




PURCHASE ORDER

Supplier : PHIL PHARMAWEALTH, INC. Address : Suite 3001 East Tower, Psec Exchange Road, Ortigas Center, Pasig City PhilGEPS Registration No. : 20010773235177289217 Tel./Fax No. : 225-1825/225-1827 Registration Certificate : SEC	P.O. Number: 2022115247  O202211524758983CB02 Date : Nov 17, 2022 P.R. No. : 2022084997 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	Delivery Term: 10 Calendar Days
Place of Delivery : DAVNOR PHARMACY	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	300.00 AMPS	DIAZEPAM 5MG/ML, 2ML ANXIOL	150.00	45,000.00
2	300.00 AMPS	FENTANYL CITRATE 50MCG/ML, 1ML 50MCG/ML, 2ML, SUBLIMAX	220.00	66,000.00
3	60.00 VIALS	KETAMINE HCl 50MG/ML, 10ML ETAMINE	1,800.00	108,000.00
4	500.00 AMPS	MIDAZOLAM 1MG/ML, 5ML 5MG/ML, 1ML, DORMIZOL	225.10	112,550.00
5	300.00 AMPS	NALBUPHINE HCl 10MG/M, 1ML NUKAINE	121.50	36,450.00

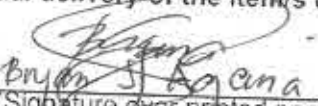

- Remarks :
1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
 2. NO PARTIAL DELIVERIES.
 3. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS S BIDDER.
 4. TOTAL LOT AWARDEE.
 5. SUPPLIER MUST HAVE A PDEA S4 OR S3 LICENSE.
 6. LOCAL ORDER PERMIT (LOP) MUST BE FILLED UP BY THE REQUISITIONING OFFICE.
 7. SUPPLIER MUST SUBMIT THE LOCAL ORDER PERMIT TO PDEA OFFICE FOR APPROVAL.
 8. WINNING SUPPLIER MUST PROVIDE A COPY OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM UPON DELIVERY.
 9. BRAND NAME OF EACH ITEM MUST BE SPECIFY.
 10. 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 DRUGS AND

FOR THE CONSUMPTION OF THE THREE (3) DDN 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 :  _____ (Signature over printed name) Feb. 27, 2024 _____ (Date)	Very truly yours,  EDWIN T. JUBAHIB Governor
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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

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P.O. Number: 2022115247

Address : Suite 3001 East Tower, Psec Exchange Road, Ortigas Center, Pasig City



O202211524758983CB02

PhilGEPS Registration No. : 20010773235177289217

Tel./Fax No. : 225-1825/225-1827

Registration Certificate : SEC

Date : Nov 17, 2022

P.R. No. : 2022084997

Procurement mode: Competitive Bidding

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Delivery Term: 10 Calendar Days

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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MEDICINES ACCOUNT:

*DDNH-KAPALONG ZONE - P 151,468.87

*DDNH-CARMEN ZONE - P 151,468.87

*DDNH-IGACOS ZONE - P 151,468.86

The award is based on Abstract No. **1020224819** created on **October 18, 2022** and resolved on **November 17, 2022** under Quotation No. **20225951B** opened on **October 13, 2022**

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS.

Grand Total Amount in Words : THREE HUNDRED SIXTY-EIGHT THOUSAND AND XX / 100

GRAND TOTAL : **P 368,000.00**

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 :

Bryan J. Agona
(Signature over printed name)

Very truly yours,

EDWIN I. JUBAHIB
Governor

Feb. 27, 2023
(Date)

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ALEJANDRO R. OMILA JR.