



PURCHASE ORDER

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

P.O. Number: **2022083494**

Address : **IGACOS DAVAO DEL NORTE**



O2022083494758DC26E6

PhilGEPS Registration No. : **201903484741796059715**

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

Registration Certificate : **DTI**

Date : **Jul 07, 2022**

P.R. No. : **2022043070**

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: **10 Calendar Days**

Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	100.00 TAB	ALLOPURINOL 100MG	1.10	110.00
2	60.00 AMP	AMINOPHYLLINE 25MG/ML, 6ML	29.00	1,740.00
3	300.00 AMP	AMIODARONE HCl 50MG/ML, 3ML	320.00	96,000.00
4	200.00 CAP	AMOXICILLIN 250MG	1.50	300.00
5	50.00 BOTT	ASCORBIC ACID 100MG/5ML, 60ML SYRUP	30.00	1,500.00
6	300.00 TAB	ATORVASTATIN 20MG	9.00	2,700.00
7	300.00 TAB	ATORVASTATIN 40MG	15.00	4,500.00
8	300.00 TAB	ATORVASTATIN 80MG	20.00	6,000.00
9	100.00 TAB	BETAHISTINE 16MG	40.00	4,000.00
10	100.00 AMP	CALCIUM GLUCONATE 10% SOL'N 10ML	60.00	6,000.00
11	300.00 AMP	CARBOPROST 125MCG/0.5ML	270.00	81,000.00
12	500.00 VIAL	CEFAZOLIN 1G	255.00	127,500.00
13	100.00 VIAL	CEFOXITIN 1G	410.00	41,000.00
14	200.00 TAB	CHLORPHENAMINE 4MG	0.48	96.00
15	1,000.00 TAB	CIPROFLOXACIN 500MG	10.00	10,000.00
16	50.00 BOTT	CLARITHROMYCIN 125MG/5ML, 50ML SUSPENSION	196.00	9,800.00
17	200.00 TAB	COTRIMOXAZOLE 400MG + 80MG	1.00	200.00

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 I. 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.



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Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
18	200.00 TAB	ENALAPRIL 5MG	3.96	792.00
19	50.00 BOTT	FERROUS SULFATE 15MG/0.6ML, 15ML DROPS	23.00	1,150.00
20	10.00 UNIT	FLUTICASONE + SALMETEROL 250MCGX50MCGX60 DOSES DRY POWDER INHALER	380.00	3,800.00
21	600.00 TAB	GLICLAZIDE 80MG	3.60	2,160.00
22	200.00 TAB	HYDROCHLOROTHIAZIDE 25MG	3.00	600.00
23	20.00 BAG	HYDROXYETHYL STARCH 6%, 500ML	678.00	13,560.00
24	50.00 BOTT	IBUPROFEN 200MG/5ML, 60ML SYRUP	59.00	2,950.00
25	7,200.00 NEB	IPRATROPIUM + SALBUTAMOL 500MCG+2.5MGX2.5ML	22.66	163,152.00
26	20.00 VIALS	INSULIN, BIPHASIC ISOPHANE HUMAN 70/30 100IU/ML, 10ML	620.00	12,400.00
27	20.00 VIAL	INSULIN, REGULAR (RECOMBINANT DNA HUMAN) 100IU/ML, 10ML	460.00	9,200.00
28	200.00 TAB	METFORMIN 850MG	4.00	800.00
29	3,800.00 VIAL	METRONIDAZOLE 5MG/ML, 100ML	37.00	140,600.00
30	144.00 BOTT	METRONIDAZOLE 125MG/5ML, 60ML SUSPENSON	26.50	3,816.00
31	300.00 TAB	MONTELUKAST 10MG	10.33	3,099.00

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS

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Conforme :

Erin Manuel Guzman
(Signature over printed name)

Very truly yours,

Edwin T. Jubahib
EDWIN T. JUBAHIB
Governor

9/14/22
(Date)

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ALEJANDRO R. OMILA JR.



