

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

FEB 02 2021

Supplier : <u>PHIL. PHARMAWEALTH, INC.</u>  PhilGEPS Registration No. : <u>2001-1852</u> Address : _____  Tel / Fax #: <u>082-225-1827</u> Registration Certificate : <u>DTI</u>	P.O. No. : <u>2021020288</u>  Date : <u>February 02, 2021</u>  Mode of Procurement : <u>Shopping</u>  P.R. No. : <u>21010079</u>
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Req. Off.: PEEDO - DN HOSPITAL - SAMAL ZONE

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

Place of Delivery <u>DAVAO del NORTE HOSPITAL, IGACOS ZONE</u> Date of Delivery: _____ Payment Term : <u>ON ACCOUNT</u>	Delivery Term: <u>10Calendar Day/s</u>
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Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	50 amp	Diazepam 5mg/2ml 50's/box	90.50	4,525.00
2	10 vials	Ketamine 500mg/10ml 1's/box	1,545.00	15,450.00
3	100 amp	Midazolam 5mg/ml amp 10's/box	155.00	15,500.00
4	100 amp	Nalbuphine 10mg/ml 1ml 10's/box	77.25	7,725.00
5	50 amp	Fentanyl 50mcg/ml amp 10's/box	160.00	8,000.00

Note :  
 \* The Requisitioning Office will be the one to filled-up the Local Forms of PDEA.  
 \* The Winning supplier who will the to submit the PDEA Local Forms and process the approval to the PDEA.  
 \* The winning supplier must have S4 License .

The award is based on Abstract No. 0120210268  
 dated January 30, 2021 under Quotation No. C20210120  
 opened on January 28, 2021

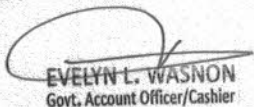

For the used of Davao Del Norte Hospital, IGaCos Zone	GRAND TOTAL : P <span style="float:right">51,200.00</span>
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Grand Total Amount in Words : **FIFTY ONE THOUSAND TWO HUNDRED and 0/100**

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: Very truly yours,

 <b>EVELYN L. WASNON</b> Govt. Account Officer/Cashier  _____ (Signature over printed name)  <b>FEB 19 2021</b> _____ (Date)	<b>EDWIN I. JUBAHIB</b> Governor  By the Authority of the Governor   <b>JOEFREY C. MIRAFUENTES, MPA</b> ADMIN/OFFICER V
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**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.