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

**PURCHASE ORDER**

DEC 04 2019

Supplier : GSP ENTERPRISES

P.O. No. : 2019124153

PhilGEPS Registration No. : 2008-46838

Date : December 04, 2019

Address : EASTWOOD SUBD., KM.3 BA-AN, BUTUAN CITY

Mode of Procurement : Bidding

Tel / Fax #: (085) 815-2583/ 0948-990-6458

P.R. No. : 19093578

Registration Certificate : DTI

Req. Off.: Provincial Health Office

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

Place of Delivery PGSO Warehouse

Delivery Term: 10 Calendar Day/s

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

Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	50 BXS.	BRANDED AMLODIPINE 5MG. TAB. 100'S - DIADIPINE/AMLREX	105.00	5,250.00
2	50 BXS.	BRANDED AMLODIPINE 10 MG. TAB. 100'S - DIADIPINE/AMLREX	116.00	5,800.00
3	50 BXS.	BRANDED LOSARTAN POTASSIUM 50 MG TAB. 100'S - NATRAZOL	159.00	7,950.00
4	30 BXS.	BRANDED AMBROXOL 30MG. TAB. 100'S - SAPHROXOL	59.00	1,770.00
5	50 BXS.	BRANDED CO-AMOXICLAV 625 MG. TAB. 14'S - COMXICLA	339.00	16,950.00
6	288 BOTS.	BRANDED CETIRIZINE 5MG. SYRUP, 60 ML. - REAX	44.00	12,672.00
7	15 BXS.	BRANDED CELECOXIB 200MG. TAB. 100'S - COLIX	500.00	7,500.00
8	144 BOTS.	BRANDED AMBROXOL 15MG. SYRUP 60 ML. - COUOXIN	32.00	4,608.00

BAC SECRETARIAT  
RECEIVED  
DATE: JAN 14 2020

FOR USE OF "OPLAN TABANG" MEDICAL OUTREACH PROGRAM TO THE DIFFERENT MUN. & BRGYS. OF DAVAO DEL NOR.

SUB TOTAL : P 62,500.00

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:  
REGINA C. ROUSICO  
(Signature over printed name)  
2-3-2020  
(Date)

Very truly yours,  
EDWIN I. JUBAHIB  
Governor

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.

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

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Supplier : <u>GSP ENTERPRISES</u>	P.O. No. : <u>2019124153</u>
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Address : <u>EASTWOOD SUBD., KM.3 BA-AN, BUTUAN CITY</u>	Mode of Procurement : <u>Bidding</u>
Tel / Fax #: <u>(085) 815-2583/ 0948-990-6458</u>	P.R. No. : <u>19093578</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>10 Calendar Day/s</u>
Date of Delivery: _____	Payment Term : <u>ON ACCOUNT</u>

Item No.	Quantity/Unit	Description	Unit Cost	Amount
9	30 BXS.	BRANDED PHENYLPROPANOLAMINE TAB. 100'S - SYMDEX	307.00	9,210.00
10	100 BXS.	BRANDED MEFENAMIC ACID 500MG. CAP. 100'S - MEGYXAN/INFAMIX	140.00	14,000.00
11	50 BXS.	BRANDED MEFENAMIC ACID 250MG. CAP. 100'S - ANALMIN	109.00	5,450.00
12	20 BXS.	BRANDED IBUPROFEN 400MG. TAB. 100'S - IBUPREN	293.00	5,860.00
13	50 BXS.	BRANDED AMOXICILLIN 250MG. CAP. 100'S - VHELLOX	161.00	8,050.00
14	288 BOTS.	BRANDED PHENYLPROPANOLAMINE 12.5, G. CAP. 100'S - SYRUP 60ML, ARNOPHERIN	26.00	7,488.00
15	144 BOTS.	BRANDED PHENYLPROPANOLAMINE DROPS - SINUDRIN	25.00	3,600.00
16	144 BOTS.	BRANDED AMBROXOL DROPS - AMBROLEM	27.00	3,888.00
17	100 BXS.	BRANDED AMOXICILLIN 500MG. CAP. 100'S - AMBIMOX	393.00	39,300.00

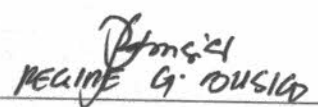
FOR USE OF "OPLAN TABANG" MEDICAL OUTREACH PROGRAM TO THE DIFFERENT MUN. & BRGYS. OF DAVAO DEL NOR.	SUB TOTAL : P <span style="float: right;">96,846.00</span>
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Grand Total Amount in Words :

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.

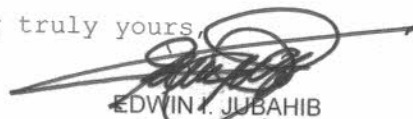
I hereby conform that NOTICE TO DELIVER shall be served to the PLACE OF DELIVERY stated herein three (3) days before the actual delivery of the item/s covered by this Purchase Order.

