

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

## PURCHASE ORDER

Supplier : BIOGENMEDS PHARMA CENTERP.O. No. : 2021083601PhilGEPS Registration No. : 2012-02486531616947132Date : August 26, 2021Address : TAGUM CITYMode of Procurement : BiddingTel / Fax #: 09059533400P.R. No. : 21063286Registration Certificate : DTIReq. Off.: PEEDO - ADMIN.

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

Place of Delivery DAVNOR PHARMACYDelivery Term: 10 Calendar Day/sDate of Delivery: \_\_\_\_\_ Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	1,000 TABS	ACETYLCYSTEINE 600MG EFFERVESCENT - DEXTEIN	35.00	35,000.00
2	500 VIALS	AMIKACIN 125MG/ML, 2ML - AMKARIGHT	80.00	40,000.00
3	3,000 TABS	AMLODIPINE 10MG - AMLOTHIX	3.50	10,500.00
4	144 BOTTLS	AMOXICILLIN 250MG/5ML, 60ML SUSP - VAROLOX	23.00	3,312.00
5	2,000 CAPS	AMOXICILLIN 500MG - AMBIMOX	3.00	6,000.00
6	950 VIALS	AMPICILLIN + SULBACTAM 750MG - SACRIVA	55.00	52,250.00
7	1,500 VIALS	AMPICILLIN + SULBACTAM 1.5G - SACRIVA	140.00	210,000.00
8	1,000 VIALS	AMPICILLIN 250MG - LIFERZIN	21.00	21,000.00
9	1,000 VIALS	AMPICILLIN 500MG - AMBILIN	22.00	22,000.00
10	1,000 VIALS	AMPICILLIN 1G - AMBILIN	23.50	23,500.00
11	300 AMPS	ATROPINE SULFATE 1MG/ML, 1ML - ATRO	35.00	10,500.00
12	200 VIALS	ATRACURIUM BESILATE 10MG/ML, 2.5ML - TYPHERCLOR	185.00	37,000.00

FOR THE CONSUMPTION OF THE THREE (3) DISTRICT HOSPITAL

SUB TOTAL : P 471,062.00

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:

Very truly yours,

Melissa F. Pong  
 (Signature over printed name)

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

Josie R. Rabanoz  
 ENGR. JOSIE R. RABANOZ, MPA, EnP  
 Provincial Administrator

Oct 15, 2021  
 (Date)

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

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

**PURCHASE ORDER**

Supplier : <u>BIOGENMEDS PHARMA CENTER</u>	P.O. No. : <u>2021083601</u>
PhilGEPS Registration No. : <u>2012-02486531616947132</u>	Date : <u>August 26, 2021</u>
Address : <u>TAGUM CITY</u>	Mode of Procurement : <u>Bidding</u>
Tel / Fax #: <u>09059533400</u>	P.R. No. : <u>21063286</u>
Registration Certificate : <u>DTI</u>	

Req. Off.: PEEDO - ADMIN.

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

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

Item No.	Quantity/Unit	Description	Unit Cost	Amount
13	200 BOTTS	AZITHROMYCIN 200MG/5ML, 15ML SUSP - ATHRODIM	148.00	29,600.00
14	15 AMPS	AMIODARONE HCl 50MG/ML, 3ML - TRIODONE	420.00	6,300.00
15	30 TABS	AMIODARONE 200MG - TRIODONE	12.00	360.00
16	200 SUPP	BISACODYL 10MG - MYDOXY	65.00	13,000.00
17	1,377 NEBS	BUDESONIDE 250MCG/ML, 2ML - BUDESON	55.00	75,735.00
18	380 AMPS	BUPIVACAINE HCl 0.5%, 4ML W/ 8% DEXTROSE (HEAVY) - BUVA-HEAVY	430.00	163,400.00
19	360 AMPS	BUPIVACAINE HCl 0.5%, 10ML (ISOBARIC) - BUVA-HEAVY	250.00	90,000.00
20	500 TABS	BUTAMIRATE CITRATE 50MG - MEFECON	12.00	6,000.00
21	100 AMPS	CARBOPROST 125MCG/0.5ML SOLUTION - CYPROCT	290.00	29,000.00
22	5,500 CAPS	CEFALEXIN 500MG - ZEFALOX	4.50	24,750.00
23	500 CAPS	CEFEXIME 400MG - SAPHIXIME	47.00	23,500.00

FOR THE CONSUMPTION OF THE THREE (3) DISTRICT HOSPITAL

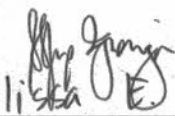
SUB TOTAL : P 461,645.00

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:

  
Meliska E. Ipong  
 (Signature over printed name)

Oct 15, 2021  
 (Date)

Very truly yours,

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

  
 ENGR. JOSIE JUAN R. RANAÑO, MPA, EnP  
 Provincial Administrator

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Tel / Fax #: <u>09059533400</u>	P.R. No. : <u>21063286</u>
Registration Certificate : <u>DTI</u>	

Req. Off.: PEEDO - ADMIN.