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Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
32	200.00 AMP	NICARDIPINE 1MG/ML, 2ML	240.00	48,000.00
33	200.00 CAP	NITROFURANTOIN 100MG	17.00	3,400.00
34	10.00 AMP	ONDASETRON 2MG/ML, 4ML	273.00	2,730.00
35	1,000.00 SACHET	ORAL REHYDRATION SALT 20.5G	3.76	3,760.00
36	144.00 SUPP	PARACETAMOL 250MG	25.00	3,600.00
37	200.00 TAB	PREDNISON 5MG	0.84	168.00
38	200.00 TAB	PREDNISON 10MG	1.50	300.00
39	20.00 BOTT	PREDNISON 10MG/5ML, 60ML SUSPENSION	82.00	1,640.00
40	10.00 AMP	ROPIVACAINE 10MG/ML, 10ML	440.00	4,400.00
41	20.00 BOTT	SALBUTAMOL 2MG/5ML, 60ML SYRUP	16.50	330.00
42	10.00 UNIT	SALBUTAMOL 100MCGX200 DOSES MDI	124.00	1,240.00
43	300.00 AMP	SODIUM BICARBONATE 1mEq/ML, 20ML	130.00	39,000.00
44	50.00 VIAL	SODIUM CHLORIDE 2.5mEq/ML, 20ML	51.00	2,550.00
45	100.00 AMP	TERBUTALINE 500MCG/ML, 1ML	96.00	9,600.00
46	100.00 BOTT	TOBRAMYCIN + DEXAMETHASONE 0.3%+0.1%, 5ML EYE DROPS (BRANDED)	180.00	18,000.00
47	50.00 BOTT	TOBRAMYCIN 5MG/ML, 5ML EYE DROPS (BRANDED)	200.00	10,000.00

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Conforme :


(Signature over printed name)

Very truly yours,


EDWIN I. JUBAHIB
Governor

9/14/22
(Date)

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ALEJANDRO R. OMILA JR.



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Registration Certificate : DTI

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Place of Delivery : DAVNOR PHARMACY

Delivery Term: 10 Calendar Days

I.N.	Quantity/Unit	Item	Unit Cost	Amount
48	150.00 AMP	VITAMIN B1 B6 B12 100MG+100MG+1MG, 3ML	50.00	7,500.00
49	200.00 TAB	ASPIRIN 100MG	1.06	212.00
50	20.00 BOTT	CHLORPHENAMINE 2.5MG/5ML, 60ML SYRUP	55.00	1,100.00
51	200.00 TAB	CIPROFLOXACIN 250MG	10.00	2,000.00
52	10.00 UNIT	FLUTICASONE + SALMETEROL 100MCGX50MCGX28 DOSES DRY POWDER INHALER	997.00	9,970.00
53	10.00 UNIT	FLUTICASONE + SALMETEROL 100MCGX50MCGX60 DOSES DRY POWDER INHALER	1,095.00	10,950.00
54	10.00 UNIT	FLUTICASONE + SALMETEROL 250MCGX50MCGX28 DOSES DRY POWDER INHALER	1,198.00	11,980.00
55	10.00 UNIT	FLUTICASONE + SALMETEROL 500MCGX50MCGX28 DOSES DRY POWDER NHALER	1,400.00	14,000.00
56	10.00 UNIT	FLUTICASONE + SALMETEROL 500MCGX50MCGX60 DOSES DRY POWDER INHALER	1,497.00	14,970.00
57	200.00 TAB	HYDROCHLOROTHIAZIDE 12.5MG	2.80	560.00
58	2,000.00 TAB	METHYLERGOMETRINE MALEATE 125MCG	6.50	13,000.00

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(Signature over printed name)

Very truly yours,

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
59	200.00 CAP	NITROFURANTOIN 50MG	13.50	2,700.00
60	200.00 TAB	PARACETAMOL 300MG	2.00	400.00
61	100.00 CAP	PREGABALIN 75MG	45.00	4,500.00
62	100.00 TAB	TRIMETAZIDINE 60MG	15.00	1,500.00

- Remarks :
- 10 CAL. DAYS1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
 2. NO PARTIAL DELIVERIES.
 3. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
 4. TOTAL LOT AWARDEE.
 5. WINNING SUPPLIER MUST PROVIDE A COPY OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM UPON DELIVERY.
 6. ITEMS NO. 49 UP TO 62 ARE NON DPRI.
 7. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE DDNH-IGACOS ZONE AND DDNH-CARMEN ZONE MOOE UNDER DRUGS AND MEDICINES ACCOUNT.

*IGACOS - P 467,153.73

*CARMEN - P 934,307.47

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Conforme :

[Signature]

(Signature over printed name)

Very truly yours,

[Signature]
EDWIN I. JUBAHIB
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The award is based on Abstract No. **0620223069** created on **June 20, 2022** and resolved on **July 07, 2022** under Quotation No. **20223394B** opened on **June 16, 2022**

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS

Grand Total Amount in Words : NINE HUNDRED NINETY-FOUR THOUSAND FIVE HUNDRED EIGHTY-FIVE AND XX / 100

GRAND TOTAL :

₱ 994,585.00

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Conforme :

Emmanuel C. Gutman
(Signature over printed name)

Very truly yours,

9/14/22
(Date)

Edwin I. Jubahib
Governor

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ALEJANDRO R. OMILA JR.