

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

SEP 24 2020

Supplier : <u>DIAMOND TRADING</u>	P.O. No. : <u>2020093687</u>
PhilGEPS Registration No. : <u>2011-75589</u>	Date : <u>September 24, 2020</u>
Address : <u>TAGUM CITY</u>	Mode of Procurement : <u>Shopping</u>
Tel / Fax #: <u>0918388358</u>	P.R. No. : <u>20085029</u>
Registration Certificate : <u>DTI</u>	

Req. Off.: PEEDO - Luntiang Paraiso Rehab. Center

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

Place of Delivery PGSO WarehouseDelivery Term: 10 Calendar Day/s

Date of Delivery: \_\_\_\_\_

Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	10 BOXES	ALUMINUM +MAGNESIUM HYDROXIDE TAB 100'S	328.35	3,283.50
2	30 BOXES	AMBROXOL 30MG TAB 100'S	43.78	1,313.40
3	25 BOXES	AMLODIPINE 5MG TAB 100'S	497.50	12,437.50
4	25 BOXES	CETIRIZINE 10MG TAB 100'S	348.25	8,706.25
5	20 BOXES	CELECOXIB 200MG CAP 100'S	696.50	13,930.00
6	20 BOXES	HYOSCINE 10MG TAB 100'S	796.00	15,920.00
7	25 BOXES	LOSARTAN 50MG 100'S	497.50	12,437.50
8	25 BOXES	MEFENAMIC ACID CAP 500MG 100'S	497.50	12,437.50
9	30 BOXES	METFORMIN 500MG TAB 100'S	368.15	11,044.50
10	60 BOXES	PARACETAMOL 500MG TAB 100'S	79.60	4,776.00
11	30 BOXES	VITAMIN B-COMPLEX CAP 100'S	398.00	11,940.00
12	25 BOXES	DOXYCYCLINE 100MG TAB 100'S	398.00	9,950.00
13	8 BOXES	OMEPRAZOLE 20MG CAP 100'S	796.00	6,368.00
14	15 BOXES	ASCORBIC ACID VIT. C 500MG TAB 100'S	497.50	7,462.50

OCT 14 2020

For the use of PEEDO-LPRRC for Drugs and Medicines supply of Residents

SUB TOTAL : P 132,006.65

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:

Very truly yours,

ROMELYN A. DRAPA  
 (Signature over printed name)

10-21-20

(Date)

By the Authority of the Governor:

EDWIN I. JUBAHIB  
Governor

Gale Guadalupe G. Mortillero  
 Assistant Provincial Administrator (Administration)

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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Req. Off.: <u>PEEDO - Luntiang Paraiso Rehab. Center</u>	

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

Item No.	Quantity/Unit	Description	Unit Cost	Amount
15	20 AMP	HYOSCINE (AS N-BUTYL BROMIDE) 200MG/ML, 1ML PER AMPILE	61.69	1,233.80
16	20 AMP	OMEPRAZOLE 40MG POWDER VIAL + 10 ML /SOLVENT AMPULE	119.40	2,388.00
17	20 BOXES	METOCLOPRAMIDE 10MG TAB 100'S	59.70	1,194.00
18	50 AMP	TETANUS TOXIOD 5ML AMPULE	39.80	1,990.00
19	15 BOXES	DOMPERIDONE 10MG TAB 100'S	398.00	5,970.00
20	2 BOXES	SYRINGE -3ML 100PCS	497.50	995.00
21	2 BOXES	SYRINGE- 5ML 100PCS	597.00	1,194.00
22	1 BOX	INSULIN SYRINGE	1,691.50	1,691.50
23	12 BOXES	WORKING GLOVES-100PCS	497.50	5,970.00
24	30 BOXES	SURGICAL MASK	398.00	11,940.00
25	10 PCS	ICE/COLD PACK MEDIUM	149.25	1,492.50
26	10 PCS	ICE/COLD PACK LARGE	199.00	1,990.00
27	10 PCS	HOT PACK -MEDIUM	149.25	1,492.50

OCT 14 2020

For the use of <u>PEEDO-LPRRC for Drugs and Medicines supply of Residents</u>	SUB TOTAL :P <span style="float: right;">39,541.30</span>
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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:

Very truly yours,

ROHELYN A. DRAPA  
 (Signature over printed name)

By the Authority of the Governor:

EDWIN I. JUBAHIB  
 Governor

10-21-20

(Date)

GALE GUADALUPE G. MORTILLERO, MSLRG, MHRM  
 Assistant Provincial Administrator (Administration)

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Place of Delivery PGSO Warehouse

Delivery Term: 10Calendar Day/s

Date of Delivery: \_\_\_\_\_

Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
28	10PCS	HOT PACK -LARGE	199.00	1,990.00
29	12TUBES	ANTIBACTERIAL OINTMENT	348.25	4,179.00
30	12TUBES	ANTIFUNGAL OINTMENT	398.00	4,776.00
31	12ROLLS	COTTON 400GMS	298.50	3,582.00
32	5ROLLS	GAUZE CLOTH - 1FT WIDTH	1,791.00	8,955.00
33	3UNIT	ADULT NEBULIZER - HEAVY DUTY PORTABLE	2,487.50	7,462.50
34	15BOTS	BETADINE SOLUTION -ANTISEPTIC 450ML - PROVIDONE IODINE	497.50	7,462.50
35	4BOXES	TONGUE DEPRESSOR -100'S	398.00	1,592.00
36	5BOXES	COTTON PLEDGET STERILE -100'S	169.15	845.75
37	5BOXES	HEALERS PLASTER - 1'12'S - 3M	447.75	2,238.75
38	1PC	MAYO TRAY 48X32	497.00	497.00
39	1PC	MAYO COVER 48X32	597.00	597.00
40	1PC	MAYO SHEET - DRAPE SHEET	248.75	248.75
41	3BOXES	SALBUTAMOL NEBULE 1MG . 30'S	447.75	1,343.25

OCT 14 2020

For the use of PEEDO-LPRRC for Drugs and Medicines supply of Residents

SUB TOTAL :P 45,769.50

Grand Total Amount in Words :

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Conforme:

Very truly yours,

ROMELYN A. DRAPA

(Signature over printed name)

10-21-20

(Date)

By the Authority of the Governor:

EDWIN I. JUBAHIB  
Governor

GALE GUARDALUPE G. MORTILLERO, MSLRG, MHRM  
Assistant Provincial Administrator (Administration)

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Delivery Term: 10 Calendar Day/s

Date of Delivery: \_\_\_\_\_

Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
42	8 BOXES	AMOXICLAV 625MG	1,194.00	9,552.00

The award is based on Abstract No. 0920203469  
 dated September 21, 2020 under Quotation No. C20204770  
 opened on September 17, 2020

OCT 14 2020

For the use of PEEDO-LPRRC for Drugs and Medicines supply of Residents	SUB TOTAL : P 9,552.00
	GRAND TOTAL : P 226,869.45

Grand Total Amount in Words : *TWO HUNDRED TWENTY SIX THOUSAND EIGHT HUNDRED SIXTY NINE and 45/100*

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Conforme:

Very truly yours,

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10-21-20

(Date)

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