

## PURCHASE ORDER

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

P.O. Number: 2022083542

Address: **IGACOS DAVAO DEL NORTE**



O2022083542A05AB1DE4

PhilGEPS Registration No.: **201903484741796059715**

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

Registration Certificate: **DTI**

Date: **Aug 04, 2022**

P.R. No.: **2022063871**

Procurement mode: **Competitive Bidding**

Req. Office: **Provincial Health Office**

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

Date of Delivery: \_\_\_\_\_ Payment Term: **ON ACCOUNT**

Place of Delivery: **PGSO Warehouse**

Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	15.00 BOX	RISPERIDONE 2MG 100'S	6,298.97	94,484.55
2	5.00 BOX	HALOPERIDOL 5MG 100'S	1,979.00	9,895.00
3	285.00 AMPULES	FLUPHENAZINE DECOANATE 25MG/ML	93.37	26,610.45
4	15.00 BOX	LEVOMEPRMAZINE 100MG 100'S	3,500.00	52,500.00
5	10.00 BOX	LITHIUM CARBONATE 450MG 100'S	476.00	4,760.00
6	18.00 BOX	OLANZAPINE 10MG 100'S	5,100.00	91,800.00
7	20.00 BOX	CLOZAPINE 100MG 100'S	4,250.00	85,000.00

Remarks:  
 10 CAL. DAYS-ALL BIDDERS ARE REQUIRED TO ATTACH CPR UPON DELIVERY  
 -TO BE DELIVERED 10 CALENDAR DAYS UPON RECEIPT OF P.O  
 -NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR EXTENTION BE GRANTED  
 -TO BE AWARDED IN LOT PRICE BASIS  
 -ALL DELIVERED DRUGS AND MEDICINES MUST BE AT LEAST 1 YEARS OR MORE PRIOR TO ITS EXPIRY DATE

The award is based on Abstract No. **0720223488** created on **July 22, 2022** and resolved on **August 04, 2022** under Quotation No. **20224300B** opened on **July 21, 2022**

### FOR USE OF MENTAL HEALTH PROGRAM

Grand Total Amount in Words: **THREE HUNDRED SIXTY-FIVE THOUSAND FIFTY AND XX / 100**

GRAND TOTAL: **₱ 365,050.00**

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]*  
 (Signature over printed name)

10/24/22  
 (Date)

Governor  
**EDWIN T. 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. OMILA JR.