



PURCHASE ORDER

Supplier : EURO-MED LABORATORIES PHIL. INC.

P.O. Number: 2023051533

Address : DAVAO CITY



O20230515333F2C34029

PhilGEPS Registration No. : 200204132171978682522

Tel./Fax No. : 09997101225

Registration Certificate : SEC

Date : May 04, 2023

P.R. No. : 2023021137

Procurement mode: Competitive Bidding

Req. Office : PEEDO - DavNor Pharmacy

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

Date of Delivery : _____ Payment Term : ON ACCOUNT

Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs

Place of Delivery : DAVNOR PHARMACY

I.N.	Quantity/Unit	Item	Unit Cost	Amount
13	960.00 BOTT	MANNITOL 20%, 500ML SOL'N FOR INJECTION	95.00	91,200.00
14	27,600.00 NEB	SALBUTAMOL 1MG/ML, 2.5ML RESPIRATORY SOL'N	9.00	248,400.00
15	10,000.00 BOTT	STERILE WATER FOR INJECTION, 50ML	31.95	319,500.00
16	5,000.00 VIAL	POTASSIUM 2mEq/ML, 20ML SOL'N FOR INJECTION	28.00	140,000.00

- Remarks :
- ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY
 - ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
 - TOTAL LOT AWARDING.
 - DELIVERY TERM: END-USERS SHALL DETERMINE THE QUANTITY OF ITEMS TO BE DELIVERED, DEPENDING ON ACTUAL NEEDS.
 - MODE OF PAYMENT: QUARTERLY BASIS.
 - BIDDING FOR ONE (1) YEAR SUPPLY BUT DELIVERY SHALL BE ON QUARTERLY BASIS.
 - ISSUANCE OF SALES/CHARGE INVOICE AND PROCESSING OF PAYMENT IS ON A QUARTERLY BASIS BASED ON THE ACTUAL CONSUMPTION OR QUANTITY DELIVERED ON A PARTICULAR PERIOD.
 - THE ISSUANCE OF SALES/CHARGE INVOICE MUST BE EVERY 1ST WEEK OF THE SUCCEEDING MONTH.
 - WINNING SUPPLIER MUST PROVIDE A COPY OF CERTIFICATE OF PRODUCT (CPR) OF EACH ITEM UPON DELIVERY.
 - SUPPLIER MUST INFORM THE R.O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITALS MOOE UNDER DRUGS AND MEDICINES ACCOUNT:

*DDNH-KAPALONG ZONE - P4,927,846.40

*DDNH-IGACOS ZONE - P4,927,846.40

*DDNH-CARMEN ZONE - P4,927,846.40

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

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 :

ARTHUR AMALUE
(Signature over printed name)

07.27.2023
(Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

JOSIE JUAN R. RABANOZ, MPA, EnP
Provincial Administrator

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.



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P.O. Number: **2023051533**

Address : **DAVAO CITY**



O20230515333F2C34029

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The award is based on Abstract No. **0420231276** created on **April 23, 2023** and resolved on **May 04, 2023** under Quotation No. **B20231308** opened on **April 20, 2023**

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

Grand Total Amount in Words : **SEVEN MILLION NINE HUNDRED NINETY-NINE THOUSAND ONE HUNDRED AND XX / 100**

GRAND TOTAL : **₱ 7,999,100.00**

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Conforme :

ARTHUR AMARUE
(Signature over printed name)

07.27.2023
(Date)

Very truly yours,

By the Authority of the Governor

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

EDWIN I. JUBAHIB
Governor

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