



PURCHASE ORDER

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

P.O. Number: **2022083491**

Address : **IGACOS DAVAO DEL NORTE**



02022083491BBB9CEBCA

PhilGEPS Registration No. : **201903484741796059715**

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

Registration Certificate : **DTI**

Date : **Jun 30, 2022**

P.R. No. : **2022043071**

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**

Place of Delivery : **DAVNOR PHARMACY**

Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	21,600.00 BOTT	IV FLUIDS, 0.9% SODIUM CHLORIDE 1L	65.00	1,404,000.00
2	5,700.00 POLYAMPSTERILE WATER FOR INJECTION 50ML		48.00	273,600.00

Remarks :

10 CAL. DAYS1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.

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

3. TOTAL LOT AWARDEE.

4. A COPY OF CERTIFICATE OF EXCLUSIVE DISTRIBUTORSHIP AND GOOD MANUFACTURING PRACTICE (GMP) MUST BE PROVIDED, FAILURE TO COMPLY WILL BE DISQUALIFIED AS A BIDDER.

5. DELIVERY TERM: END-USERS SHALL DETERMINE THE QUANTITY OF ITEMS TO BE DELIVERED, DEPENDING ON ACTUAL NEEDS.

6. MODE OF PAYMENT: QUARTERLY BASIS.

7. BIDDING FOR ONE (1) YEAR SUPPLY BUT DELIVERY SHALL BE ON QUARTERLY BASIS.

8. 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.

9. THE ISSUANCE OF SALES/CHARGE INVOICE MUST BE EVERY 1ST WEEK OF THE SUCCEEDING MONTH.

10. WINNING SUPPLIER MUST PROVIDE A COPY OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM

FOR THE CONSUMPTION OF THE THREE (3) DDN 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 :

(Signature over printed name)

Very truly yours,

EDWIN T. JUBAHIB
Governor

9/14/22
(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.

ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : EAH MEDICINE & MEDICAL SUPPLIES MARKETING

P.O. Number: 2022083491

Address : IGACOS DAVAO DEL NORTE



O2022083491BBB9CEBCA

PhilGEPS Registration No. : 201903484741796059715

Tel./Fax No. : 082-3927098

Registration Certificate : DTI

Date : Jun 30, 2022

P.R. No. : 2022043071

Procurement mode: Competitive Bidding

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Date of Delivery : _____ Payment Term : ON ACCOUNT

Place of Delivery : DAVNOR PHARMACY

Delivery Term: 10 Calendar Days

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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UPON DELIVERY.

11. 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:

*KAPALONG - P 1,071,500.00

*IGACOS - P 1,071,500.00

*CARMEN - P 1,071,500.00

The award is based on Abstract No. **0620222963** created on **June 14, 2022** and resolved on **June 30, 2022** under Quotation No. **20223224B** opened on **June 09, 2022**

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS

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

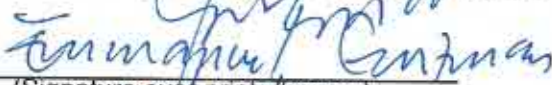
GRAND TOTAL :

₱ 1,677,600.00


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