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

Item No.	Quantity/Unit	Description	Unit Cost	Amount
24	1,000 TABS	CETIRIZINE 10MG - CETICIT	3.00	3,000.00
25	144 BOTTLS	CETIRIZINE 10MG/ML, 10ML DROPS - CETICIT	95.00	13,680.00
26	200 VIALS	CALCIUM GLUCONATE 10%, 10ML - SAPHNATE	40.00	8,000.00
27	4,400 TABS	CEFUROXIME 500MG - AEROX	35.00	154,000.00
28	3,000 CAPS	CELECOXIB 200MG - EMICOX	3.60	10,800.00
29	1,000 TABS	CLONIDINE 75MCG - CLOCLIN	20.00	20,000.00
30	3,000 CAPS	CLINDAMYCIN 300MG - CLIN-GEN	8.50	25,500.00
31	3,000 AMPS	CLINDAMYCIN 150MG/ML, 4ML - CLIN-GEN	198.00	594,000.00
32	2,600 TABS	CO-AMOXICLAV 625MG - CLOVIMED	24.50	63,700.00
33	50 BOTTLS	CO-AMOXICLAV 457MG/5ML, 70ML SUSP - RANICLAV	230.00	11,500.00
34	50 BOTTLS	CO-AMOXICLAV 228.5MG/5ML, 70ML SUSP - RANICLAV	205.00	10,250.00
35	50 BOTTLS	COTRIMOXAZOLE 200MG + 40MG/5ML, 70ML SUSP - KATROX	19.00	950.00

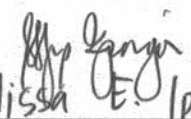
FOR THE CONSUMPTION OF THE THREE (3) DISTRICT HOSPITAL	SUB TOTAL : P	915,380.00
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Grand Total Amount in Words :

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Conforme:

  
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Address : TAGUM CITY

Mode of Procurement : Bidding

Tel / Fax #: 09059533400

Registration Certificate : DTI

P.R. No. : 21063286

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: 10 Calendar Day/s

Date of Delivery: \_\_\_\_\_ Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
36	50 BOTTLS	COTRIMOXAZOLE 400MG + 80MG/5ML, 60ML SUSP - KATROX	40.00	2,000.00
37	1,000 TABS	CLOPIDOGREL 75MG - CLOGREL	5.50	5,500.00
38	1,000 CAPS	CLOXACILLIN 500MG - PHILCLOX	8.00	8,000.00
39	2,000 AMPS	DEXAMETHASONE 4MG/ML, 2ML - DEXAM	47.00	94,000.00
40	1,000 AMPS	DIPHENHYDRAMINE 50MG/ML, 1ML - DIPHEN	47.00	47,000.00
41	50 AMPS	DOBUTAMINE 50MG/ML, 5ML - STANINE	250.00	12,500.00
42	50 AMPS	DOPAMINE HCl 40MG/ML, 5ML - DOPNAX	85.00	4,250.00
43	100 BOTTLS	DOMPERIDONE 1MG/ML, 60ML SUSP - DOMPER	108.00	10,800.00
44	500 AMPS	EPINEPHRINE 1MG/ML, 1ML - EPANER	40.00	20,000.00
45	3,000 AMPS	FUROSEMIDE 10MG/ML, 2ML - FUREXIDE	12.00	36,000.00
46	3,000 AMPS	GENTAMICIN 40MG/ML, 2ML - GENTAM	14.00	42,000.00
47	200 AMPS	GLUCOSE (DEXTROSE) 50%, 50ML - GLUSE	62.00	12,400.00
48	1,000 AMPS	HYDRALAZINE 20MG/ML, 1ML - ZACZIN	164.00	164,000.00
49	300 TABS	HYOSCINE-N-BUTYLBROMIDE 10MG - HYOPAN	5.50	1,650.00

FOR THE CONSUMPTION OF THE THREE (3) DISTRICT HOSPITAL

SUB TOTAL : P 460,100.00

Grand Total Amount in Words :

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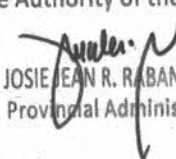
Conforme:

Very truly yours,

  
Melissa E. Pong  
 (Signature over printed name)

By the Authority of the Governor:

EDWIN I. JUBAHIB  
 Governor

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

Oct 15, 2021  
 (Date)

