



PURCHASE ORDER

Supplier : **ECE MARKETING**

P.O. Number: **2023093458**

Address : **Door 6, Ground Floor, South Dev. Corp. Bldg., Ma-a, Davao City**



O2023093458E84BDCE01

PhilGEPS Registration No. : **2003091841992089537**

Tel./Fax No. : **09955339017**

Registration Certificate : **DTI**

Date : **Sep 14, 2023**

P.R. No. : **2023074003**

Procurement mode: **Competitive Bidding**

Req. Office : **Provincial Health 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 : **PGSO Warehouse**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	2,500.00 tab	Acetylcysteine 600mg Effervescent ACC	33.00	82,500.00
2	1,440.00 bot	Ascorbic Acid 100mg/5ml syrup 60ml VITSEE	70.00	100,800.00
3	1,000.00 tab	Aluminum + Magnisium 200mg + 100mg SHELOGEL	1.85	1,850.00
4	288.00 bot	Aluminum + Magnisium 225mg + 200mg/5ml,120ml GASTROCIN	40.00	11,520.00
5	5,000.00 tab	Amlodipine 10mg REGIVASC	6.00	30,000.00
6	30,000.00 tab	Amlodipine 5mg AMLOTHIX	4.50	135,000.00
7	5,000.00 tab	Azithromycin 500mg AZIBIAL	79.00	395,000.00
8	1,440.00 bot	Ascorbic Acid 100mg/5ml syrup 120ml VIRCEE	90.00	129,600.00
9	1,500.00 tab	Ascorbic Acid 500mg BOOSTER C	4.00	6,000.00
10	10,000.00 cap	Amoxicillin 250mg MOXYLOR	2.30	23,000.00
11	1,500.00 cap	Amoxicillin 500mg	6.00	9,000.00

Drugs and medicines for use of Oplan tabang Program

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 :

Raff G. Comilras
 (Signature over printed name)
10-18-2023
 (Date)

Very truly yours,
 by the Authority of the Governor:

Josie Jean R. Rabanoz
 :NGR. JOSIE JEAN R. RABANOZ, MPA, EnP
 Provincial Administrator

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. OMILA JR.



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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		SAVERMOX		
12	1,500.00 tab	Atorvastatin 40mg VAZIZR	17.00	25,500.00
13	100.00 pc	Paracetamol 250mg suppository PARAGESIC	55.00	5,500.00
14	4,000.00 tab	Co-amoxiclav 625mg MONAMOX	19.00	76,000.00
15	432.00 bot	Co-amoxiclav 457mg suspension MEOXICLAV	312.00	134,784.00
16	432.00 bot	Co-amoxiclav 200mg + 28.5mg/5ml NATRAVOX	215.00	92,880.00
17	576.00 bot	Cetirizine 1mg/ml syrup 60ml REAX	114.00	65,664.00
18	15,000.00 tab	Cetirizine 10mg TRACEN	4.50	67,500.00
19	2,000.00 tab	Cefuroxime 500mg EXECORE	44.00	88,000.00
20	288.00 bot	Cefuroxime 250mg suspension 120ml CEFUXIM	120.00	34,560.00
21	1,000.00 cap	Clarithromycin 500mg RAHMACIN	42.00	42,000.00

Drugs and medicines for use of Oplan tabang Program

6

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Conforme :

MARK G. DOMINOS
(Signature over printed name)
10-18-2023
(Date)

Very truly yours,

By the Authority of the Governor:

JOSIE JEAN R. RABANOZ
NGR, JOSIE JEAN R. RABANOZ, MPA, EnP
Provincial Administrator

