

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

Supplier : <u>CENTRAL WEST MEDICALE INC.</u> PhilGEPS Registration No. : Address : Tel / Fax #: Registration Certificate : <u>DTI</u>	P.O. No. : <u>2021030923</u> Date : <u>March 17, 2021</u> Mode of Procurement : <u>Bidding</u> P.R. No. : <u>20117152</u>
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Req. Off.: PEEDO - ADMIN.

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

Place of Delivery <u>PGSO Warehouse</u> Date of Delivery: _____ Payment Term : <u>ON ACCOUNT</u>	Delivery Term: <u>15 Calendar Day/s</u>
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Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	500 TAB	ACETYLCYSTEINE 600MG EFFERVESCENT	36.00	18,000.00
2	12 VIA	ADENOSINE 3MG/ML, 2ML	1,900.00	22,800.00
3	500 TAB	ALUMINUM+MAGNESIUM HYDROXIDE 200MG+100MG	0.50	250.00
4	50 VIAL	AMIKACIN 50MG/ML, 2ML	44.00	2,200.00
5	5,000 CAP	AMOXICILLIN 500MG	3.50	17,500.00
6	100 CAP	AMOXICILLIN 250MG	2.00	200.00
7	500 VIAL	AMPICILLIN+SULBACTAM 750MG	58.00	29,000.00
8	500 VIAL	AMPICILLIN+SULBACTAM 1.5G	165.00	82,500.00
9	2,900 VIAL	AMPICILLIN 250MG	23.00	66,700.00
10	2,000 VIAL	AMPICILLIN 500MG	24.00	48,000.00
11	2,000 VIAL	AMPICILLIN 1G	25.50	51,000.00
12	3,500 TAB	ASCORBIC ACID 500MG	2.50	8,750.00
13	85 AMP	ATROPINE SULFATE 1MG/ML, 1ML	37.00	3,145.00
14	1,200 TAB	AZITHROMYCIN 500MG	50.00	60,000.00

MAR 25 2021

FOR THE CONSUMPTION OF THREE DISTRICT HOSPITALS	SUB TOTAL : P 410,045.00
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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: _____ Very truly yours,
 _____ EDWIN I. JUBAHIB
 (Signature over printed name) Governor

By the Authority of the Governor:
 _____ ENGR. JOSIE JEAN R. HABANOZ, MPA, Enr
 Provincial Administrator

4-5-21
(Date)

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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Province of Davao del Norte
 Government Center, Mankilam, Tagum City
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Item No.	Quantity/Unit	Description	Unit Cost	Amount
15	36 BOTT	AZITHROMYCIN 200MG/5ML, 15ML SUSP	150.00	5,400.00
16	200 TAB	BISACODYL 5MG	6.50	1,300.00
17	72 BOTT	BUTAMIRATE CITRATE 7.5MG/5ML, 120ML SYRUP	170.00	12,240.00
18	5 AMP	CARBOPROST 125MCG/0.5ML SOLUTION	300.00	1,500.00
19	2,500 CAP	CEFALEXIN 500MG	5.00	12,500.00
20	200 VIAL	CEFAZOLIN 1G	50.00	10,000.00
21	200 CAP	CEFIXIME 400MG	48.00	9,600.00
22	100 VIAL	CEFOXITIN 1G	460.00	46,000.00
23	50 BOTT	CEFUROXIME 125MG/5ML, 70ML SUSP	220.00	11,000.00
24	2,150 TAB	CEFUROXIME 500MG	40.00	86,000.00
25	1,000 CAP	CELECOXIB 200MG	4.00	4,000.00
26	10 AMP	CHLORPHENAMINE 10MG/ML, 1ML	14.00	140.00
27	1,000 TAB	CLARITHROMYCIN 500MG	27.00	27,000.00
28	1,300 CAP	CLINDAMYCIN 300MG	9.00	11,700.00

FOR THE CONSUMPTION OF THREE DISTRICT HOSPITALS	SUB TOTAL : P 238,380.00
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Grand Total Amount in Words :

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Conforme: _____ Very truly yours,
 (Signature over printed name) EDWIN I. JUBAHIB
 Governor

_____ By the Authority of the Governor
 (Date) ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
 Provincial Administrator

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

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Tel / Fax #:	P.R. No. : <u>20117152</u>
Registration Certificate : <u>DTI</u>	

