



PURCHASE ORDER

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

P.O. Number: **2024082484**

Address : **IGACOS DAVAO DEL NORTE**



O202408248420C5F940A

TIN: **254-115-843-000**
 PhilGEPS Registration No. : **201903484741084242891**
 Tel./Mobile/Fax No. : **09561675352**
 Registration Certificate : **DTI**

Date : **Aug 01, 2024**
 P.R. No. : **2024053105**
 Procurement mode: **Competitive Bidding**

Req. Office : **PEEDO - DDN Hospital (IGCS Zone)**

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** Partial delivery **NOT ALLOWED**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	73,752.00 Tablet	Isoniazid + Rifampicin + Pyrazinamide + Ethambutol 75 mg + 150 mg + 400 mg + 275 mg Tablet QUARLMAX	11.70	862,898.40
2	148,177.00 Tablet	Isoniazid + Rifampicin 75 mg + 150 mg DOUMAX	5.48	812,009.96

Remarks :

ADDITIONAL REQUIREMENTS:

1. ORIGINAL/CERTIFIED TRUE COPY OF A VALID AND CURRENT CERTIFICATE OF PRODUCT REGISTRATION (CPR) AND MUST CONFORM WITH THE ITEMS B'D THAT TO BE SUBMITTED UPON DELIVERY.
2. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT LICENSE TO OPERATE AS DRUG DISTRIBUTOR/WHOLEALER ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.

FAILURE TO SUBMIT ANY OF THE POST-QUALIFICATION REQUIREMENTS ON TIME, OR A FINDING AGAINST THE VERACITY THEREOF, SHALL DISQUALIFY THE BIDDER FOR AWARD.

TECHNICAL SPECIFICATIONS:

1. THE ITEM MUST CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT.
2. THE REQUISITIONING OFFICE HAVE A RIGHT TO DECLINED OR REJECT THE DELIVERED GOODS/ITEMS IF IT DOES NOT CONFORM TO THE SPECIFICATION STATED IN THE PURCHASE ORDER AND/OR THE ITEMS HAVE A RECORD OF VIOLATION OR COMPLAIN FROM THE END-USER.
3. THE ITEM MUST HAVE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
4. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULKD NOT BE LESS THAN TWO (2) YEARS FROM THE DATE OF DELIVERY. IN CASE THE SHELF-LIFE OF ITEMS TO BE OFFERED IS LESS THAN TWO (2) YEARS, A GUARANTEE

FOR MEDICATION OF DIAGNOSED TB PATIENTS

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)

 (Date)

Very truly yours,

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. OMILAJR.



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 Partial delivery **NOT ALLOWED**
 Place of Delivery: **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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LETTER SHALL BE SUBMITTED.
 5. GOODS WHICH ARE THREE (3) MONTHS NEAR THE EXPIRY PERIOD SHALL BE RETURNED TO THE SUPPLIER. THE SUPPLIER SHALL ALSO REPLACE THE RETURNED ITEMS/GOODS.
 6. THE SUPPLIER MUST HAVE A VALID AND CURRENT LICENSE TO OPERATE AS DRUG DISTRIBUTOR/WHOLESALE ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.

- TERMS AND CONDITIONS:
1. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
 2. TOTAL LOT AWARDING.
 3. BIDDERS MUST OFFERED ONLY ONE (1) BRAND OF EVERY ITEM IN THE BID DOCUMENT.
 4. PARTIAL DELIVERY ARE NOT ALLOWED.
 5. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM FIVE (5) DAYS BEFORE THE DELIVERY OF ITEMS.

ALL ITEMS TO BE CHARGED TO DAVAO DEL NORTE HOSPITAL - IGACOS ZONE MOOE UNDER DRUGS AND MEDICINES ACCOUNT.

The award is based on Abstract No. **0720242292** created on **July 26, 2024** and resolved on **August 01, 2024** under Quotation No. **B20243086** opened on **July 25, 2024**

FOR MEDICATION OF DIAGNOSED TB PATIENTS	
Grand Total Amount in Words: ONE MILLION SIX HUNDRED SEVENTY-FOUR THOUSAND NINE HUNDRED EIGHT AND 36 / 100	GRAND TOTAL: P 1,674,908.36

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: *Emmanuel A. Gutman*
 (Signature over printed name)
9/1/24
 (Date)

Very truly yours,

EDWAN JUBAHIB
 Governor

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ALEJANDRO R. OMILAJR.