




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

PURCHASE ORDER

Supplier : H2-MED ENTERPRISES Address : P1C ACOSTA COMPOUND APOKON TAGUM CITY PhilGEPS Registration No. : 171689 Tel./Fax No. : (084)216 4107 Registration Certificate : DTI	P.O. Number: 2023072628  O2023072628103F01644 Date : Jul 19, 2023 P.R. No. : 2023063594 Procurement mode: Shopping B (Regular Purchase)
Req. Office : Provincial Social Welfare and Development Office	

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

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: 20 Calendar Days
Place of Delivery : PSWDO		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	120.00 box	Losartan 50mg	136.50	16,380.00
2	120.00 box	Amlodipine 5mg	62.10	7,452.00
3	120.00 box	Metformin 500mg	73.45	8,814.00
4	140.00 box	Multivitamins + Iron	115.78	16,209.20
5	140.00 box	Vitamin B Complex	99.15	13,881.00

The award is based on Abstract No. **0720232331** created on **July 05, 2023** under Quotation No. **C20233101** opened on **June 29, 2023**

Procurement of Drugs and Medicines for use during Elderly Filipino Week Celebration on October 2023	
Grand Total Amount in Words : SIXTY-TWO THOUSAND SEVEN HUNDRED THIRTY-SIX AND 20 / 100	GRAND TOTAL : ₱ 62,736.20

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 over printed name)

Very truly yours,
 By the Authority of the Governor:

EDWIN I. JUBAHIB
 Governor

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

_____ (Date)

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.

GLOBERT M. GREGORIO