Supplier: EAH MEDICINE AND MEDICAL SUPPLIES MARKETING

PURCHASE ORDER

JAN 10 2025

Province of Davao de Oro Agency/Procuring Entity

Page 1

PO Number:

24121299

E-ma Tel. N	il Address:		ANG SORA, TA	GUM CITY	Date: 12/19/24 Mode of Procurement SVF PR Number: 24-583	
Gent	lemen:				Trivalliber. 24-300	
-				cles subject to the terms and conditions contained herein:		
	of Delivery		-Warehouse	Delivery Term:		
	of Delivery:		S	Payment Term:		
No.	Stock Ino.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	26403	box/s	185.00	0.9% Sodium Chloride, Inj.: 1 L bottle/bag (IV infusion), 12's with CPR(Generic)	618.00	114,330.00
2	25486	box/s	75.00	5% Dextrose in Lactated Ringers, Inj.: 1 L, bottle/bag (IV infusion) Composition: Dextrose _ 50 g/L; Na+ _ 130 mmol/L; K+ _ 4 mmol/L; Ca++ _ 1.22 - 1.5 mmol/L; Cl 109 mmol/L; Lactate _ 28 mmol/L, 12's with CPR(Generic)	640.00	48,000.00
3	25488	box/s	8.00	5% Dextrose in Water, Inj.: 500 mL, bottle/bag (IV infusion and as vehicle for IV medications), 24's with CPR(Generic)	1,329.00	10,632.00
4	25037	box/s		Acetylcysteine ,Oral: 600 mg effervescent tablet ,10's with CPR(Generic)	232.00	5,800.00
5	25128	box/s	50.00	Ampicillin (as sodium salt) ,Inj.: 250 mg, vial (IM, IV) ,10's with CPR(Generic)	228.00	11,400.00
6	25152	box/s	25.00		221.00 AUOM DAVAO DE CRO BAIM 1	5,525.00
7	25159	box/s	2.00	Aspirin ,Oral: 80 mg tablet ,100's with	220.00	440.00
Fotal	Amount in '	Words:	0	TIME: BY:		
In ev	case of fa	ailure to mak f delay shall	ke the full del be imposed.	very within the time specified above, a penalty of or	ne tenth (1/10) of one (1) percent for
Co	onform	Signature	MF1001	name of Very truly	THYM GONZAGA	
,			Date	A	uthorized Official	
OE Re	esponsibil	7189- 2- 2 ity Center:	4 /07			
	W. W.	94,225.00 Negotiated F	Purchase pur	suant to section 369(a) of RA 7180, this portion mus	st be	
	VI. 100 AND 10	er Sanggunia	an Resolution			
Ce	Certified Date					

JAN 10 2025

Province of Davao de Oro

Agency/Procuring Entity

	ROK 2-A, TAND :	ID MEDICAL SUI ANG SORA, TAC	PPLIES MARKETING GUM CITY	PO Number: 24121 Date: 12/19/24 Mode of Procurement SVF PR Number: 24-583	
Gentlemen:		to following artic	les subject to the terms and conditions contained herein:		
Please fur Place of Deliver		-Warehouse	Delivery Term:		
Date of Delivery			Payment Term:		
No. Stock No	. Unit of Issue	Quantity	Description	Unit Cost	Amount
	+	15	CPR(Generic)	(477)	
⁸ 25181	bot./s	***	Azithromycin ,Oral: 200 mg/5 mL powder for suspension, 15 mL (as base*/as dihydrate/as monohydrate)dihydrate) ,1's with CPR(Generic)	219.00	2,628.00
9 25180	box/s	75.00	Azithromycin ,Oral: 500 mg (B) tablet (as base*/as dihydrate/as monohydrate) ,3's with CPR(Generic)	121.00	9,075.00
10 25188	box/s		Balanced Multiple Maintenance Solution ,Inj.: with 5% dextrose, 500 mL (infants) (children and adults) bottle/bag (IV infusion) ,24's, Composition: Infants : Dextrose 50G/L; Na+25-30mmol/L; K+ 20-25 mmol/L; Mg++ 1.35-1.65 mmol/L; CI 22 mm(Generic)	1,150.00	11,500.00
11 25253	box/s	5.00	Bupivacaine (as hydrochloride) (1),lnj.: 0.5%, 10 mL ampul/vial (local infiltration),10's with CPR(Generic)	3,222.00	16,110.00
12 25293	box/s	30.00	Carboprost ,Inj: 125 mcg/0.5 mL solution for injection, 0.5 mL vial, 10's with CPR(Generic)	2,030.00	60,900.00
		= = ,= = ;	COMMISSION D	MANGE BAVAO DE ORO	
13 25419	box/s	3.00	Co-Amoxiclav (amoxicillin + potassium	7,925.00	23,775.00
Total Amount i	n Words:		TIME	9:53	
every day Conform GENERA OBR No.: Responsil	of delay sha	The over printed Date	Very truly	ne tenth (1/10) of one (OTHYM GONZAGA Governor authorized Officia	1) percent for
	. 50/		rsuant to section 369(a) of RA 7180, this portion mu	st be	
Aprroved Certified	per Sanggur ——	nian Resolutio	n Date		-

