

PURCHASE ORDER

Supplier : **EAH MEDICINE & MEDICAL SUPPLIES MARKETING**

P.O. Number: **2021120874**

Address : **IGACOS DAVAO DEL NORTE**



202110128588702

PhilGEPS Registration No. : **201903484741152413562**

Tel./Fax No. : **082-3927098**

Registration Certificate : **DTI**

Date : **Dec 06, 2021**

Mode of Procurement : **Shopping**

P.R. No. : **2021101285**

Req. Office : **Provincial Health Office**

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

Date of Delivery : 1-3-22 Payment Term : **ON ACCOUNT**

Place of Delivery : **PGSO Warehouse**

Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	180.00 BOX	AZITHROMYCIN 500MG TAB 3'S AMBIMAX	228.00	41,040.00
2	30.00 BOX	COTRIMOXAZOLE 800MG TAB 100'S KATHREX	198.00	5,940.00
3	30.00 BOX	MULTIVITAMINS + IRON CAP 100'S HANIZYN	240.00	7,200.00
4	55.00 BOX	SODIUM ASCORBATE CAP 100'S CEVITA	450.00	24,750.00
5	70.00 TUBE	BETAMETHASONE OINTMENT 15G BETNOCHEM 5G	60.00	4,200.00
6	70.00 TUBE	METAMETHASONE OINTMENT 5G	150.00	10,500.00
7	70.00 TUBE	MUPIROCIN OINTMENT 15G MUROPHAR	112.00	7,840.00
8	70.00 TUBE	SULFUR OINTMENT IPI	200.00	14,000.00

Sub-Total : 123,870.00

FOR USE OF TB AND LEPROSY AND STI,HIV AND AIDS CLIENTS FOR PREVENTION AND CONTROL

GRAND TOTAL : **₱ 170,630.00**

Grand Total Amount in Words : **ONE HUNDRED SEVENTY THOUSAND SIX HUNDRED THIRTY AND XX / 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 :

(Signature)

(Signature over printed name)

Very truly yours,

(Date)

(Signature)

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

EDWIN I. JUBAHIB
Governor


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.

ALEJANDRO R. OMILA JR.



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

PURCHASE ORDER

Supplier : EAH MEDICINE & MEDICAL SUPPLIES MARKETING Address : IGACOS DAVAO DEL NORTE PhilGEPS Registration No. : 201903484741152413562 Tel./Fax No. : 082-3927098 Registration Certificate : DTI	P.O. Number: 2021120874  202110128588702 Date : Dec 06, 2021 Mode of Procurement : Shopping P.R. No. : 2021101285
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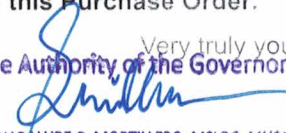
I.N.	Quantity/Unit	Item	Unit Cost	Amount
9	70.00 BOT	SULFUR SHAMPOO(SCALPEX-KETOCONAZOLE) NIZORAL	120.00	8,400.00
10	45.00 CAN	PETROLEUM JELLY 25G RHEA	70.00	3,150.00
11	45.00 BOX	ASCORBIC ACID 500MG TAB 100'S CEVIT	150.00	6,750.00
12	50.00 BOX	VITAMIN B COMPLEX CAP 100'S AMCOVIT	150.00	7,500.00
13	40.00 BOT	ASCORBIC ACID SYRUP 120ML MYRIVIT C	30.00	1,200.00
14	20.00 BOX	VITAMIN E-400 DELLA-E	200.00	4,000.00
15	144.00 BOTS	MULTIVITAMINS + MINERALS 120ML DLI	40.00	5,760.00
16	40.00 BOX	MULTIVITAMINS + MINERALS CAP 100'S ORICH PLUS	460.00	18,400.00
Sub-Total :				55,160.00

FOR USE OF TB AND LEPROSY AND STI,HIV AND AIDS CLIENTS FOR PREVENTION AND CONTROL	GRAND TOTAL : P 170,630.00
Grand Total Amount in Words : ONE HUNDRED SEVENTY THOUSAND SIX HUNDRED THIRTY AND XX / 100	

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Conforme : Emmanuel Guzman (Signature over printed name) 12/16/21 (Date)

Very truly yours,

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

EDWIN I. JUBAHIB
 Governor

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JAMAICALYN APRIL D. PASCUAL



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Remarks :

- ALL BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS
- TO BE DELIVERED 10 CALENDAR DAYS UPON RECEIPT OF P.O
- NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR EXTENTION BE GRANTED
- TO BE AWARDED IN LOT PRICE BASIS
- ALL MULTIVITAMINS WITH NO APPROVED THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED
- ALL DELIVERED MEDICINES MUST BE AT LEAST 1 YEAR OR MORE PRIOR TO ITS EXPIRY DATE

The award is based on Abstract No. **1120210960** dated **December 01, 2021** under Quotation No. **20218081C** opened on **November 18, 2021**

Sub-Total : 0.00

FOR USE OF TB AND LEPROSY AND STI,HIV AND AIDS CLIENTS FOR PREVENTION AND CONTROL

GRAND TOTAL : **₱ 170,630.00**

Grand Total Amount in Words : **ONE HUNDRED SEVENTY THOUSAND SIX HUNDRED THIRTY AND XX / 100**

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Conforme :

Very truly yours,
By the Authority of the Governor:
[Signature]
GALE GUADALUPE G. MORTILLERO, MSLRG, MHRM
Assistant Provincial Administrator (Administration)

EDWIN I. JUBAHIB
Governor

(Signature over printed name)

12/16/21
(Date)

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ALEJANDRO R. OMILA JR.