EDWIN I. JUBAHIB
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
22	3,000.00 cap	Celecoxib 200mg XELIC	19.00	57,000.00
23	1,000.00 tab	clopidogrel 75mg CLOPATE	18.50	18,500.00
24	288.00 bot	Cloxacillin 250mg suspension DIALOX	45.00	12,960.00
25	1,000.00 tab	Captopril 25mg CAPTOR	3.00	3,000.00
26	1,000.00 tab	Cefixime 400mg SAPHIXIME	30.20	30,200.00
27	1,000.00 tab	Cefixime 200mg UMEXIM	31.00	31,000.00
28	1,000.00 tab	Chlorphenamine 4mg RIPHEN	0.90	900.00
29	500.00 tab	Colchicine 500mg LESIRHUE	4.00	2,000.00
30	432.00 bot	Diphenhydramine 12.5mg syrup DIAHIST	83.00	35,856.00
31	288.00 bot	Dicycloverine 10mg/5ml, 60ml syrup DIACIEL	67.00	19,296.00
32	1,000.00 tab	Dicycloverine 10mg	3.90	3,900.00

Drugs and medicines for use of Oplan tabang Program

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 (Date)

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		GASAIDE		
33	1,000.00 cap	Domperidone 10mg EMETILZO	15.00	15,000.00
34	500.00 tab	Dicloofenac 50mg DICLOFAM	1.75	875.00
35	1,000.00 tab	Gliclazide 60mg(MR) SAPHCLAZIDE-60	10.50	10,500.00
36	1,000.00 tab	Ibuprofen 400mg SAPHFEN	3.00	3,000.00
37	500.00 vial	Lidocaine 2% 50ml ANESTIN	51.00	25,500.00
38	2,000.00 tab	Lagundi 300mg OPPLEMED	2.50	5,000.00
39	10,000.00 tab	Losartan 50mg ARA	9.00	90,000.00
40	5,000.00 tab	Losartan 100mg SAPHLOR	8.00	40,000.00
41	1,000.00 tab	Loratidine 10mg LORAREX	9.00	9,000.00
42	1,000.00 tab	Levofloxacin 500mg CELEVO	38.00	38,000.00

Drugs and medicines for use of Oplan tabang Program

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Conforme :

RAYMUND G. COMILAN
(Signature over printed name)

Very truly yours,
By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

10-18-2023
(Date)

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

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
43	1,500.00 cap	Mefenamic acid 250mg ANALMIN	3.00	4,500.00
44	1,000.00 cap	Mefenamic acid 500mg MECID	4.00	4,000.00
45	5,000.00 tab	Metformin 500mg SAPHORMIN	7.00	35,000.00
46	432.00 bot	Metronidazole 125mg/5ml, 60ml syrup AMBIDAZOLE	30.00	12,960.00
47	500.00 tube	Mupirocin 2%,15g oinment MUPIREX	160.00	80,000.00
48	33,900.00 cap	Multivitamins MYREVIT	4.80	162,720.00
49	1,000.00 softgel	Nifedipine 10mg CALCIGARD	7.00	7,000.00
50	2,000.00 cap	Omeprazole 20mg OMEBLOC	19.00	38,000.00
51	10,000.00 tab	Paracetamol 500mg RAPIDOL	2.25	22,500.00
52	1,440.00 bot	Paracetamol 250mg/5ml, 60ml oral susp. PARAJEN	38.00	54,720.00
53	1,000.00 tab	Rosuvastatin 20mg	22.00	22,000.00

Drugs and medicines for use of Oplan tabang Program

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Delivery Term: **20 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
ROSUFAR				
54	1,000.00 cap	Tramadol 50mg SAPHTRAM	18.00	18,000.00
55	1,000.00 tab	Trimetazidine 35mg TRIMEBET	13.00	13,000.00
56	432.00 bot	Salbutamol 2mg/5ml, 60ml syrup BUTAMOL	40.00	17,280.00
57	2,000.00 tab	Simvastatin 20mg SIMVASYN	4.00	8,000.00
58	27,100.00 cap	Vitamin B complex 100mg + 5mg + 50mcg REVITAPLEX	3.00	81,300.00
59	1,000.00 amp	Lidocaine + Epinephrine 1.8ml carpule XYLODENT	27.00	27,000.00
60	500.00 tab	Aspirin 80mg SCHEEPRIN	4.00	2,000.00
61	1,441.00 bot	Lagundi 300mg/5ml, 120ml syrup IRCAF	74.00	106,634.00
62	432.00 bot	Domperidone 1mg/ml, 60ml syrup ACCEDOME	186.00	80,352.00
63	1,000.00 tab	Metoclopramide 10mg DLI	8.00	8,000.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
64	288.00 bot	Metoclopramide 5mg/5ml, 60ml MOTILLEX	25.00	7,200.00
65	1,000.00 tab	Pantoprazole 40mg ULCEBURG	20.00	20,000.00
66	1,000.00 tab	Mebendazole 500mg DLI	2.50	2,500.00
67	577.00 bot	Mebendazole 100mg/5ml, 60ml DLI	25.00	14,425.00
68	1,000.00 sachet	Acetylcysteine 100mg oral powder FLUIMUCIL	10.00	10,000.00
69	432.00 bot	Multivitamins per 1ml, 15ml oral drops ENER A PLUS	51.00	22,032.00
70	2,340.00 bot	Multivitamins per 5ml, 120ml syrup ENER A PLUS	97.00	226,980.00
71	750.00 bot	Amoxicillin 250mg/5ml, 60ml susp. MOXYLOR	90.00	67,500.00
72	750.00 bot	Cefalexin 250mg/5ml, 60ml susp. EXEL	38.00	28,500.00
73	500.00 tab	Bisacody 5mg DRUG MAKERS LAB.	10.00	5,000.00
74	100.00 bot	Calamine 8% 60ml lotion	110.00	11,000.00

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Conforme :

MARY G. DOMINOS
(Signature over printed name)
10-18-2023
(Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

JOSIE JEAN R. RABANOZ
ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
84	200.00 tube	Fusidate sodium 2%,5g cream FUCISAPH	182.00	36,400.00
85	432.00 bot	Ibuprofen 200mg/5ml, 60ml SAFEN	104.00	44,928.00
86	500.00 nebule	Salbutamol 1mg/ml(unit dose), 2.5ml respiratory solution HIVENT	18.00	9,000.00
87	500.00 cap	Isosorbide-5-mononitrate 60mg modified release SAPHRBIDE	14.00	7,000.00
88	300.00 tube	Ketoconazole 2%(20mg/g), 15g cream FUNGINILK	120.00	36,000.00
89	500.00 tab	Montelukast 5mg chewable AUROHEX	12.00	6,000.00
90	144.00 bot	Nystatin 100,000 units/ml, 30ml susp. MYSTIN	220.00	31,680.00
91	500.00 tab	Prednisone 10mg VONWELT	2.50	1,250.00
92	250.00 tube	Silver Sulfadiazine 1%,15g cream MAZINE	67.00	16,750.00
93	1,000.00 tab	Tamsulosin 400mcg PIMAX	21.50	21,500.00

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
94	280.00 bot	Zinc 10mg/ml, 15ml oral drops ENERZINE	65.00	18,200.00
95	288.00 bot	Zinc 20mg/5ml, 60ml syrup ENERZINC	85.00	24,480.00
96	288.00 bot	Zinc 70mg/5ml, 60ml syrup ZINBEE	85.00	24,480.00

Remarks :

- ALL BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS
- NO PARTIAL DELIVERY IS ACCEPTED
- TO BE AWARDED IN LOT PRICE BASIS
- ALL MULTIVITAMINS CAP.& SYRUP WITH NO APPROVED THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED
- WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE PAYMENT FOR BFAD SAMPLING
- ALL DELIVERED DRUGS AND MEDICINES MUST BE AT LEAST 2 YEARS OR MORE PRIOR TO ITS EXPIRY DATE
- ALL BIDDERS ARE REQUIRED TO ATTACH CPR UPON DELIVERY

The award is based on Abstract No. **0820232985** created on **August 31, 2023** and resolved on **September 14, 2023** under Quotation No. **B20233496** opened on **August 29, 2023**

Drugs and medicines for use of Oplan tabang Program

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

GRAND TOTAL : **₱ 3,576,666.00**

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Conforme :

DAPPY O. DOMIRAS
(Signature over printed name)
10-12-2023
(Date)

Very truly yours,

By the Authority of the Governor:

Josie Jean R. Rabanoz
ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
Provincial Administrator

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