JAN 1 0 2005

Province of Davao de Oro Agency/Procuring Entity

Supplier: EAH MEDICINE AND MEDICAL SUPPLIES MARKETING Address: PUROK 2-A, TANDANG SORA, TAGUM CITY					PO Number: 24121299		
	ess: PUR il Address:		ANG SORA, TA	Date: 12/19/24 Mode of			
Tel. N				Procurement	SVP		
3.14.17	254-115-84	1 3		PR Number: 24	-5836		
	emen: Please furr	nish this office ti	he following artic	cles subject to the terms and conditions contained herein:			
Place	of Delivery	y: PGSO-	-Warehouse	Delivery Term:	H		
Date	of Delivery	: 10 day	s	Payment Term:			
Ņο.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount	
*				clavulanate), Oral: 400 mg amoxicillin (as trihydrate) + 57 mg potassium clavulanate per 5 mL granules/powder for suspension, 70 mL, 50's with CPR(Generic)			
14 2	25417	box/s	5.00	Co-Amoxiclav (amoxicillin + potassium clavulanate), Oral: 875 mg amoxicillin (as trihydrate) + 125 mg potassium clavulanate per tablet,100's with CPR(Generic)	1,210.00	6,050.00	
15 2	25469	box/s	5.00	Dexamethasone (as sodium phosphate), Inj.: 4 mg/mL, 2 mL vial (IM, IV) , 10's with CPR(Generic)	379.00	1,895.00	
16 2	25575	pc/s	50.00	Enoxaparin (as sodium salt)(1, 2), Inj.: 100 mg/mL, 0.6 mL pre-filled syringe (SC), 1's with CPR(Generic)	531.00	26,550.00	
17 2	25585	box/s		Epinephrine (adrenaline) (1, 2), Inj.: 1 mg/mL, 1 mL ampul (IM, SC) (as hydrochloride) 0.3 mg auto-injector (IM-Preload), 0.3 mL preloaded injection pen, 10's with CPR(Generic)	473.00	14,190.00	
18 2	25587	pc/s		Epoetin Alfa (recombinant human erythropoietin) (1, 2), Inj.: 2000 IU/0.5 mL, pre?filled syringe (IV, SC), 1's with CPR(Generic)	312.00 COMMSION ON JUNE D	7,800.00 AWAO DE CRO	
Total	Amount in	Words:		The comment	DATE 12025	The same of the sa	
GE GE Re	ery day of onform	of delay shall	Meuro we over frinted Out to	name of DOR	8YZV	ne (1) percent for	
				suant to section 369(a) of RA 7180, this portion mu	ust be		
	rroved po ertified	ər Sanggunia ——	an Resolutior	n Date		_	

