

Republic of the Philippines Province of Davao del Norte

Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier: PHIL PHARMAWEALTH, INC.

Address :Suite 3001 East Tower, Psec Exchange Road, Ortigas Center,

Pasig City

PhilGEPS Registration No. : 20010773235177289217

Tel./Fax No.: 09178399657 Registration Certificate: SEC

Req. Office: PEEDO - DavNor Pharmacy

P.O. Number: 2023114512

O20231145128A743319C

Date: Nov 06, 2023 P.R. No.: 2023074186

Procurement mode: Competitive Bidding

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

Date of Delivery : DAVNOR PHARMACY

Delivery Term: 15 Calendar Days

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	800.00 AMP	DIAZEPAM 5MG/ML, 2ML ANXIOL	181.14	144,912.00
2	500.00 AMP	EPHEDRINE SULFATE 50MG/ML, 1ML GENERIC	85.00	42,500.00
3	800.00 AMP	FENTANYL CITRATE 50MCG/ML, 2ML SUBLIMAX	228.71	182,968.00
4	800.00 AMP	MIDAZOLAM 1MG/ML, 5ML GENERIC	227.08	181,664.00
5	800.00 AMP	MORPHINE SULFATE 10MG/ML, 1ML GENERIC	138.30	110,640.00
6	800.00 AMP	NALBUPHINE HCI 10MG/ML, 1ML NUKAINE	209.14	167,312.00
7	100.00 TAB	PHENOBARBITAL 60MG GENERIC	5.24	524.00

Payment Term : ON ACCOUNT

Remarks:

ADDITIONAL REQUIREMENTS:

1. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT CERTIFICATE OF PRODUCT REGISTRATION (CPR) AND MUST CONFORM WITH THE ITEMS BID, ARRANGED ACCORDING TO ITEM NUMBER.

2. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT LICENSE TO OPERATE AS DRUG DISTRIBUTOR/WHOLESALER ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.

(Date)

3. ORIGINAL/CERTIFIED TRUE COPY OF S4 LICENSE ISSUED BY THE PHILIPPINE DRUG ENFORCEMENT AGENCY.

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 receipt three (3) days before the actual delivery of the Item/s covered by this Purchase Order. Conforme: Very truly yours. (Signature over printed name) (Signature over printed name) ON 11-2014 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. OMILA JR.



Republic of the Philippines

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

Date of Delivery:

Payment Term : ON ACCOUNT

Place of Delivery : DAVNOR PHARMACY

Delivery Term: 15 Calendar Days

LN. Quantity/Unit

Item

Unit Cost

Amount

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

TERMS AND CONDITION:

1. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO (2) YEARS FROM THE DATE OF MANUFACTURE AND IN CASE OF SHELF-LIFE OF ITEMS 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. THE PROCURING ENTITY HAS THE RIGHT TO CHANGE THE DELIVERY SCHEDULE INCASE OF THE FOLLOWING

A. THERE IS AN EMERGENCY NEED OF REGULATED MEDICINES.

B. THERE IS INCREASE IN DEMAND OF REGULATED MEDICINES THAT WILL CAUSE TO HAVE OUT OF SUPPLY.

4. PRIOR NOTICE SHALL BE GIVEN TO SUPPLIERS OF ANY CHANGES IN THE DELIVERY SCHEDULE. 5. BIDDERS MUST OFFERED ONLY ONE BRAND NAME OF EVERY ITEM IN THE BIDDING DOCUMENT.

6. PARTIAL DELIVERIES ARE NOT ALLOWED.

7. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.

TOTAL LOT AWARDING.

9. LOCAL ORDER PERMIT (LOP) MUST BE FILLED UP BY THE PROCURING ENTITY AND SUPPLIER MUST SUBMIT THE LOP TO PDEA FOR APPROVAL.

10. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE THREE (3) DAVAO DEL NORTE HOSPITALS MOOE UNDER DRUGS AND MEDICINES ACCOUNT:

*DDNH-KAPALONG ZONE - P276,840.00

*DDNH-IGACOS ZONE - P276,840.00

*DDNH-CARMEN ZONE - P276,840.00

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

(Signature over printed name)

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, CARRINA

ENGR. JOSE JEAN R. RHIMMED BE MAY END ovincial Administrato

EDWIN I. JUBAHIB Governor

03 (Date)

HYYEKS

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.

Friday, November 17, 2023



Quantity/Unit

I.N.

Republic of the Philippines

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

PURCHASE ORDER

Supplier: PHIL PHARMAWEALTH, INC. P.O. Number: 2023114512 Address: Suite 3001 East Tower, Psec Exchange Road, Ortigas Center, Pasig City O20231145128A743319C PhilGEPS Registration No. : 20010773235177289217 Date: Nov 06, 2023 Tel./Fax No.: 09178399657 P.R. No.: 2023074186 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: 15 Calendar Days Place of Delivery : DAVNOR PHARMACY

> The award is based on Abstract No. 1020233553 created on October 06, 2023 and resolved on November 06, 2023 under Quotation No. B20234489 opened on October 05, 2023

Unit Cost

Amount

Item

Grand Total Amount in Words : EIGHT HUN HUNDRED TY	NDRED THIRTY THOUSAND F VENTY AND XX / 100	FIVE GRAN	ID TOTAL:	P 830,520.00
for every day of delay shall be imposed.	delivery within the time specified	above, a per	alty of one-tenth (1/10) of one percent
I hereby conform that NOTICE days before the actual delivery of the i	TO DELIVER shall be served to tem/s covered by this Purchase	the PLACE	OF DELIVERY sta	ted herein three (3)

ALEJANDRO R. OMILA JR.

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

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NOTE: