

PURCHASE ORDER

Province of Davao de Oro
 Agency/Procuring Entity

JAN 10 2025

Supplier: EAH MEDICINE AND MEDICAL SUPPLIES MARKETING	PO Number: 24121299
Address: PUROK 2-A, TANDANG SORA, TAGUM CITY	Date: 12/19/24
E-mail Address:	Mode of Procurement: SVP
Tel. No.:	PR Number: 24-5836
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	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	25.00	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	Ascorbic Acid (vitamin C) ,Oral: 500 mg tablet 100's with CPR(Generic)	221.00	5,525.00
7	25159	box/s	2.00	Aspirin ,Oral: 80 mg tablet ,100's with	220.00	440.00

COMMISSION OF AUDIT DAVAO DE ORO
 SPAN 1

RECEIVED

DATE: 1/20/25
 TIME: 9:57
 BY: [Signature]

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: 01/13/25 _____

DOROTHY M. GONZAGA
 Governor
 Authorized Official

GENERAL
 OBR No.: 0789 12-24 103
 Responsibility Center:
 Amount: 694,225.00

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

PURCHASE ORDER

Province of Davao de Oro
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JAN 10 2025

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8	25181	bot./s	12.00	CPR(Generic) 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	10.00	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(Generic)	1,150.00	11,500.00
11	25253	box/s	5.00	Bupivacaine (as hydrochloride) (1),Inj.: 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
13	25419	box/s	3.00	Co-Amoxiclav (amoxicillin + potassium	7,925.00	23,775.00

COMMISSION OF AUDIT DAVAO DE ORO
 (TEAM 1)
RECEIVED
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Conform _____
 Signature over printed name of

 Date 01/13/25

Very truly

DOROTHY M. GONZAGA
 Governor
 Authorized Official

GENERAL
 OBR No.: 0789-12-24-107
 Responsibility Center:
 Amount: 694,225.00

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PURCHASE ORDER

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E-mail Address:	Mode of Procurement: SVP
Tel. No.:	PR Number: 24-5836
TIN: 254-115-843	

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No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
14	25417	box/s	5.00	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)		
				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	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	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	25585	box/s	30.00	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(Generic)	473.00	14,190.00
18	25587	pc/s	25.00	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	7,800.00

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COMMISSION ON GOVT DAVAO DE ORO
 FLAM 1
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Conform _____ Very truly
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DOROTHY M. GONZAGA
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JAN 10 2025

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

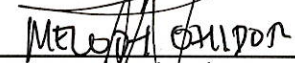
Place of Delivery: PGSO-Warehouse	Delivery Term:
Date of Delivery: 10 days	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
19	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	Iopamidol, 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	Iopamidol, Inj.: (Intravascular and other parenteral routes as appropriate) 612 mg/mL equiv. to 300	841.00	16,820.00

Total Amount in Words:


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Conform


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 Date
 01/13/25

Very truly

DOROTHY M. GONZAGA
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GENERAL
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				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 mg/mL, 10 mL ampul (IV), 5's with CPR(Generic)	1,895.00	18,950.00
32	26166	box/s	50.00	Oxytocin (synthetic), Inj.: 10 IU/mL, 1 mL ampul (IM, IV), 10's with CPR(Generic)	1,238.00	61,900.00
33	26186	box/s	100.00	Paracetamol, Inj: 150 mg/mL, 2mL ampule solution for injection (IM/IV), 10's with CPR(Generic)	146.00	14,600.00
34	26227	box/s	25.00	Phytomenadione (phytonadione, vitamin K1), Inj.: 10 mg/mL, 1 mL ampul (IM, IV, SC) (as aqueous colloidal solution with benzyl alcohol), 10's with CPR(Generic)	267.00	6,675.00
35	26251	box/s	5.00	Potassium Chloride, Inj.: 2 mEq/mL, 20 mlvial (IV infusion), 10's with CPR(Generic)	380.00	1,900.00
36	26244	box/s	5.00	Potassium Chloride, Oral: 600 mg tablet, 100's with CPR(Generic)	1,093.00	5,465.00

Total Amount in Words: _____

COMMISSION ON ANTI-CORRUPTION
 (CAAC)
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 DATE: 1/20/25
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Conform _____ Very truly
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DOROTHY M. GONZAGA
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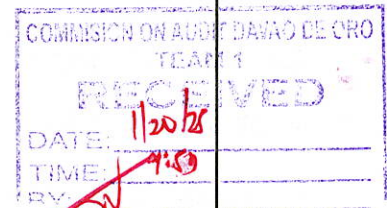
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37	26320	box/s	50.00	Ranitidine (as hydrochloride), Inj.: 25 mg/mL, 2 mL ampul/vial (IM, IV, IV infusion), 10's with CPR(Generic)	124.00	6,200.00
38	26323	vial/s	10.00	Regular, Insulin (recombinant DNA human), Inj.: 100 IU/mL, 10 mL vial (SC, IV/IM) , 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



Total Amount in Words: **Six Hundred Ninety Four Thousand Two Hundred Twenty Five Pesos Only** 694,225.00

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Conform MELON ORATOR
 Signature over printed name of
01/13/25
 Date

Very truly

Dorothy M. Gonzaga
DOROTHY M. GONZAGA
 Governor
 Authorized Official

GENERAL
 OBR No.: ORQ 12-24-107
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 Amount: 694,225.00

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