




# PURCHASE ORDER

Supplier : <b>HEAL J TRADING</b>	P.O. Number: <b>2024051190</b>
Address : <b>Phase 2, Block 5, Lot 37 Purok 6 C, Rosewood Subd., Villa Kananga, Butuan City</b>	 <b>O20240511901E532A2B9</b>
PhilGEPS Registration No. : <b>201908268311844130793</b>	Date : <b>Apr 25, 2024</b>
Tel./Mobile/Fax No. : <b>09429656308</b>	P.R. No. : <b>2024021066</b>
Registration Certificate : <b>DTI</b>	Procurement mode: <b>Competitive Bidding</b>
Req. Office : <b>Provincial Health Office</b>	

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

Date of Delivery : _____	Payment Term : <b>ON ACCOUNT</b>	Delivery Term: <b>10 Calendar Days</b> <b>Partial delivery NOT ALLOWED</b>
Place of Delivery : <b>PGSO Warehouse</b>		


I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	2,000.00 tab	Azithromycin 500mg	21.70	43,400.00
2	10,000.00 cap	Amoxicillin 500mg	1.60	16,000.00
3	720.00 bot	Amoxicillin 250mg/5ml, 60ml suspension	26.10	18,792.00
4	3,500.00 cap	Celecoxib 200mg	3.50	12,250.00
5	2,500.00 tab	Cetirizine 10mg	0.45	1,125.00
6	1,000.00 tab	Clonidine 75mcg	5.45	5,450.00
7	3,000.00 tab	Lagundi 300mg	2.09	6,270.00
8	5,000.00 cap	Amoxicillin 250mg	2.30	11,500.00
9	2,000.00 tab	Co-Amoxiclav 625mg	8.25	16,500.00
10	2,000.00 cap	Loperamide 2mg	1.75	3,500.00
11	10,000.00 cap	Doxycyline 200mg	7.95	79,500.00
12	3,000.00 cap	Doxycycline 100mg	2.85	8,550.00
13	500.00 tube	Clotrimazole 1%(10mg/g) 10g cream	248.99	124,495.00
14	305.00 tube	Fusidate Sodium/Fusidic acid 2%, 15g ointment	162.99	49,711.95
15	400.00 tube	Ketoconazole 2%(20mg/g/g) 15g cream	68.99	27,596.00
16	500.00 cap	Itraconazole 100mg	25.99	12,995.00
17	5,000.00 tab	Losartan 50mg	4.90	24,500.00

to be use for calamity


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 : \_\_\_\_\_ Very truly yours, \_\_\_\_\_

  
 (Signature over printed name)

\_\_\_\_\_  
 (Date)

  
**DE CARLO L. UY**  
 Acting 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.

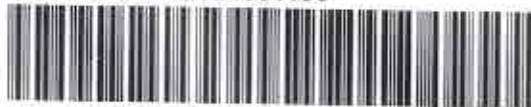


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P.O. Number: 2024051190

Address : **Phase 2, Block 5, Lot 37 Purok 6 C, Rosewood Subd., Villa Kananga, Butuan City**



O20240511901E532A2B9

PhilGEPS Registration No. : **201908268311844130793**

Tel./Mobile/Fax No. : **09429656308**

Registration Certificate : **DTI**

Date : **Apr 25, 2024**

P.R. No. : **2024021066**

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: **10 Calendar Days**  
**Partial delivery NOT ALLOWED**

Place of Delivery : **PGSO Warehouse**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
18	5,000.00 tab	Amlodipine 5mg	4.48	22,400.00
19	5,000.00 tab	Ascorbic Acid 500mg	2.05	10,250.00
20	2,000.00 cap	Omeprazole 20mg	9.80	19,600.00
21	1,500.00 tab	Aluminum Magnesi, 200mg/100mg	1.45	2,175.00
22	300.00 tube	Mupirocin 2%,15g ointment	98.99	29,697.00
23	3,000.00 tube	Paracetamol 500mg	2.15	6,450.00
24	1,500.00 tab	Cefuroxime 500mg	8.25	12,375.00
25	288.00 bot	Cloxacillin 250mg/5ml,60ml	34.55	9,950.40
26	500.00 tab	Metronidazole 500mg	1.25	625.00
27	288.00 bot	Metronidazole 125mg/5ml,60ml	21.50	6,192.00
28	1,000.00 cap	Multivitamins + Iron	7.85	7,850.00
29	720.00 bot	Multivitamins + Lysine syrup 120ml	118.99	85,672.80

Remarks :

- ALL BIDDERS ARE REQUIRED TO ATTACH CPR UPON DELIVERY
- 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

to be use for calamity

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Conforme :

Very truly yours,

LEONATA M. UY  
(Signature over printed name)

APR 25, 2024  
(Date)


DE CARLO L. UY  
Acting Governor

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ALEJANDRO R. OMILAJR.



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Place of Delivery : <b>PGSO Warehouse</b>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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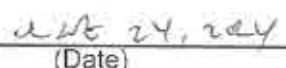
The award is based on Abstract No. **0420240914** created on **April 03, 2024** and resolved on **April 03, 2024** under Quotation No. **B20240746** opened on **April 02, 2024**


<b>to be use for calamity</b>	
Grand Total Amount in Words : <b>SIX HUNDRED SEVENTY-FIVE THOUSAND THREE HUNDRED SEVENTY-TWO AND 15 / 100</b>	GRAND TOTAL : <b>₱ 675,372.15</b>

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