Conforme:

  
 REGINE G. ONSIG  
 (Signature over printed name)

02-3-2020  
 (Date)

Very truly yours,

  
 EDWIN L. JUBAHIB  
 Governor

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

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**Province of Davao del Norte**  
 Government Center, Mankilam, Tagum City

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PhilGEPS Registration No. : <u>2008-46838</u>	Date : <u>December 04, 2019</u>
Address : <u>EASTWOOD SUBD., KM.3 BA-AN, BUTUAN CITY</u>	Mode of Procurement : <u>Bidding</u>
Tel / Fax #: <u>(085) 815-2583/ 0948-990-6458</u>	P.R. No. : <u>19093578</u>
Registration Certificate : <u>DTI</u>	
Req. Off.: <u>Provincial Health Office</u>	

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Date of Delivery: _____	Payment Term : <u>ON ACCOUNT</u>

Item No.	Quantity/Unit	Description	Unit Cost	Amount
18	144 BOTS.	BRANDED CETIRIZINE DROPS - ALIECUR P	38.00	5,472.00
19	15 BXS.	BRANDED ALUMINUM MAGNESIUM 200MG. TAB. 100'S - MEDALEM	106.00	1,590.00
20	288 BOTS.	BRANDED LAGUNDI SYRUP, 60 ML - OFPLEMED	65.00	18,720.00
21	100 CANS	BRANDED LIDOCAINE 2 % W/ EPINEPHRINE, 50'S (DENTAL ANESTHESIA) - ZEYCO	1,662.00	166,200.00
22	144 BOTS.	BRANDED MULTIVITAMIN DROPS - MULTILEM	26.00	3,744.00
23	50 BXS.	BRANDED CEFALEXIN 500MG. CAP. 100'S - DIACEF	530.00	26,500.00
24	20 BXS.	BRANDED METFORMIN 500MG. TAB. 100'S - FORMET	200.00	4,000.00
25	144 BOTS.	BRANDED SALBUTAMOL+GUIAFINISIN SYRUP, 60ML. - VENTOBROX	30.00	4,320.00
26	15 BXS.	BRANDED SALBUTAMOL + GUIAFINISIN CAP. 100'S - VENTOBROX/VENTRACIN	202.00	3,030.00
27	50 BXS.	BRANDED CEFUROXIME 500MG. TAB. 10'S - BETCEF	220.00	11,000.00

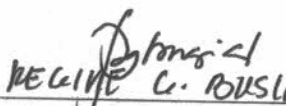
FOR USE OF "OPLAN TABANG" MEDICAL OUTREACH PROGRAM TO THE DIFFERENT MUN. & BRGYS. OF DAVAO DEL NOR.	SUB TOTAL : P <span style="float: right;">244,576.00</span>
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Grand Total Amount in Words :

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:

  
REGINE C. POUSICO  
 (Signature over printed name)

2-7-2020  
 (Date)

Very truly yours,

  
 EDWIN T. JUBAHIB  
 Governor

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

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**Province of Davao del Norte**  
 Government Center, Mankilam, Tagum City

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PhilGEPS Registration No. : <u>2008-46838</u>	Date : <u>December 04, 2019</u>
Address : <u>EASTWOOD SUBD., KM.3 BA-AN, BUTUAN CITY</u>	Mode of Procurement : <u>Bidding</u>
Tel / Fax #: <u>(085) 815-2583/ 0948-990-6458</u>	P.R. No. : <u>19093578</u>
Registration Certificate : <u>DTI</u>	
Req. Off.: Provincial Health Office	

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Date of Delivery: _____	Payment Term : <u>ON ACCOUNT</u>

Item No.	Quantity/Unit	Description	Unit Cost	Amount
28	288 BOTS.	BRANDED MULTIVITAMINS + LYSINE SYRUP, 120 ML. - MACRO-B	300.00	86,400.00
29	20 BXS.	BRANDED OMEPRAZOLE 20MG. CAP. 100'S - OMEBLOC-20	412.00	8,240.00
30	288 BOTS.	BRANDED MULTIVITAMINS SYRUP, 120 ML. - MULTILEM	50.00	14,400.00
31	144 BOTS.	BRANDED ASCORBIC ACID 100MG. SYRUP, 120 ML. - VITCEE/MYREVIT C	50.00	7,200.00
32	10 BXS.	BRANDED HYOSCINE 10MG. TAB. 100'S - HYOSPAN	789.00	7,890.00
33	50 BXS.	BRANDED VITAMIN B-COMPLEX (100+5+50MG. )CAP.S 100'S - DIABEE	280.00	14,000.00
34	30 BXS.	BRANDED ASCORBIC ACID 500MG. FILM TAB. 100'S - VITCEE	235.00	7,050.00
35	20 BXS.	BRANDED TRANEXAMIC ACID 250MG. CAP. 100'S - CLOITINEX/DRUGMAKERS	603.00	12,060.00

