Republic of the Philippines

Province of Davao del Norte

Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier: 8066 DISTRIBUTIONS CORPORATION

P.O. No.: 2021093881

PhilGEPS Registration No. : 272445

Date: September 15, 2021

Address : PRK. MACOPA, VISAYAN VILLAGE, TAGUM CITY

Mode of Procurement: Shopping

Tel / Fax #: 1912-724-9280

P.R. No. : _21084579

Registration Certificate

DTI

Req. Off.: PEEDO - ADMIN.

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

Place of Delivery DAVNOR PHARMACY

Delivery Term: 10Calendar Day/s

Date of Delivery:

Payment Term : ON ACCOUNT

(NON-COLLAPSIBLE) 500ML

Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	10 BOTT	MOXIFLOXACIN HCI 5MG/ML, 5ML EYE SOLUTION (BRANDED) - VIGAMOX	458.00	4,580.00
2	10 BOTT	TROPICAMIDE 0.5% 5MG/ML, 15ML EYE DROPS (BRANDED) - MYDRIACYL	850.00	8,500.00
3	10 BOTT	PROPARACAINE HCI 5MG/ML, 15ML EYE SOLUTION (BRANDED) - ALCAINE	900.00	9,000.00
4	20 BOTT	TOBRAMYCIN + DEXAMETHASONE 0.3% + 0.1%, 5ML EYE DROPS (BRANDED)	290.00	5,800.00
5	20 BOTT	HYDROXYPROPYL METHYLCELLULOSE USP 2%, 2ML EYE SOLUTION (BRANDED)	850.00	17,000.00
6	20 BOTT	TRYPHAN BLUE OPTHALMIC SOLUTION 1ML (BRANDED)	750.00	15,000.00
7	12 BOTT	BALANCED STERILE SALINE SOLUTION	850.00	10,200.00

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL (OPTHALMIC SOLUTION USED FOR CATARACT SURGERY)

GRAND TOTAL : P

Very truly yours,

70,080.00

Grand Total Amount in Words :

SEVENTY THOUSAND EIGHTY 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:

By the Authority of the Governor

EDWIN I. JUBAHIB Governor

9-29-21

JACUM

(Signature over printed name) JOEFREY (SIGNATUENTES, MPA Supervising Admin. Officer

(Date)

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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Unit Cost

Amount

Quantity/Unit

Description

NOTE:

- 1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
- 2. NO PARTIAL DELIVERIES.
- 3. TOTAL LOT AWARDING.
- 4. ITEMS # 2, 3, 5, 6 AND 7 ARE NON DPRI.
- 5. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
- 6. THE SUPPLIER MUST INFORM THE R.O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITAL MOOE UNDER DRUGS AND MEDICINES ACCOUNT.

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SUB TOTAL

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(Signature over printed name)

9-29-21

(Date)

JOEFREY C. MIRAFUENTES, MPA Supervising Admin. Officer

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DTI

Quantity/Unit

Description

Unit Cost

Amount

*KAPALONG - 23,361.64 *IGACOS - 23,361.64 *CARMEN - 23,361.62

The award is based on Abstract No. 0920213808 dated September 10, 2021 under Quotation No. C20214109 opened on September 02, 2021

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SUB TOTAL

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9-29-21

(Date)

JOEFREY CHIRAFUENTES, MPA

Supervising Admin. Officer

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