

PURCHASE ORDER

Province of Davao de Oro

Agency/Procuring Entity

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OCT 06 2025

Supplier: MMJS PHARMACY & MEDICAL SUPPLIES
Address: BLOCK 14 LOT 11 AMENETYS STREET, GEM VILLAGE
E-mail Address:
Tel. No.:
Fax: 912-031-312-000

PO Number: 25091283
Date: 09/30/25
Mode of Procurement: SVP
PR Number: 25-C0484

Gentlemen:

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

Place of Delivery: PGSO WAREHOUSE

Delivery Term:

Period of Delivery: 10 DAYS

Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	26403	box/s	120.00	0.9% Sodium Chloride, Inj.: 1 L bottle/bag (IV infusion), 12's with CPR	618.00	74,160.00
2	25486	box/s	100.00	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	640.80	64,080.00
3	25488	box/s	10.00	5% Dextrose in Water, Inj.: 500 mL, bottle/bag (IV infusion and as vehicle for IV medications), 24's with CPR	1,329.60	13,296.00
4	25188	box/s	30.00	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; Cl 22 mm	1,150.80	34,524.00
5	25585	box/s	50.00	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	473.20	23,660.00
6	25895	box/s	80.00	Lactated Ringer's Solution (Ringer's	858.00	68,640.00

Total Amount in Words:

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 Karen M. Gelena
Signature over printed name of 10/9/25
Date -

Very truly

ENGR. RAUL G. MABANGLO
Governor
Authorized Official

GENERAL

OBR No.: 032940-25/107

Responsibility Center:

Amount: 326,485.00

(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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Province of Davao de Oro
Agency/Procuring Entity

OCT 06 2025

Supplier: MMJS PHARMACY & MEDICAL SUPPLIES Address: BLOCK 14 LOT 11 AMENETYS STREET, GEM VILLAGE E-mail Address: Tel. No.: TIN: 912-031-312-000	PO Number: 25091283 Date: 09/30/25 Mode of Procurement: SVP PR Number: 25-C0484
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Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: PGSO WAREHOUSE Date of Delivery: 10 DAYS	Delivery Term: Payment Term:
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No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				Lactate), Inj.: 1 L bottle/bag (IV infusion) Composition: 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		
7	25976	box/s	10.00	Mannitol, Inj.: 20% 500 mL bottle (IV), 15's with CPR	1,590.00	15,900.00
8	26186	box/s	150.00	Paracetamol, Inj: 150 mg/mL, 2mL ampule solution for injection (IM/IV), 10's with CPR	146.50	21,975.00
9	26438	box/s	50.00	Sterile Water for Injection, Inj.: 10 mL ampul, 20's with CPR	205.00	10,250.00
FOR THE USE OF DDOPH-MONTEVISTA AND DDOPH-PANTUKAN (DRUGS & MEDS/FLUIDS) 3RD QUARTER						
THE AWARD IS BASED ON ABSTRACT NO. 2508047 UNDER REQUEST FOR QUOTATION NO.06-25-0915 OPENED ON September 24, 2025						
<div>COMMISSION ON AUDIT DAVAO DE ORO TEAM 1 RECEIVED DATE: 11/3/25 TIME: 1:22 BY: </div>						

Total Amount in Words: Three Hundred Twenty Six Thousand Four Hundred Eighty Five Pesos Only	326,485.00
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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 Signature over printed name of 10/9/25 Date.	Very truly ENGR. RAUL G. MABANGLO Governor Authorized Official
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GENERAL
OBR No.: 00009-10-25-1007
Responsibility Center:
Amount: 326,485.00

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