JAN 10 2025

Province of Davao de Oro

Agency/Procuring Entity

Addı E-m. Tel.		OK 2-A, TAND	ND MEDICAL SU DANG SORA, TA	IPPLIES MARKETING GUM CITY	Date: 12/19/24 Mode of Procurement	4121299 SVP 4-5836
_	tlemen:					
Plac	e of Deliver		-Warehouse	cles subject to the terms and conditions contained herein: Delivery Term:		
	of Delivery			Payment Term:		
No.	Stock No.	Unit of Issue	Quantity	g. 3. Copposition to the control of	Linit Cook	A
INU.			Quantity	Description	Unit Cost	Amount
19	25676	pc/s	30.00	Fluticasone (as propionate) + Salmeterol (as xinafoate), Inhalation: MDI: 250 micrograms fluticasone + 25 micrograms salmeterol x 120 actuations (with dose counter*), 1's with CPR(Generic)	306.00	9,180.00
20	25688	box/s	10.00	Furosemide, Inj.: 10 mg/mL, 2 mL ampul (IM, IV), 10's with CPR(Generic)	120.00	1,200.00
21	25740	box/s	1.00	Hepatitis B Immunoglobulin (human), Inj.: 0.5 mL vial (IM), 10's with CPR(Generic)	18,805.00	18,805.00
22	25780	box/s	10.00	Hyoscine (as N-butyl bromide), Inj.: 20 mg/mL, 1 mL ampul (IM, IV, SC), 10's with CPR(Generic)	244.00	2,440.00
23	25833	vial/s	30.00	lopamidol, Inj.: (Intravascular and other parenteral routes as appropriate) 612 mg/mL equiv. to 300 mg iodine, 100 mL vial, 1's with CPR(Generic)	1,514.00	45,420.00
24	25832	vial/s	20.00	lopamidol, Inj.: (Intravascular and other parenteral routes as appropriate) 612 mg/mL equiv. to 300 ∧	841.00 COMMISION ON AUGIT DI TEAM 1	WITH SECULAR PROPERTY.
Tota	I Amount in	Words:	\wedge		1 mas	Same Same
			ke the full de	ivery within the time specified above, a penalty of	11111 9263	ne (1) percent for
C	onform — —		Port of the cover printed of 13 125		ROTHYM. GONZAG Governor Authorized Official	àΑ
O	esponsibil	1201 - 12 - ity Center: 94,225.00	24- 107	ţ*		
(Ir	n case of l	Negotiated I	Purchase pur an Resolution	suant to section 369(a) of RA 7180, this portion m	ust be	
	ertified		an riesolution	Date		

FJAN 10 2025

Province of Davao de Oro Agency/Procuring Entity

Page	5
------	---

• • •	H MEDICINE AN		PPLIES MARKETING GUM CITY	PO Number: 2412 Date: 12/19/24	1299
E-mail Address	S:			Mode of Procurement SVI	P
Tel. No.: TIN: 254-115-8	843	PR Number: 24-583	0000		
Gentlemen:					
Please fu	rnish this office t	he following artic	les subject to the terms and conditions contained herein:	C - V - V - V - V - V - V - V - V - V -	e eg
Place of Delive	ry: PGSO	-Warehouse	Delivery Term:		
Date of Deliver	y: 10 day	s	Payment Term:		
No. Stock No	D. Unit of Issue	Quantity	Description	Unit Cost	Amount
	-1-, 7		mg iodine, 50 mL vial, 1's with CPR(Generic)		
25 25851	box/s	15.00	Ipratropium + Salbutamol, Resp. Soln.: (for nebulization)500 micrograms ipratropium (as bromide anhydrous) + 2.5 mg salbutamol (as base) x 2.5 mL (unit dose), 20's with CPR(Generic)	DATE: 1/20/25	5,685.00 AVAC DE CRO
26 25895	box/s	25.00	Lactated Ringer's Solution (Ringer's Lactate), Inj.: 1 L bottle/bag (IV infusion) Composition: Na+ _ 130 mmol/; K+ _ 4 mmol/L; Ca++ _ 1.22 - 1.5 mmol/L; Cl? _ 109 mmol/L; Lactate _ 28 mmol/L, 12's with CPR(Generic)	858.00	21,450.00
²⁷ 25896	box/s	2.00	Lactulose, Oral: 3.3 g/5 mL (66%) syrup, 120 mL, 100's with CPR(Generic)	13,200.00	26,400.00
²⁸ 25976	box/s	3.00	Mannitol, Inj.: 20% 500 mL bottle (IV), 15's with CPR(Generic)	1,595.00	4,785.00
²⁹ 25990	box/s	30.00	Mefenamic Acid, Oral: 500 mg tablet, 100's with CPR(Generic)	1,080.00	32,400.00
³⁰ 26043	box/s	10.00	Metoclopramide (as base and as	169.00	1,690.00
Total Amount i	n Words:	1			
every day Conform - GENERA	of delay shal	be imposed Figure 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Very truly name of DOR	Aut ?	(1) percent for
Responsil	bility Center: 694,225.00	J' '''		36	
(In case o		a managa ay Masay	suant to section 369(a) of RA 7180, this portion municipal municipal control c	ust be	

Std. Form Title:Purchase Order

PURCHASE ORDER

Province of Davao de Oro

JAN 10 2025 Agency/Procuring Entity	Page 6
Supplier: EAH MEDICINE AND MEDICAL SUPPLIES MARKETING	PO Number: 24121299
ddress: PUROK 2-A, TANDANG SORA, TAGUM CITY	Date: 12/19/24
-mail Address:	Mode of
el. No.:	Procurement SVP
IN: 254-115-843	PR Number: 24-5836
Sentlemen:	•
Please furnish this office the following articles subject to the terms and conditions contained he	erein:

