




## PURCHASE ORDER

Supplier : <b><u>NIPCON DISTRIBUTORS</u></b>	P.O. Number: <b>2022114716</b>
Address : <b><u>N. ARROYO CORNER, R. CASTILLO ST., AGDAO, DAVAO CITY</u></b>	 <b>O2022114716910930F7B</b>
PhilGEPS Registration No. : <b><u>2004053978146502141</u></b>	Date : <b><u>Oct 11, 2022</u></b>
Tel./Fax No. : <b><u>(082) 322-9242</u></b>	P.R. No. : <b><u>2022085243</u></b>
Registration Certificate : <b><u>DTI</u></b>	Procurement mode: <b><u>Competitive Bidding</u></b>
Req. Office : <b>PEEDO - DavNor Pharmacy</b>	

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

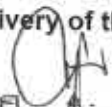
Date of Delivery : _____	Payment Term : <b><u>ON ACCOUNT</u></b>	Delivery Term: <b>10 Calendar Days</b>
Place of Delivery : <b><u>DAVNOR PHARMACY</u></b>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	3,000.00 PCS	HEPLOCK IN STOPPER IN-STOPPER	✓50.00	150,000.00
2	10,000.00 PCS	IV CANNULA G18 INTROCAN	✓136.00	1,360,000.00
3	10,000.00 PCS	IV CANNULA G20 INTROCAN	✓136.00	1,360,000.00
4	10,000.00 PCS	MACROSET INTRAFIX MACRO	✓114.00	1,140,000.00
5	5,000.00 PCS	MICROSET INTRAFIX MICRO	✓127.00	635,000.00
6	540.00 PCS	MONOSYN 1.0 W/NEEDLE ROUND MONOSYN	✓869.00	469,260.00
7	360.00 PCS	MONOSYN 2.0 W/NEEDLE ROUND MONOSYN	✓698.00	251,280.00
8	540.00 PCS	MONOSYN 3.0 W/NEEDLE ROUND MONOSYN	✓698.00	376,920.00
9	360.00 PCS	NOVOSYN 1.0 W/NEEDLE ROUND NOVOSYN	✓494.00	177,840.00
10	180.00 PCS	NOVOSYN 2.0 W/NEEDLE ROUND NOVOSYN	✓494.00	88,920.00
11	1,512.00 PCS	NOVOSYN QUICK W/DOUBLE NEEDLE	✓600.00	907,200.00


**FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE 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 :  Very truly yours,  
KAREL A. VALLE  
(Signature over printed name)

2-14-22  
(Date)

  
**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.

## PURCHASE ORDER

Supplier : **NIPCON DISTRIBUTORS**

P.O. Number: **2022114716**

Address : **N. ARROYO CORNER, R. CASTILLO ST., AGDAO, DAVAO CITY**



**O2022114716910930F7B**

PhilGEPS Registration No. : **2004053978146502141**

Tel./Fax No. : **(082) 322-9242**

Registration Certificate : **DTI**

Date : **Oct 11, 2022**

P.R. No. : **2022085243**

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**

Place of Delivery : **DAVNOR PHARMACY**

Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		NOVOSYN, QUICK		
12	10.00 PCS	OPTILENE MESH 7.5 X 15CM OPTILE MESH	6,265.00	62,650.00
13	72.00 PCS	SILK 0 STRANDS SILKAM 0 15X60CM	280.00	20,160.00
14	120.00 PCS	SILK 1.0 STRANDS SILKAM 1 15X60CM	280.00	33,600.00
15	360.00 PCS	SILK 3.0 STRANDS SILKAM 3.0 15X60CM	186.00	66,960.00
16	360.00 PCS	SILK 1.0 W/NEEDLE ROUND SILKAM 1 HR40	186.00	66,960.00
17	360.00 PCS	SILK 2.0 W/NEEDLE ROUND SILKAM 2.0 HR26	186.00	66,960.00
18	360.00 PCS	SILK 3.0 W/NEEDLE ROUND SILKAM 3.0 HR26	186.00	66,960.00

- Remarks :
1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE TIME 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 AWARDING.
  5. SUPPLIER MUST SPECIFY THE BRAND NAME OFFERED OF EACH ITEM AND SUBMIT A COPY OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) UPON DELIVERY.
  6. SUPPLIER MUST SUBMIT A COPY OF INTERNATIONAL STANDARD ORGANIZATION (ISO) 13485:2016 AND A

**FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS**

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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 :

RAZEL A. VALE  
(Signature over printed name)  
2-14-22  
(Date)

Very truly yours,


EDWIN T. JUBAHIB  
Governor

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ALEJANDRO R. OMILA JR.



## PURCHASE ORDER

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Req. Office : <b>PEEDO - DavNor Pharmacy</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>
Place of Delivery : <b>DAVNOR PHARMACY</b>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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CERTIFICATE OF SOLE DISTRIBUTORSHIP OF THE COMPANY, FAILURE TO COMPLY WILL BE DISQUALIFIED AS A BIDDER.

7. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE THREE (3) DAVAO DEL NORTE HOSPITALS MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT:


- \*DDNH-KAPALONG ZONE - P2,567,123.34
- \*DDNH-CARMEN ZONE - P2,567,123.34
- \*DDNH-IGACOS ZONE - P2,567,123.32


The award is based on Abstract No. **0920224469** created on **September 23, 2022** and resolved on **October 11, 2022** under Quotation No. **20225508B** opened on **September 22, 2022**

<b>FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS</b>	
Grand Total Amount in Words : <b>SEVEN MILLION THREE HUNDRED THOUSAND SIX HUNDRED SEVENTY AND XX / 100</b>	GRAND TOTAL : <b>₱ 7,300,670.00</b>

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.

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Conforme :  
  
 \_\_\_\_\_  
 (Signature over printed name)  
 \_\_\_\_\_  
 2-14-23  
 (Date)

Very truly yours,  
  
**EDWIN I. JUBAHIB**  
 Governor

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ALEJANDRO R. OMILA JR.