND SHALL BE INCLUDED IN THE LIST OF ACCEPTABLE MEDICAL

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 : JOY B. PADANG Very truly yours,
 (Signature over printed name)
08/14/24
 (Date)


EDWIN J. JUBAHIB
 Governor

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. OMILAJR.



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- SUPPLIES BY THE HOSPITAL'S THERAPEUTIC COMMITTEE.
3. THE REQUISITIONING OFFICE HAVE A RIGHT TO DECLINED OR REJECT THE DELIVERED ITEMS/GOODS IF IT DOES NOT CONFORM TO THE SPECIFICATION STATED IN THE PURCHASE ORDER AND/OR THE ITEMS HAVE A RECORD OF VIOLATION OR COMPLAIN FROM THE END-USER.
 4. FOR NEWLY INTRODUCED MEDICAL SUPPLIES IN THE HOSPITAL, THE BIDDER MUST HAVE SUBMITTED TO THE DAVNOR PHARMACY ALL THE REQUIREMENTS (I. E. SAMPLES FOR EVALUATION AND BROCHURE OF THE PRODUCT OFFERED) AND WAS DECLARED ACCEPTABLE. DEADLINE FOR THE SUBMISSION OF SAMPLE AND BROCHURE IS FIVE (5) DAYS BEFORE THE OPENING OF BIDDING.
 5. THE SUPPLIER MUST OFFERED ONLY ONE (1) BRAND OF EVERY ITEM IN THE BID DOCUMENT AND THE SAME ITEM TO BE SUBMITTED FOR PRODUCT EVALUATION.
 6. THE ITEM MUST HAVE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
 7. THE SUPPLIER MUST BE THE EXCLUSIVE DISTRIBUTOR BY THE PRINCIPAL OR MANUFACTURER.
 8. THE SUPPLIER MUST HAVE A VALID AND CURRENT LICENSE TO OPERATE AS MEDICAL DEVICE IMPORTER/WHOLESALE ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.

TERMS AND CONDITIONS:

1. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO (2) YEARS FROM THE DATE OF DELIVERY. IN CASE SHELF-LIFE TO BE OFFERED IS LESS THAN TWO (2) YEARS, A GUARANTEE LETTER SHALL BE SUBMITTED.
2. 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.
3. DELIVERY TERM: END-USERS SHALL DETERMINE THE QUANTITY OF ITEMS TO BE DELIVERED, DEPENDING ON ACTUAL NEEDS.
4. MODE OF PAYMENT: MONTHLY BASIS.
5. ISSUANCE OF SALES/CHARGE INVOICE AND PROCESSING OF PAYMENT IS ON MONTHLY BASIS BASED ON THE

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS.
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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)

 08/14/24
 (Date)

Very truly yours,



EDWINA L. UBAHIB,
 Governor

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ALEJANDRO R. OMILAJR.



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ACTUAL CONSUMPTION OR QUANTITY DELIVERED ON A PARTICULAR PERIOD.
 6. THE ISSUANCE OF SALES/CHARGE INVOICE MUST BE EVERY 1ST WEEK OF THE SUCCEEDING MONTH.
 7. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM FIVE (5) DAYS BEFORE THE DELIVERY OF ITEMS.

ITEM TO BE CHARGED TO DAVAO DEL NORTE HOSPITAL - KAPALONG ZONE MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT.

The award is based on Abstract No. **0720242033** created on **July 04, 2024** and resolved on **July 19, 2024** under Quotation No. **B20242462** opened on **June 28, 2024**

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS.	
Grand Total Amount in Words : TWO MILLION THREE HUNDRED THIRTY-SEVEN THOUSAND AND XX / 100	GRAND TOTAL : ₱ 2,337,000.00

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 (Signature over printed name)

EDWIN T. JUBAHIB
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08/14/24

 (Date)

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