Place of Delivery: PGSO-Warehouse Delivery Term: Date of Delivery: 10 days Payment Term: Stock No. Unit of Issue Description Quantity **Unit Cost** Amount hydrochloride), Inj.: 5 mg/mL, 2 mL ampul (IM, IV), 10's with CPR(Generic) 31 26105 box/s 10.00 Nicardipine (as hydrochloride) (1), Inj.: 1 1,895.00 18,950.00 mg/mL, 10 mL ampul (IV), 5's with CPR(Generic) 32 26166 box/s 50.00 Oxytocin (synthetic), Inj.: 10 IU/mL, 1 mL 1,238.00 61,900.00 ampul (IM, IV), 10's with CPR(Generic) 33 26186 100.00 Paracetamol, Inj: 150 mg/mL, 2mL ampule box/s 146.00 14,600.00 solution for injection (IM/IV), 10's with CPR(Generic) 34 26227 box/s 25.00 Phytomenadione (phytonadione, vitamin K1), 267.00 6,675.00 Inj.: 10 mg/mL, 1 mL ampul (IM, IV, SC) (as aqueous colloidal solution with benzyl alcohol),10's with CPR(Generic) 35 26251 box/s 5.00 Potassium Chloride, Inj.:2 mEq/mL, 20 mlvial 380.00 1,900.00 (IV infusion), 10's with CPR(Generic) 36 26244 box/s 5.00 Potassium Chloride, Oral: 600 mg tablet, 5,465.00 1,093.00 100's with CPR(Generic) MAISIC NON ACOUT DAVA DICE ORO Total Amount in Words: 1 20 25 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 DOROTHY M GONZAGA Gøvernor Authorized Official **GENERAL** OBR No.: 0789-12-24-107 Responsibility Center: Amount: 694,225.00 (In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be

Aprroved per Sanggunian Resolution Certified Date

Std. Form Title:Purchase Order

JAN 10 2025

PURCHASE ORDER

Province of Davao de Oro

Agency/Procuring Entity

Addı E-ma	ess: PUR ail Address:	OK 2-A, TAND	ID MEDICAL SU ANG SORA, TA	IPPLIES MARKETING GUM CITY	Date: 12/19/24 Mode of Procurement S	121299 VP 5836
Gen	lemen:	ish this office t	he following artic	cles subject to the terms and conditions contained herein:		
Plac	e of Delivery	100 market 100 mm	-Warehouse	Delivery Term:		
Date	of Delivery:	10 day	rs	Payment Term:		
Ņo.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
37	26320	box/s	50.00	Ranitidine (as hydrochloride), Inj.: 25 mg/mL, 2 mL ampul/vial (IM, IV, IV infusion), 10's with CPR(Generic)	124.00	6,200.00
38	26323	vial/s	10.00	Regular, Insulin (recombinant DNA human), Inj.: 100 IU/mL,10 mL vial (SC, IV/IM) , 1's with CPR(Generic)	441.00	4,410.00
39	26438	box/s	20.00	Sterile Water for Injection, Inj.: 10 mL ampul, 20's with CPR(Generic)	205.00	4,100.00
40	26533	box/s	10.00	Tranexamic Acid, Inj.: 100 mg/mL, 5 mL ampul (IM, IV), 10's with CPR(Generic)	715.00	7,150.00
				FOR THE USE OF DDOPH-MONTEVISTA 4TH QUARTER DRUGS AND MEDINES THE AWARD IS BASED ON ABSTRACT NO. 2412625 UNDER REQUEST FOR QUOTATION NO.12-24-3546 OPENED ON December 19, 2024	TEAR	DAVAO DE CRO
Six		nety Four The		undred Twenty Five Pesos Only		694,225.00
In ev	case of fa ery day o	ailure to mal of delay shal	ke the full de I be imposed	very within the time specified above, a penalty of or	ne tenth (1/10) of one	e (1) percent for
C	onform		ELDY!	SHIPOR Very truly	Ald of Solvers	1
ę		Signature	over printed		Governor uthorized Official	`
O Re	esponsibil	1 7 99 /2 ity Center: 94,225.00			Y .	
_			Purchase pur	suant to section 369(a) of RA 7180, this portion mus	t be	
Αp	orroved pe		an Resolution	1		
U	ertified		-	Date		