

JUN 05 2025

PURCHASE ORDER
Province of Davao de Oro
Agency/Procuring Entity

Page 1

| | |
|---|------------------------|
| Supplier: EAH MEDICINE AND MEDICAL SUPPLIES MARKETING | PO Number: 25050695 |
| Address: PUROK 2-A, TANDANG SORA, TAGUM CITY | Date: 05/26/25 |
| E-mail Address: | Mode of Procurement PB |
| Tel. No.: | PR Number: 25-C0223 |
| TIN: 254-115-843 | |



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 | 38013N | bot | 360.00 | Ascorbic Acid (vitamin C), Oral: 100 mg/5 ml syrup, 120 ml, with CPR | 23.40 | 8,424.00 |
| 2 | 38012N | tab | 3700.00 | Ascorbic Acid (vitamin C), Oral: 500 mg tablet with CPR | 0.49 | 1,813.00 |
| 3 | 37958N | tab | 1000.00 | Ascorbic acid 500mg tab - with CPR | 0.49 | 490.00 |
| 4 | 37987N | tab | 175.00 | Azithromycin 500mg tab -with CPR | 11.70 | 2,047.50 |
| 5 | 37993N | tab | 1000.00 | Captopril 25mg tab -with CPR | 0.44 | 440.00 |
| 6 | 37994N | tab | 300.00 | Cetirizine 10mg tab -with CPR | 0.39 | 117.00 |
| 7 | 37995N | tab | 500.00 | Dicycloverine Hydrochloride tablet 10mg -with CPR | 0.36 | 180.00 |
| 8 | 37988N | tab | 95.00 | Doxycycline hyclate 100mg caps - with CPR | 1.43 | 135.85 |
| 9 | 37996N | tab | 30.00 | Hyoscine-N-Butylbromide 10mg tablet -with CPR | 2.54 | 76.20 |
| 10 | 37997N | bot | 12.00 | Lactated Ringer Solution 500ml -with CPR | 36.00 | 432.00 |
| 11 | 38000N | tab | 500.00 | Lagundi (vitex negundo L) 600mg tab -with CPR | 2.21 | 1,105.00 |
| 12 | 37998N | cap | 500.00 | Loperamide (as hydrochloride), Oral: 2 mg capsule, with CPR | 0.51 | 255.00 |
| 13 | 37999N | tab | 2000.00 | Losartan (as potassium salt), Oral: 50mg tablet, with CPR | 0.73 | 1,460.00 |
| 14 | 38001N | tab | 150.00 | Mefenamic Acid, Oral: 500 mg tablet, with CPR | 0.82 | 123.00 |
| 15 | 38002N | amp | 30.00 | Metoclopramide 5mg/ml 2ml amp- with CPR | 8.45 | 253.50 |
| 16 | 38009N | tab | 2500.00 | Metronidazole 500mg tab – with CPR | 1.00 | 2,500.00 |
| 17 | 37989N | tube | 57.00 | Mupirocin Ointment 2% 10g - with CPR | 130.00 | 7,410.00 |
| 18 | 38008N | tube | 144.00 | Mupirocin Ointment 2% 5g tube -with CPR | 49.40 | 7,113.60 |

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 | Very truly |
|  Signature over printed name of 06-05-2025 Date |  DOROTHY M. GONZAGA Governor Authorized Official |

GENERAL
OBR No.: 0789-06-25-105
Responsibility Center:
Amount: 597,562.55

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

Name of Procuring Entity: LGU-Province of Davao de Oro
Standard Form No. SF-GOOD-58
Revised: May 24, 2004
Std. Form Title: Purchase Order

PURCHASE ORDER

Province of Davao de Oro

Agency/Procuring Entity

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| E-mail Address: | Mode of Procurement PB |
| Tel. No.: | PR Number: 25-C0223 |
| TIN: 254-115-843 | |

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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 |
|-----|-----------|---------------|----------|--|-----------|------------|
| 19 | 38003N | cap | 250.00 | Omeprazole, Oral: 20 mg capsule, with CPR | 0.91 | 227.50 |
| 20 | 38004N | sachet | 750.00 | Oral Rehydration Salts (ORS 75-replacement), | 2.76 | 2,070.00 |
| 21 | 38005N | tab | 2000.00 | Paracetamol, Oral: 500 mg tablet, with CPR | 0.49 | 980.00 |
| 22 | 37979N | tab | 73920.00 | Rifampicin 150 mg. INH 75mg tab - with CPR | 6.50 | 480,480.00 |
| 23 | 37978N | tab | 6720.00 | Rifampicin 150mg, Isoniazid 75mg Pyrazanamide 400mg, Ethanbutol HCl 275mg tab with CPR | 9.75 | 65,520.00 |
| 24 | 38006N | neb | 600.00 | Salbutamol (as sulfate), Resp. Soln.: (for nebulation) 1 mg/ml, 2.5 MI (unit dose), with CPR | 10.14 | 6,084.00 |
| 25 | 38020N | tab | 1000.00 | Vitamin B1 100mg + B6 5mg + B12 50mcg tab,- with CPR | 0.60 | 600.00 |
| 26 | 35873N | TABLET | 794.00 | [CO-AMOXICLAV] AMOXICILLIN 500MG + CLAVULANIC ACID 125MG TABLET WITH CPR CERTIFICATION THIS IS TO CERTIFY THE ABOVE LISTED DRUGS AND MEDICINES ARE FOUND OR IN ACCORDANCE WITH THE PHILIPPINE NATIONAL FORMULARY (PNF) ESSENTIAL DRUG LIST (EDL) VOLUME 1 8TH 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) PDRRR CHARGES 1ST QTR | 9.10 | 7,225.40 |

| | |
|------------------------|--|
| 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

Very truly

Signature over printed name of _____

Date _____

DOROTHY M. GONZAGA
Governor
Authorized Official

GENERAL

OBR No.: 0789-06-25-105

Responsibility Center:

Amount: 597,562.55

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be

Approved per Sanggunian Resolution

Certified

Date _____

Name of Procuring Entity: LGU-Province of Davao de Oro
Standard Form No. SF-GOOD-58
Revised: May 24, 2004
Std. Form Title: Purchase Order

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| Date of Delivery: 10 days | Payment Term: |

| No. | Stock No. | Unit of Issue | Quantity | Description | Unit Cost | Amount |
|-----|-----------|---------------|----------|--|-----------|---|
| | | | | THE AWARD IS BASED ON ABSTRACT NO. 2504115 UNDER BID NO.B-25-0071 OPENED ON April 11, 2025 | | |
| | | | | | | <div>COMMISSION ON AUDIT DAVAO DE ORO TEAM 1 RECEIVED DATE: 6/18/25 TIME: BY: Amount As Read 597,585.05 As Calculated 597,562.55</div> |

| | |
|---|------------|
| Total Amount in Words: Five Hundred Ninety Seven Thousand Five Hundred Sixty Two Pesos and Fifty Five Cents Only | 597,562.55 |
|---|------------|

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| | |
|---|--|
| Conform | Very truly |
| <div>Signature over printed name of Date 06-05-25</div> | <div>DOROTHY M. GONZAGA Governor Authorized Official</div> |

GENERAL
OBR No.: 0789-06-25-105
Responsibility Center:
Amount: 597,562.55

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