

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

PURCHASE ORDER

Supplier : <u>SHEVA MARKETING</u>	P.O. No. : <u>2021104273</u>
PhilGEPS Registration No. : <u>2011-0440421424000294</u>	Date : <u>October 14, 2021</u>
Address :	Mode of Procurement : <u>Bidding</u>
Tel / Fax #: <u>094435481</u>	P.R. No. : <u>21073977</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>10Calendar Day/s</u>
Date of Delivery: _____ Payment Term : <u>ON ACCOUNT</u>	

Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	20 BXS	AMLODIPINE 5MG TAB 100'S	100.00	2,000.00
2	20 BXS	AMLODIPINE 10MG TAB 100'S	100.00	2,000.00
3	30 BXS	LOSARTAN 50MG TAB 100'S	550.00	16,500.00
4	10 BXS	AMBROXOL 30MG TAB 100'S	58.00	580.00
5	20 BXS	CO-AMOXICLAV 625MG TAB 14'S	350.00	7,000.00
6	144 BOT	CETIRIZINE 5MG SYRUP 60ML	240.00	34,560.00
7	20 BXS	CARBOCISTINE 500MG CAPS 100'S	91.35	1,827.00
8	10 BXS	AMBROXOL 15MG SYRUP 60ML	14.50	145.00
9	30 BXS	ERCE FLORA	551.00	16,530.00
10	144 BXS	PHENYLPROPANOLAMINE 12.5MG SYRUP	13.70	1,972.80
11	10 BXS	PHENYLPROPANOLAMINE TAB 100'S	116.00	1,160.00
12	50 BXS	PARACETAMOL 500MG TAB 100'S	240.00	12,000.00
13	144 BOT	CETIRIZINE DROPS	120.00	17,280.00
14	144 BOT	MULTIVITAMINS DROPS	30.00	4,320.00
15	20 BXS	CEFUROXIME 500MG TAB 10'S	20.00	400.00

FOR USE OF COMPREHENSIVE OUTREACHES AND CLIENTS WITH UNMEET NEEDS

SUB TOTAL : P 118,274.80

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:

E. Lontoc

Very truly yours,

E. Lontoc

EDWIN I. JUBAHIB

(Signature over printed name)

By the Authority of the Governor Governor

11-14-21

(Date)

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

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
16	144 BOT	SALBUTAMOL + GUIAFENESIN SYRUP	15.25	2,196.00
17	10 BXS	SALBUTAMOL+ GUIAFENESIN CAP 100'S	113.10	1,131.00
18	144 BOT	LAGUNDI SYRUP	44.95	6,472.80
19	10 BXS	LAGUNDI 300MG TAB 100'S	129.05	1,290.50
20	10 BXS	SIMVASTATIN 20MG 100'S	91.35	913.50
21	15 BXS	OMEPRAZOLE 20MG TAB 100'S	110.20	1,653.00
22	288 BOT	MULTIVITAMINS SYRUP 120ML	21.75	6,264.00
23	144 BOT	ASCORBIC ACID 100MG SYRUP 120ML	21.75	3,132.00
24	20 BXS	VITAMIN B COMPLEX (250+250+1000MG CAP 100'S)	380.00	7,600.00
25	30 BXS	MULTIVITAMINS + IRON CAP 100'S	101.50	3,045.00
26	15 BXS	MEFENAMIC ACID 500MG CAP 100'S	84.85	1,272.75
27	10 BXS	MEFENAMIC ACID 250MG CAP 100'S	81.20	812.00
28	144 BOT	PHENYLPROPANOLAMINE DROPS	14.15	2,037.60
29	144 BOT	AMBROXOL DROPS	12.35	1,778.40

FOR USE OF COMPREHENSIVE OUTREACHES AND CLIENTS WITH UNMEET NEEDS

SUB TOTAL : P 39,598.55

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.