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

Item No.	Quantity/Unit	Description	Unit Cost	Amount
29	500 AMP	CLINDAMYCIN 150MG/ML, 4ML	200.00	100,000.00
30	1,000 CAP	CLOXACILLIN 500MG	11.00	11,000.00
31	1,000 TAB	CO-AMOXICLAV 625MG	25.00	25,000.00
32	1,000 TAB	CO-AMOXICLAV 1G	10.00	10,000.00
33	36 BOTT	COTRIMOXAZOLE 200MG+40MG/5ML, 70ML SUSP	20.00	720.00
34	36 BOTT	COTRIMOXAZOLE 400MG+80MG/5ML, 60ML SUSP	90.00	3,240.00
35	90 AMP	DEXAMETHASONE 4MG/ML, 2ML	48.00	4,320.00
36	144 BOTT	DICYCLOVERINE 10MG/5ML, 60ML SYRUP	48.00	6,912.00
37	130 AMP	DIPHENHYDRAMINE 50MG/ML, 1ML	50.00	6,500.00
38	30 BOTT	DOBUTAMINE 2MG/ML, 250ML PRE-MIXED	380.00	11,400.00
39	144 BOTT	DOMPERIDONE 1MG/ML, 60ML SUSP	110.00	15,840.00
40	1,000 AMP	EPINEPHRINE 1MG/ML, 1ML	50.00	50,000.00
41	36 BOTT	FERROUS SULFATE 15MG ELEMENTAL IRON, 15ML DROPS	30.00	1,080.00

FOR THE CONSUMPTION OF THREE DISTRICT HOSPITALS	SUB TOTAL :P 246,012.00
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Grand Total Amount in Words :

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Conforme: _____

Very truly yours,

EDWIN I. JUBAHIB
Governor

By the Authority of the Governor:

ENGR. JOSIE (E.A.) R. RABANOZ, MPA, EnP
Provincial Administrator

(Signature over printed name)

(Date)

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

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

Item No.	Quantity/Unit	Description	Unit Cost	Amount
42	5 INHLR	FLUTICASONE+SALMETEROL 500MCG+50MCG x 60 DOSES	463.90	2,319.50
43	1,100 AMP	FUROSEMIDE 10MG/ML, 2ML	15.00	16,500.00
44	200 AMP	GENTAMICIN 40MG/ML, 2ML	15.00	3,000.00
45	500 TAB	GLICLAZIDE 30MG MR	3.50	1,750.00
46	5 AMP	HALOPERIDOL 50MG/ML, 1ML	450.00	2,250.00
47	1,300 AMP	HYDRALAZINE 20MG/ML, 1ML	165.00	214,500.00
48	3,000 VIAL	HYDROCORTISONE 100MG	40.00	120,000.00
49	3,000 VIAL	HYDROCORTISONE 250MG	140.00	420,000.00
50	8,000 AMP	HYOSCINE-N-BUTYLBROMIDE 20MG/ML, 1ML	40.00	320,000.00
51	23,208 BOTT	IV FLUID, 0.9% SODIUM CHLORIDE 1L	70.00	1,624,560.00
52	6,396 BOTT	IV FLUID, 5% DEXTROSE IN LACTATED RINGER'S 1L	70.00	447,720.00
53	48 BOTT	IV FLUID, 5% DEXTROSE IN WATER 500ML	80.00	3,840.00
54	20 VIAL	IMMUNOGLOBULIN, HEPATITIS B 100IU/0.5ML	1,543.00	30,860.00

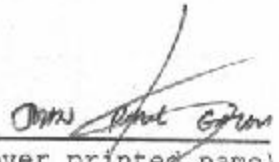
FOR THE CONSUMPTION OF THREE DISTRICT HOSPITALS	SUB TOTAL :P 3,207,299.50
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Grand Total Amount in Words :

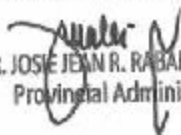
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Conforme: _____ Very truly yours,


 (Signature over printed name)

 (Date)