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

Item No.	Quantity/Unit	Description	Unit Cost	Amount
50	500 TABS	ISOXSUPRINE HCl 10MG - ISOXE	12.00	6,000.00
51	500 TABS	ISOXSUPRINE HCl 5MG/ML, 2ML - ISOXE	180.00	90,000.00
52	500 VIALS	IMMUNOGLOBULIN, TETANUS (HUMAN) 250IU/ML, 1ML - TETAN	898.00	449,000.00
53	10 VIALS	INSULIN, REGULAR 100IU/ML, 10ML - HUMULIN	350.00	3,500.00
54	10 VIALS	INSULIN, BIPHASIC ISOPHANE HUMAN 70/30 100IU/ML, 10ML - HUMULIN	420.00	4,200.00
55	5 BOTTS	ISOFLURANE 100ML - ISOFE	2,500.00	12,500.00
56	240 BOTTS	IV FLUIDS, 5% DEXTROSE IN WATER 500ML - EURED	78.00	18,720.00
57	1,000 AMPS	KETOROLAC 30MG/ML, 1ML - KETOROBAS	39.00	39,000.00
58	3,000 TABS	LOSARTAN 50MG - LOZAR	2.80	8,400.00
59	50 BOTTS	LACTULOSE 3.35G/5ML, 120ML SYRUP - LYLAC	230.00	11,500.00
60	50 BOTTS	MANNITOL 20%, 500ML - EUROMED	148.00	7,400.00
61	50 BOTTS	MEBENDAZOLE 100MG/5ML, 60ML SYRUP - MEBEN	24.00	1,200.00

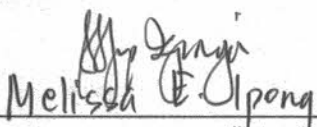
FOR THE CONSUMPTION OF THE THREE (3) DISTRICT HOSPITAL	SUB TOTAL : P 651,420.00
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Grand Total Amount in Words :

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Conforme:

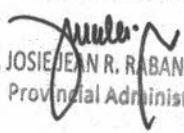
  
 \_\_\_\_\_  
 (Signature over printed name)

Oct 15, 2021  
 \_\_\_\_\_  
 (Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB  
 Governor

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

Item No.	Quantity/Unit	Description	Unit Cost	Amount
62	5,000 CAPS	MEFENAMIC ACID 500MG - NEGYXAN	2.00	10,000.00
63	500 TABS	METFORMIN 500MG - FORME	1.80	900.00
64	1,000 TABS	METHYLERGOMETRINE MALEATE 200MCG/ML, 1ML - ERGOMET	35.00	35,000.00
65	300 TABS	METHYLDOPA 250MG - DOPATHYL	9.00	2,700.00
66	2,000 AMPS	METOCLOPRAMIDE 5MG/ML, 2ML - METO	11.50	23,000.00
67	200 TABS	METOCLOPRAMIDE 10MG - METO	2.50	500.00
68	2,000 TABS	METRONIDAZOLE 500MG - FLAGEX	4.50	9,000.00
69	360 TUBES	MUPIROCIN 2% OINTMENT, 5G - MUPIR	147.00	52,920.00
70	540 AMPS	NOREPINEPHRINE 1MG/ML, 4ML - IRONAIID	430.00	232,200.00
71	500 AMPS	NICARDIPINE 1MG/ML, 10ML - HARFURIN	150.00	75,000.00
72	1,800 CAPS	OMEPRAZOLE 20MG - RANZOLE	2.40	4,320.00
73	1,000 CAPS	OMEPRAZOLE 40MG - RANZOLE	9.50	9,500.00
74	2,000 VIALS	OMEPRAZOLE 40MG + 10ML DILUENT - ZOLFIZEE	60.00	120,000.00

FOR THE CONSUMPTION OF THE THREE (3) DISTRICT HOSPITAL

SUB TOTAL : P 575,040.00

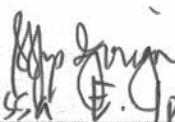
Grand Total Amount in Words :

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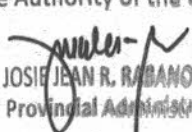
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Conforme:

Very truly yours,

  
Melisa E. Pong  
 (Signature over printed name)

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

  
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 Provincial Administrator

Oct 15 2021   
 (Date)

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

Item No.	Quantity/Unit	Description	Unit Cost	Amount
75	3,500 TABS	PARACETAMOL 500MG - PARASAPH	1.50	5,250.00
76	3,000 AMPS	PARACETAMOL 150MG/ML, 2ML - AMCETRAN	9.50	28,500.00
77	500 AMPS	PHYTOMENADIONE 10MG/ML, 1ML - DEVTRAN	39.00	19,500.00
78	300 TABS	POTASSIUM CITRATE 10mEq - K-LYTE	12.00	3,600.00
79	300 TABS	POTASSIUM CHLORIDE 600MG - K-LYTE	8.00	2,400.00
80	1,000 AMPS	POTASSIUM CHLORIDE 2mEq/ML, 20ML - K-LYTE	45.00	45,000.00
81	200 VIALS	PROPOFOL 10MG/ML, 20ML - PROFOZEL	195.00	39,000.00
82	3,000 AMPS	RANITIDINE 25MG/ML, 2ML - RANITEIN	11.50	34,500.00
83	2,000 AMPS	SERUM, ANTI-TETANUS (ATS) 1,500IU/ML, 1ML - SHARIVAX	75.00	150,000.00
84	5 BOTTLS	SEVOFLURANE 250ML - SEVOJ	5,100.00	25,500.00
85	200 AMPS	SODIUM BICARBONATE 1mEq/ML, 20ML - VENWELT	85.00	17,000.00
86	50 VIALS	SUXAMETHONIUM (SUCCINYLMCHOLINE) HCI 20MG/ML, 10ML - SUXAM	300.00	15,000.00

