

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

PURCHASE ORDER

Supplier : EAH MEDICINE AND MEDICAL SUPPLIES MARKETING

P.O. No. : 2020093345

PhilGEPS Registration No. : RED 266017

Date : September 04, 2020

Address : P.PANDAN BRGY.REMEGIO,IGACOS,DDN

Mode of Procurement : Shopping

Tel / Fax #: 09561675352

Registration Certificate : SEC

P.R. No. : 20084914

Req. Off. : Prov'l. Social Welfare & Development Off

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

Place of Delivery PGSO Warehouse

Delivery Term: 10Calendar Day/s

Date of Delivery: 10-07-2020

Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	15 BOXES	LAGUNDI 600MG TAB. 100'S (BRANDED)	420.00	6,300.00
2	12 BOXES	LORATIDINE 10 MG (BRANDED)	290.00	3,480.00
3	2 PCS	SILVER SULFADIAZINE OINTMENT (BRANDED)	110.00	220.00
5	100 PCS	MECLIZINE 25MG CHEWABLE TABLET (BRANDED)	5.00	500.00

NOTE; RE-PR

EXPIRATION DATE OF MEDICINES SHOULD BE 2 YEARS
FROM THE DATE OF DELIVERY.

The award is based on Abstract No. 0920203180
dated September 01, 2020 under Quotation No. C20204473
opened on August 27, 2020

FOR USE OF PSWDO CLINIC

10,500.00

GRAND TOTAL : P

10,500.00

Grand Total Amount in Words :

TEN THOUSAND FIVE HUNDRED 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.

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. GUZMAN
EAH MEDICINE & MEDICAL SUPPLIES MARKETING
eahmarketing19@gmail.com
Contact No: 0956-167-5352

Very truly yours,

(Signature over printed name)

(Date)

By the Authority of the Governor:

LOURDES M. CONCHA
Administrative Officer

EDWIN I. 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.