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

 ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
 Provincial Administrator

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
55	500 PRE-F	IMMUNOGLOBULIN, TETANUS (HUMAN) 250IU/ML, 1ML	900.00	450,000.00
56	5 VIAL	INSULIN, ISOPHANE HUMAN 100IU/ML, 10ML	450.00	2,250.00
57	8,000 NEB	IPRATROPIUM+SALBUTAMOL 500MCG+2.5MG, 2.5ML	28.00	224,000.00
58	1,000 AMP	KETOROLAC 30MG/ML, 1ML	40.00	40,000.00
59	600 TAB	LEVOFLOXACIN 500MG	11.00	6,600.00
60	1,300 TAB	LOSARTAN 50MG	3.00	3,900.00
61	1,000 POLY	MAGNESIUM SULFATE 250MG/ML, 20ML	95.00	95,000.00
62	25 BOTT	MANNITOL 20% 500ML	150.00	3,750.00
63	1,000 TAB	METFORMIN 500MG	2.00	2,000.00
64	1,000 AMP	METOCLOPRAMIDE 5MG/ML, 2ML	12.00	12,000.00
65	30 BOTT	METOCLOPRAMIDE 5MG/5ML, 60ML SYRUP	32.00	960.00
66	200 TAB	METHYLDOPA 250MG	10.00	2,000.00
67	1,000 VIAL	METRONIDAZOLE 5MG/ML, 100ML	35.00	35,000.00

FOR THE CONSUMPTION OF THREE DISTRICT HOSPITALS

SUB TOTAL : P 877,460.00

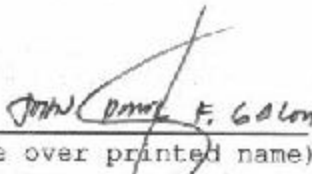
Grand Total Amount in Words :

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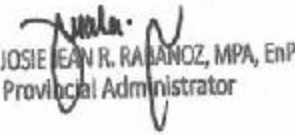
Very truly yours,


 (Signature over printed name)

By the Authority of the Governor:

EDWIN I. JUBAHIB
 Governor

4-5-21
 (Date)


 ENGR. JOSIE JEAN R. RALANCOZ, MPA, EnP
 Provincial Administrator

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

Item No.	Quantity/Unit	Description	Unit Cost	Amount
68	10 BOTT	MULTIVITAMINS PER 5ML, 60ML SYRUP	50.00	500.00
69	20 TUBE	MUPIROCIN 2% OITMENT 5G	150.00	3,000.00
70	200 CAP	NIFEDIPINE 10MG	4.50	900.00
71	12 AMP	NOREPINEPHRINE 1MG/ML, 2ML	200.00	2,400.00
72	300 CAP	OMEPRAZOLE 20MG	2.50	750.00
73	1,400 CAP	OMEPRAZOLE 40MG	10.00	14,000.00
74	750 SACHE	ORAL REHYDRATION SALT 5.125G	5.50	4,125.00
75	2,700 AMP	OXYTOXIN 10IU/ML, 1ML	20.00	54,000.00
76	750 AMP	PARACETAMOL 150MG/ML, 2ML	10.00	7,500.00
77	5 AMP	PHENYTOIN 50MG/ML, 2ML	350.00	1,750.00
78	1,000 AMP	PHYTOMENADIONE 10MG/ML, 1ML	40.00	40,000.00
79	100 TAB	PREDNISONE 10MG	4.00	400.00
80	40 VIAL	PROPOFOL 10MG/ML, 20ML	198.00	7,920.00
81	200 TAB	PROPRANOLOL 10MG	2.00	400.00
82	100 TAB	RANITIDINE 150MG	3.00	300.00

FOR THE CONSUMPTION OF THREE DISTRICT HOSPITALS

SUB TOTAL : P 137,945.00

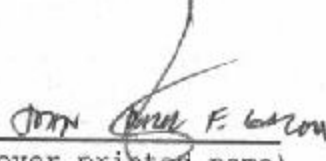
Grand Total Amount in Words :

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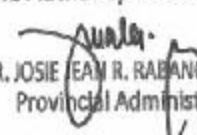
Very truly yours,



 (Signature over printed name)

EDWIN I. JUBAHIB
 Governor

By the Authority of the Governor:


 ENGR. JOSIE EAN R. RABANOZ, MPA, EnP
 Provincial Administrator

4-15-21

 (Date)