FOR THE CONSUMPTION OF THE THREE (3) DISTRICT HOSPITAL

SUB TOTAL : P 385,250.00

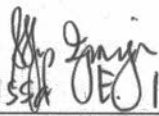
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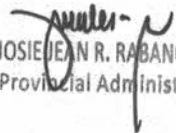
Conforme:

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Melissa O. Ipoy  
 (Signature over printed name)

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

Place of Delivery <u>DAVNOR PHARMACY</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
87	2,000 TABS	SODIUM BICARBONATE 650MG - VONWELT	1.00	2,000.00
88	600 TABS	SIMVASTATIN 20MG - ZIMVAST	3.00	1,800.00
89	600 TABS	SIMVASTATIN 40MG - ZIMVAST	6.50	3,900.00
90	2,000 AMPS	TRAMADOL 50MG/ML, 2ML - AMBIDOL	16.00	32,000.00
91	3,300 AMPS	TRANEXAMIC ACID 100MG/ML, 5ML - HEMOBAS	54.00	178,200.00
92	500 AMPS	VACCINE, TETANUS TOXOID 0.5ML - SITIMAX	65.00	32,500.00
93	2,000 TABS	VITAMIN B1 B6 B12 100MG+5MG+50MCG - AMCOVIT	3.00	6,000.00
94	144 BOTTLS	ZINC SULFATE 27.5MG/ML, 15ML DROPS - ENERZINC	79.00	11,376.00

NOTE:

1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
2. NO PARTIAL DELIVERIES.
3. WINNING SUPPLIER MUST PROVIDE A CERTIFICATE OF

FOR THE CONSUMPTION OF THE THREE (3) DISTRICT HOSPITAL	SUB TOTAL :P 267,776.00
	GRAND TOTAL :P 4,187,673.00

Grand Total Amount in Words : **FOUR MILLION ONE HUNDRED EIGHTY SEVEN THOUSAND SIX HUNDRED SEVENTY THREE 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.

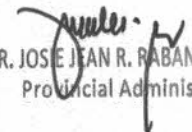
Conforme:

  
Melissa Ipong  
 (Signature over printed name)

Oct 15, 2021  
 (Date)

Very truly yours,

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

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

**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  
**PURCHASE ORDER**

Supplier : <u>BIOGENMEDS PHARMA CENTER</u>	P.O. No. : <u>2021083601</u>
PhilGEPS Registration No. : <u>2012-02486531616947132</u>	Date : <u>August 26, 2021</u>
Address : <u>TAGUM CITY</u>	Mode of Procurement : <u>Bidding</u>
Tel / Fax #: <u>09059533400</u>	P.R. No. : <u>21063286</u>
Registration Certificate : <u>DTI</u>	
Req. Off.: <u>PEEDO - ADMIN.</u>	

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

Place of Delivery <u>DAVNOR PHARMACY</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
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*PRODUCT REGISTRATION (CPR) OF THE ITEM UPON DELIVERY.*

*4. TOTAL LOT AWARDING.*

*5. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.*

*6. THE SUPPLIER SHOULD 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.*

*\*KAPALONG - P3,120,786.42*

*\*CARMEN - P3,120,786.42*

*\*IGACOS - P3,120,786.42*

*10 CAL. DAYS*

The award is based on Abstract No. 0820213372

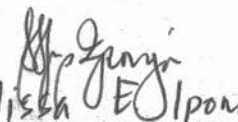
<b>FOR THE CONSUMPTION OF THE THREE (3) DISTRICT HOSPITAL</b>	SUB TOTAL : P
	GRAND TOTAL : P <span style="float: right;">4,187,673.00</span>

Grand Total Amount in Words : **FOUR MILLION ONE HUNDRED EIGHTY SEVEN THOUSAND SIX HUNDRED SEVENTY THREE 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:

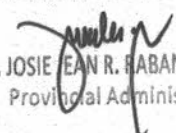
  
Melissa E. Olpon  
 (Signature over printed name)

Oct 15, 2021  
 (Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB  
 Governor

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

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