

Republic of the Philippines
Province of Davao del Norte
 Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier : <u>EAH MEDICINE AND MEDICAL SUPPLIES MARKETING</u>	P.O. No. : <u>2020114389</u>
PhilGEPS Registration No. : <u>266017</u>	Date : <u>November 13, 2020</u>
Address : <u>P.PANDAN BRGY.REMEGIO,IGACOS,DDN</u>	Mode of Procurement : <u>Bidding</u>
Tel / Fax #: <u>09561675352</u>	P.R. No. : <u>20074664</u>
Registration Certificate : <u>DTI</u>	

Req. Off.: Provincial Health Office

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

Place of Delivery <u>PGSO Warehouse</u>	Delivery Term: <u>10Calendar Day/s</u>
Date of Delivery: _____	Payment Term : <u>ON ACCOUNT</u>

Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	50 BXS	AMLODIPINE 5MG TAB 100'S - VONWELT/PHILVASE	47.00	2,350.00
2	50 BXS	AMLODIPINE 10MG TAB 100'S - EODIPINE 10/PHILVASE	67.00	3,350.00
3	50 BXS	LOSARTAN 50MG TAB 100'S - ANGEL-50	79.00	3,950.00
4	30 BXS	AMBROXOL 30MG TAB 100'S - ZOVIXOL	85.00	2,550.00
5	144 BOTS	AMBROXOL 15MG SYRUP 60ML - COUXIN	95.00	13,680.00
6	100 BXS	CO- AMOXICLAV 625MG TAB 14'S - COMXICLA/ENDDAR	138.00	13,800.00
7	288 BOTS	CETIRIZINE 5MG SYRUP 60ML - ALLERCUR	80.00	23,040.00
8	30 BXS	CARBOCISTEINE 500MG CAPS 100'S - MUCOVER	235.00	7,050.00
9	35 BXS	PHENYLPROPANOLAMINE TAB 100'S - SYMDEX	595.00	20,825.00
10	100 BXS	MEFENAMIC ACID 500MG CAPS 100'S - MEGYXAN/MECID	135.00	13,500.00
11	50 BXS	MEFENAMIC ACID 250MG CAPS 100'S - MEFESAPH	70.00	3,500.00

JAN 8 2021

FOR USE OF PROVINCIAL HEALTH OFFICE FOR WALK IN CLIENTS	SUB TOTAL : P 107,595.00
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Grand Total Amount in Words :

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)
 (Signature over printed name)

1/12/21
 (Date)

Very truly yours,

EDWIN I. JUBAHIB

Governor

(Signature)
 ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP
 Provincial Administrator

The winning bidder shall be required to submit a warranty security/certificate during delivery of the item.

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.

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PURCHASE ORDER

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
12	20 BXS	IBUPROFEN 400MG TAB 100'S - IBUFEN/IBUPREN	100.00	2,000.00
13	50 BXS	AMOXICILLIN 250MG CAPS 100'S - AXMEL	110.00	5,500.00
14	288 BOTS	PHENYLPROPANOLAMINE 12.5MG SYRUP - SINUDRIN	98.00	28,224.00
15	144 BOTS	PHENYLPROPANOLAMINE DROPS - SINUDRIN	86.00	12,384.00
16	144 BOTS	AMBROXOL DROPS - LYCOBROX	65.00	9,360.00
17	100 BXS	AMOXICILLIN 500MG CAPS 100'S - AMBIMOX	120.00	12,000.00
18	144 BOTS	CETIRIZINE DROPS - MEDRIZINE	75.00	10,800.00
19	20 BXS	ALUMINUM MAGNESIUM 200MG TAB 100'S - MYRECID	208.00	4,160.00
20	288 BOTS	CARBOCISTEINE 250MG SYRUP - MUCOVER	75.00	21,600.00
21	50 CAN	DENTAL ANESTHESIA - ZYCO	1,179.00	58,950.00
22	144 BOTS	MULTIVITAMINS DROPS - MULTILEM	26.00	3,744.00
23	50 BXS	CEFALEXIN 500MG CAPS 100'S - EXEL	255.00	12,750.00

FOR USE OF PROVINCIAL HEALTH OFFICE FOR WALK IN CLIENTS	SUB TOTAL : P 181,472.00
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Grand Total Amount in Words :

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:

Edwin I. Jubahib
 (Signature over printed name)

(Date)

11/21/21

Very truly yours,

By the Authority of the Governor EDWIN I. JUBAHIB
 Governor

Josie Jean R. Rabanoz
 ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP
 Provincial Administrator