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
83	300 AMP	RANITIDINE 25MG/ML, 2ML	12.00	3,600.00
84	6,000 NEB	SALBUTAMOL 2MG/ML, 2.5ML	11.50	69,000.00
85	5,000 VIAL	STERILE WATER FOR INJECTION 50ML	53.00	265,000.00
86	200 TAB	SUCRALFATE 1G	44.00	8,800.00
87	500 AMP	TRAMADOL 50MG/ML, 2ML	16.50	8,250.00
88	500 CAP	TRAMADOL 50MG	5.00	2,500.00
89	500 AMP	TRANEXAMIC ACID 100MG/ML, 5ML	55.00	27,500.00
90	1,000 CAP	TRANEXAMIC ACID 500MG	8.40	8,400.00
91	480 TAB	TRIMETAZIDINE 35MG	10.00	4,800.00
92	8,000 AMP	VACCINE, TETANUS TOXOID 0.5ML	65.00	520,000.00
93	50 VIAL	VACCINE, VERO CELL 2.5IU/0.5ML VIAL+DILUENT	1,300.00	65,000.00
94	72 BOTT	ZINC SULFATE 55MG/5ML, 60ML SYRUP	80.00	5,760.00
95	30 BOTT	DOPAMINE 1.6MG/ML, 250ML PRE-MIXED	1,250.00	37,500.00

FOR THE CONSUMPTION OF THREE DISTRICT HOSPITALS

SUB TOTAL : P 1,026,110.00

GRAND TOTAL : P 6,143,251.50


Grand Total Amount in Words : *SIX MILLION ONE HUNDRED FORTY THREE THOUSAND TWO HUNDRED FIFTY ONE and 50/100*

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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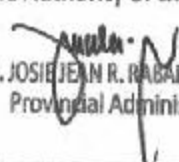
Conforme:

Very truly yours,


(Signature over printed name)

EDWIN I. JUBAHIB
Governor

By the Authority of the Governor:


ENGR. JOSIE JEAN R. BABANOZ, MPA, EnP
Provincial Administrator

4-5-21
(Date)

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Item No.	Quantity/Unit	Description	Unit Cost	Amount

- NOTE:**
1. ATLEAST TWO (2) YEARS EXPIRATION FROM THE DATE OF DELIVERY.
 2. NO PARTIAL DELIVERIES.
 3. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
 4. TOTAL LOT AWARDEE.
 5. WINNING SUPPLIER MUST PROVIDE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM UPON DELIVERY.
 6. THE SUPPLIER SHOULD INFORM THE R.O INSPECTORY TEAM UPON DELIVERY OF GOODS.
 7. ALL ITEMS UNDER DPRI 2020 (GIDA) MAXIMUM

FOR THE CONSUMPTION OF THREE DISTRICT HOSPITALS	SUB TOTAL : P
	GRAND TOTAL : P 6,143,251.50

Grand Total Amount in Words : **SIX MILLION ONE HUNDRED FORTY THREE THOUSAND TWO HUNDRED FIFTY ONE and 50/100**

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Conforme: _____

OPW Paul E. Colon
 (Signature over printed name)

4 - 5 - 21
 (Date)

Very truly yours,

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

Josie Jean R. Rabinnoz
 ENGR. JOSIE JEAN R. RABINNOZ, MPA, EnP
 Provincial Administrator

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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>15 Calendar Day/s</u>
Date of Delivery: _____	Payment Term : <u>ON ACCOUNT</u>

Item No.	Quantity/Unit	Description	Unit Cost	Amount
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ALLOWABLE PRICE RANGE.

NOTE:

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

- *KAPALONG ZONE- P3,499,122.99
- *CARMEN ZONE- P3,499,122.99
- *IGACOS ZONE- P3,499,122.99
- 15 CAL. DAYS

The award is based on Abstract No. 0220210459
 dated February 11, 2021 under Bid No. B20210028
 opened on February 09, 2021

FOR THE CONSUMPTION OF THREE DISTRICT HOSPITALS	SUB TOTAL :P
	GRAND TOTAL :P 6,143,251.50

Grand Total Amount in Words : **SIX MILLION ONE HUNDRED FORTY THREE THOUSAND TWO HUNDRED FIFTY ONE and 50/100**

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: _____ Very truly yours,
 (Signature over printed name) **EDWIN I. JUBAHIB**
 Governor

By the Authority of the Governor:
ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
 Provincial Administrator

 (Date)

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.