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Conforme:

E. Lontoe
Etan Mark Lontoe

(Signature over printed name)

11-24-21

(Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

[Signature]
GALE GUADALUPE G. MORTILERO, MSLRG, MHRM
Assistant Provincial Administrator (Administration)

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
30	144 BOT	CARBOCISTINE 250MG SYRUP	19.95	2,872.80
31	144 BOT	CETIRIZINE 5MG SYRUP	24.50	3,528.00
32	10 BXS	CARBOCISTINE 500MG CAP 100'S	91.35	913.50
33	15 BXS	CETIRIZINE 10MG TAB 100'S	40.60	609.00
34	10 BXS	HYOSCINE 10MG	377.00	3,770.00
35	18 BXS	ASCORBIC ACID 500MG TAB 100'S	69.60	1,252.80
36	10 BXS	IBUPROFEN 400MG TAB 100'S	85.55	855.50
37	10 BXS	ALUMINUM MAGNESIUM 200MG TAB 100'S	60.90	609.00
38	15 BXS	ORS 20.5G SACHET	79.75	1,196.25
39	10 BXS	METFORMIN 500MG TAB 100'S	235.60	2,356.00
40	5 BXS	BETAHISTINE 24MG TAB 100'S	2,088.00	10,440.00
41	10 BXS	CEFALEXIN 250MG CAP 100'S	216.05	2,160.50
42	20 BXS	CEFALEXIN 500MG CAP 100'S	620.00	12,400.00
43	288 BOT	PARACETAMOL 250MG SYRUP	15.95	4,593.60
44	144 BOT	CEFUROXIME 250MG SUSP.	123.25	17,748.00

FOR USE OF COMPREHENSIVE OUTREACHES AND CLIENTS WITH UNMEET NEEDS

SUB TOTAL : P 65,304.95

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,

E. Lantao
Clenn Mark Lantao

 (Signature over printed name)

By the Authority of the Governor:

EDWIN I. JUBAHIB
 Governor

11-24-21

 (Date)

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

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
45	144 BOT	CEFALEXIN 250ML SUSP. 60ML	27.70	3,988.80
46	10 BXS	COTRIMOXAZOLE 800MG TAB 100'S	300.00	3,000.00
47	50 BOT	CO-AMOXICLAV 375 MG SUSP.	30.00	1,500.00
48	50 BOT	CO-AMOXICLAV 457 MG SUSP.	290.75	14,537.50
49	10 BXS	ATORVASTATIN 80MG TAB 100'S	616.25	6,162.50
50	144 BOT	SALBUTAMOL 2MG SYRUP 60ML	16.00	2,304.00
51	10 BXS	AZITHROMYCIN 500MG TAB 3'S	50.75	507.50
52	10 BXS	CELECOXIB 200MG TAB 100'S	208.75	2,087.50
53	145 BOT	AMOXICILLIN 100MG DROPS	13.50	1,957.50
54	144 BOT	AMOXICILLIN 250MG SYRUP	55.25	7,956.00
55	144 BOT	CEFALEXIN DROPS 100MG	17.20	2,476.80
56	5 BXS	COTRIMOXAZOLE 400MG TAB 100'S	100.00	500.00

-ALL BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS

-ALL BIDDERS ARE REQUIRED TO ATTACH CPR

-TO BE DELIVERED 10 CALENDAR DAYS UPON RECEIPT OF P.O

FOR USE OF COMPREHENSIVE OUTREACHES AND CLIENTS WITH UNMEET NEEDS	SUB TOTAL : P 46,978.10
	GRAND TOTAL : P 270,156.40

Grand Total Amount in Words : **TWO HUNDRED SEVENTY THOUSAND ONE HUNDRED FIFTY SIX and 40/100**

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:

E. Lontoc
Etan Mark Lontoc

(Signature over printed name)

11-24-21

(Date)

Very truly yours,

By the Authority of the Governor:

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

EDWIN I. JUBAHIB
 Governor

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Conforme:

G. Mortillero
Edwin Mark Mortillero

(Signature over printed name)

11-24-21

(Date)

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
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-NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR
 EXTENTION BE GRANTED
 - TO BE AWARDED IN LOT PRICE BASIS
 -ALL MULTIVITAMINS CAP.& SYRUP WITH NO APPROVED
 THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED
 -WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE
 PAYMENT FOR BFAD SAMPLING
 -ALL DELIVERED SUPPLIES MUST BE AT LEAST 1 YEAR OR
 MORE PRIOR TO ITS EXPIRY DATE

The award is based on Abstract No. 0920213672
 dated September 03, 2021 under Bid No. B20210422
 opened on September 02, 2021

FOR USE OF COMPREHENSIVE OUTREACHES AND CLIENTS WITH UNMEET NEEDS	SUB TOTAL :P GRAND TOTAL :P 270,156.40
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