FOR USE OF "OPLAN TABANG" MEDICAL OUTREACH PROGRAM TO THE DIFFERENT MUN. & BRGYS. OF DAVAO DEL NOR.	SUB TOTAL : P <span style="float: right;">157,240.00</span>
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Grand Total Amount in Words :

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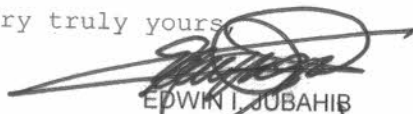
I hereby conform that NOTICE TO DELIVER shall be served to the PLACE OF DELIVERY stated herein three(3) days before the actual delivery of the item/s covered by this Purchase Order.

Conforme:

  
 REGINALD C. BUSICO  
 (Signature over printed name)

2-3-2020  
 (Date)

Very truly yours,

  
 EDWIN I. JUBAHIB  
 Governor

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

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Req. Off.: Provincial Health Office

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

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

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

Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
36	30 BXS.	BRANDED TRANEXAMIC ACID 500MG. CAP. 100'S - CLOITINEX/DRUGMAKERS	849.00	25,470.00
37	288 BOTS.	BRANDED AMOXICILLIN 250MG. SUSP. 60 ML. - MOXYLOR	45.00	12,960.00
38	288 BOTS.	BRANDED CEFALEXIN 250MG. SUSP. 60 ML. - EXEL	48.00	13,824.00
39	30 BXS.	BRANDED MULTIVITAMINS + IRON CAP. 100'S - MULTILEM PLUS	319.00	9,570.00
40	20 BXS.	BRANDED LAGUNDI 300MG. TAB. 100'S - OFPLEMED	221.00	4,420.00

NOTE: CHARGEABLE AGAINST - PGO - FUNDS S.B.-1  
 -ANTI-CRIME & DEV. INTEGRATION PROJECT

- ALL BIDDERS ARE REQUIRED TO ATTACH CPR.
- BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS
- ALL DELIVERED MEDICINES MUST BE AT LEAST 1 YEAR OR MORE PRIOR TO ITS EXPIRY DATE
- NO PARTIAL DELIVERY IS ACCEPTED AND NO REQUEST

FOR USE OF "OPLAN TABANG" MEDICAL OUTREACH PROGRAM TO THE DIFFERENT MUN. & BRGYS. OF DAVAO DEL NOR.

SUB TOTAL : P 66,244.00

GRAND TOTAL : P 627,406.00

Grand Total Amount in Words : SIX HUNDRED TWENTY SEVEN THOUSAND FOUR HUNDRED SIX 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:

*Regino C. Rousico*  
 REGINO C. ROUSICO  
 (Signature over printed name)

2-3-2020

(Date)

Very truly yours,

*Edwin L. Jubahib*  
 EDWIN L. JUBAHIB  
 Governor

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Tel / Fax #: <u>(085) 815-2583/ 0948-990-6458</u>	P.R. No. : <u>19093578</u>
Registration Certificate : <u>DTI</u>	
Req. Off.: Provincial Health Office	

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

Delivery Term: 10 Calendar Day/s

Payment Term: ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
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*FOR EXTENSION BE GRANTED*

*- TO BE DELIVERED 5 CALENDAR DAYS UPON RECEIPT OF P.O.*

*- TO BE AWARDED INDIVIDUAL OR LOT PRICE BASIS.*

*- WINNING BIDDER WILL BE THE ONE TO SHOULDER THE PAYMENT FOR BFAD ANALYSIS SAMPLING.*

*- MULTIVITAMINS CAP. & SYRUP WITH NO THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED.*

The award is based on Abstract No. 1120193549  
 dated November 18, 2019 under Bid No. B20190195  
 opened on November 15, 2019

FOR USE OF "OPLAN TABANG" MEDICAL OUTREACH PROGRAM TO THE DIFFERENT MUN. & BRGYS. OF DAVAO DEL NOR.

SUB TOTAL : P

GRAND TOTAL : P 627,406.00

Grand Total Amount in Words : SIX HUNDRED TWENTY SEVEN THOUSAND FOUR HUNDRED SIX and 0/100

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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:

*RELIFE G. ROUSICO*  
 \_\_\_\_\_  
 (Signature over printed name)

2 - 3 - 2020

(Date)

Very truly yours,

*ELWIN T. JUBAHIB*  
 \_\_\_\_\_  
 Governor

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