




# PURCHASE ORDER

Supplier : <b>POWER HEALTH ENTERPRISE</b>  Address : <b>DR. 1 GADO BLDG., QUIRANTE II ST., MAGUGPO POBLACION, TAGUM CITY DDN 8100</b>  PhilGEPS Registration No. : <b>2016082121851777826694</b> Tel./Mobile/Fax No. : <b>09555048885</b> Registration Certificate : <b>DTI</b>	P.O. Number: <b>2024082321</b>  <b>O2024082321E63C152AC</b> Date : <b>Aug 01, 2024</b> P.R. No. : <b>2024053235</b> Procurement mode: <b>Competitive Bidding</b>
Req. Office : <b>Provincial Health Office</b>	

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

Date of Delivery : _____ Payment Term : <b>ON ACCOUNT</b>	Delivery Term: <b>20 Calendar Days</b> <b>Partial delivery NOT ALLOWED</b>
Place of Delivery : <b>ON SITE</b>	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	7,000.00 Tablet	Risperidone 2 mg Tablet	39.98	279,860.00
2	3,000.00 Cap	Vitamin B1 B6 B12 100 mg + 5 mg + 50 mcg Capsule	3.00	9,000.00
3	810.00 amp	Fluphenazine 25 mg/mL, 1mL ampul	78.00	63,180.00
4	12,300.00 Tablet	Olanzapine 10 mg Tablet	10.00	123,000.00
5	3,300.00 Capsule	Multivitamins	3.00	9,900.00
6	5,050.00 Tablet	Ascorbic Acid (Vitamin C) 500 mg	2.00	10,100.00

Remarks :  
 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 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.

**Drugs and Medicines for use of Mental Health Outreach and Elderly & PWD Program** 8

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 T. JUBAHIB**  
Governor *ME*

**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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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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The award is based on Abstract No. **0720242102** created on **July 09, 2024** and resolved on **August 01, 2024** under Quotation No. **B20242755** opened on **July 05, 2024**

<b>Drugs and Medicines for use of Mental Health Outreach and Elderly &amp; PWD Program</b>	
Grand Total Amount in Words : <b>FOUR HUNDRED NINETY-FIVE THOUSAND FORTY AND XX / 100</b>	GRAND TOTAL : <b>₱ 495,040.00</b>

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 : \_\_\_\_\_ Very truly yours, \_\_\_\_\_

  
 (Signature over printed name)  
 \_\_\_\_\_  
 9/18/24  
 (Date)

  
**EDWIN A. JUBAHIB**  
 Governor

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ALEJANDRO R. OMILAJR.