

DEC 09 2024

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

Supplier: PPAN TRADING Address: CAGAYAN DE ORO CITY, MISAMIS ORIENTAL E-mail Address: Tel. No.: TIN:					PO Number: 24112031 Date: 11/29/24 Mode of Procurement NP-TFB PR Number: 24-C1492	
Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein:						
Place of Delivery: PGSO-Warehouse			Delivery Term:			
Date of Delivery: 10 days			Payment Term:			
No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	33310N	kit	183.00	Anti-TB Drugs for Adult (HRZE 168 tabs (Rifampicin 150mg+Isoniazid 75mg+Pyrazinamide 400mg+Ethambutol 27mg);HR 336 tabs (Rifampicin 150 mg + Isoniazid 75mg) - with CPRFLAMAWAY	5,096.50	932,659.50
2	25152	box/s	180.00	Ascorbic Acid (vitamin C) ,Oral: 500 mg tablet 100's with CPRMYREVIT	216.60	38,988.00
3	22577	box/s	250.00	Azithromycin tablet 500mg 3's-with CPRAMZIPRO	205.80	51,450.00
4	25282	box/s	100.00	Captopril ,Oral: 25 mg tablet, 100's with CPRLUMAR	215.60	21,560.00
5	22950	box/s	80.00	Cetirizine 10mg tab 100's -with CPRCETIZIT	294.00	23,520.00
6	01057	box/s	250.00	Co-Amoxiclav 625mg, 10's - with CPRAXICLAV	343.00	85,750.00
7	25524	box/s	60.00	Diphenhydramine (as hydrochloride), Oral: 50 mg,capsule, 100's with CPRHISTAMOX	209.70	12,582.00
8	10793	box/s	250.00	Doxycycline hyclate 100mg caps 100's - with CPRMEDETHIX	294.00	73,500.00
9	25559	box/s	85.00	Doxycycline, Oral: 100 mg capsule (as hyclate), 100's with CPRMEDETHIX	539.10	45,823.50
10	11205	bx/s	100.00	Ibuprofen 400mg tab 100's - with CPRIBUFEN	147.00	14,700.00
11	25961	box/s	100.00	Loperamide (as hydrochloride), Oral: 2 mg capsule, 100's with CPRMOTINEX	248.00	24,800.00
12	22638	box/s	80.00	Mefenamic Acid 500mg caps 100's-with CPRMECIO	328.30	26,264.00
13	10863	box/s	50.00	Metoclopramide 10mg tab (as hydrochloride)100's - with CPRFLAGEX	392.00	19,600.00
14	22647	box/s	15.00	Metronidazole 500mg tab 100's-with CPRMETO	318.50	4,777.50
15	01677	tube/	170.00	Mupirocin Ointment 2% 10g - with CPRMUPISOFT	356.70	60,639.00
Total Amount in Words:						
<div>COMMISSION ON AUDIT DAVAO DE ORO TEAM 1 RECEIVED DATE: 12/20/24 TIME: 8:57 BY: [Signature]</div>						
In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.						
Conform <u>50021 24/1645 J. JOSE</u> Very truly Signature over printed name of <u>12-10-24</u> Date						
DOROTHY M. GONZAGA Governor Authorized Official						
GENERAL OBR No.: <u>1082-12-24-105</u> Responsibility Center: Amount: 1,509,382.40						
(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be Approved per Sanggunian Resolution _____ Certified _____ Date _____						

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Address: CAGAYAN DE ORO CITY, MISAMIS ORIENTAL	Date: 11/29/24
E-mail Address:	Mode of Procurement NP-TFB
Tel. No.:	PR Number: 24-C1492
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Gentlemen:
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Date of Delivery: 10 days	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
16	26086	box/s	5.00	Mupirocin, Cream: 2%, 15 g tube, 24's with CPRMUPI SOFT	3,531.60	17,658.00
17	01703	cap/s	120.00	Omeprazole 40mg cap - with CPRRAZOLE	34.30	4,116.00
18	11233	bx/s	11.00	Paracetamol 250mg/5ml 60ml syrup 144's - with CPRMYREMOL	4,635.90	50,994.90
CERTIFICATION: THIS IS TO CERTIFY THE ABOVE LISTED DRUGS AND MEDCINES ARE FOUND OR IN ACCORDANCE WITH THE PHILIPPINE FORMULARY(PNF) ESSENTIAL DRUG LIST (EDL) VOLUME 18TH EDITION SERIES OF 2017. EXPIRATION DATE SHOULD NOT LESS THAN 1 1/2 YEARS FROM THE DATE OF DELIVERY FOR THE USE OF PHO VARIOUS PROGRAM DRUGS AND MEDS 3RD QTR (PDRR CHARGES) THE AWARD IS BASED ON ABSTRACT NO. 2411505 UNDER REQUEST FOR QUOTATION NO.10-24-3300 OPENED ON November 26, 2024						
COMMISSION ON AUDIT DAVAO DE ORO TEAM 1 RECEIVED DATE 12/29/24 TIME 8:01 BY [Signature]						

Total Amount in Words: One Million Five Hundred Nine Thousand Three Hundred Eighty Two Pesos and Forty Cents Only	1,509,382.40
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In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform	Very truly
<div>Signature over printed name of Date</div>	<div>DOROTHY M. GONZAGA Governor Authorized Official</div>

GENERAL
OBR No.: 122-12-24-105
Responsibility Center:
Amount: 1,509,382.40

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be
Approved per Sanggunian Resolution _____ Date _____
Certified _____