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PURCHASE ORDER

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PhilGEPS Registration No. : <u>266017</u>	Date : <u>November 13, 2020</u>
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Req. Off. : Provincial Health Office	

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
24	144 BOTS	CO-AMOXICLAV 457MG SUSPENSION - CLOVIMED	209.00	30,096.00
25	288 BOTS	SALBUTAMOL + GUIAFENESIN SYRUP - VENTOBROX	110.00	31,680.00
26	15 BXS	SALBUTAMOL + GUIAFENESIN CAPS 100'S - DLI	385.00	5,775.00
27	20 BXS	LAGUNDI 300MG TAB 100'S - OFPLEMED	185.00	3,700.00
28	100 BXS	CEFUROXIME 500MG 10'S - SECUNDA	98.00	9,800.00
29	288 BOTS	MULTIVITAMINS + LYSINE SYRUP - GANAMIN	162.00	46,656.00
30	30 BXS	OMEPRAZOLE 20MG TAB 100'S - OMEBLOC-20/RANZOLE	90.00	2,700.00
31	288 BXS	MULTIVITAMINS SYRUP 120ML - MULTIMEED	55.00	15,840.00
32	144 BOTS	ASCORBIC ACID 100MG SYRUP 120ML - MYREVT-C	32.00	4,608.00
33	10 BXS	HYOSCINE 10MG - HYOSAPH	890.00	8,900.00
34	50 BXS	VIT. B COMPLEX (250+250+1000MG CAPS 100'S - NONE	388.00	19,400.00

FOR USE OF PROVINCIAL HEALTH OFFICE FOR WALK IN CLIENTS	SUB TOTAL : P 179,155.00
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Grand Total Amount in Words :

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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:

Emmanuel A. Gorman
 (Signature over printed name)

(Date) 11/13/21

Very truly yours,

EDWIN I. JUBAHIB

By the Authority of the Governor: Governor

Josie Jean R. Rabanoz
 ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP
 Provincial Administrator

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
35	50 BXS	ASCORBIC ACID 500MG TABS 100'S - CEVIT	360.50	18,025.00
36	50 BXS	MULTIVITAMINS + IRON CAPS 100'S - MULTIVON	380.00	19,000.00
37	20 BXS	LOPERAMIDE CAPS 100'S - MOTIREX	450.05	9,001.00
38	20 BXS	PARACETAMOL 500MG CAP 100'S - FLUGARD	300.00	6,000.00
39	144 BOTS	PARACETAMOL SYRUP - MILGESIC INOVAMOL	16.00	2,304.00
40	50 BXS	CETIRIZINE 10MG TAB 100'S - SAPHZINE/CETIVIT	350.00	17,500.00

- ALL BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS
- ALL BIDDERS ARE REQUIRED TO ATTACH CPR
- TO BE DELIVERED 5 CALENDAR DAYS UPON RECEIPT OF P.O
- NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR EXTENTION BE GRANTED
- TO BE AWARDED INDIVIDUAL BASIS
- ALL MULTIVITAMINS CAP. & SYRUP WITH NO APPROVED THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED
- WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE

FOR USE OF PROVINCIAL HEALTH OFFICE FOR WALK IN CLIENTS	SUB TOTAL : P 71,830.00 GRAND TOTAL : P 540,052.00
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Grand Total Amount in Words : FIVE HUNDRED FORTY THOUSAND FIFTY TWO and 0/100

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) EDWIN I. JUBAHIB
Governor

 (Date) 11/12/21 By the Authority of the Governor:
 ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP
 Provincial Administrator

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
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PAYMENT FOR BFAD SAMPLING
-ALL DELIVERED SUPPLIES MUST BE AT LEAST 1 YEAR OR MORE PRIOR TO ITS EXPIRY DATE

PERIOD OF DELIVERY: 10 DAYS

The award is based on Abstract No. 1020203759
dated October 09, 2020 under Bid No. B20200353
opened on October 08, 2020

RESUBMITTED
ACCOUNT
LINES
MUST BE
DATE
DAYS

JAN 06 2021

FOR USE OF PROVINCIAL HEALTH OFFICE FOR WALK IN CLIENTS	SUB TOTAL : P
	GRAND TOTAL : P 540,052.00

Grand Total Amount in Words : **FIVE HUNDRED FORTY THOUSAND FIFTY TWO and 0/100**

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Conforme:

[Handwritten Signature]
(Signature over printed name)

(Date)

Very truly yours,

By the Authority of the Governor: **EDWIN I. JUBAHIB**
Governor

[Handwritten Signature]
ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP
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