

PURCHASE ORDER

Province of Davao de Oro
 Agency/Procuring Entity

AUG 01 2024

Supplier: EAH MEDICINE AND MEDICAL SUPPLIES MARKETING Address: _____ E-mail: _____ Tel.: _____ TIN: 254-115-843	PO Number: 24070127 Date: 07/29/24 Mode of Procurement: PB PR: 24-C1481
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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 Delivery: 10 days
 Date of Delivery: 10 days Payment: _____

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	13713	box/s	14.00	Acetylcysteine 600mg tablet 10's - with CPR	507.00	7,098.00
2	11166	bx/s	10.00	Amlodipine(as besilate)10mg tabs 100's - with CPR	443.45	4,434.50
3	11031	bx/s	40.00	Amlodipine(as besilate)5mg tabs 100's - with CPR	259.82	10,392.80
4	01487	bt/s	60.00	Amoxicillin Potassium + Clavulanate 250mg +62.5mg/5ml granules 60ml - with CPR	25.81	1,548.60
5	11032	bx/s	4.00	Amoxicillin + Potassium Clavulanate 500mg + 125mg tab 100's - with CPR	910.00	3,640.00
6	01804	bt/s	55.00	Ascorbic acid + zinc 100mg/10mg/ml,drops 30ml - with CPR	110.00	6,050.00
7	10717	box/s	39.00	Ascorbic Acid 500mg tab 100's - with CPR	52.00	2,028.00
8	11038	bx/s	20.00	Azithromycin 500mg tab 3's - with CPR	35.10	702.00
9	01409	tube/s	4.00	Bacitracin 200 units + Neomycin 3mg + Polymyxin B 4000 units,10g ointment - with CPR	160.00	640.00
10	11177	bx/s	4.00	Cefalexin 250mg/5ml 60ml susp 144's - with CPR	36.40	145.60
11	11051	bx/s	4.00	Celecoxib 200mg cap 60's - with CPR	161.20	644.80
12	11052	bx/s	10.00	Cetirizine Dihydrochloride 10mg tab 100's - with CPR	39.00	390.00
13	10633	bt/s	60.00	Cetirizine dihydrochloride 10mg/ml syrup,10ml - with CPR	99.00	5,940.00
14	01457	bx/s	2.00	Cetirizine dihydrochloride 1mg/1ml syrup,60ml 144s - with CPR	9,107.40	18,214.80
15	11182	bx/s	6.00	Clindamycin hydrochloride 300mg cap 100's - with CPR	448.50	2,691.00
16	25406	bx/s	1.00	Clotrimazole, Cream: 1% (10 mg/ g), 10 g aluminum colapsible tube, 12's with CPR	585.00	585.00

COMMISSION ON AUDIT DAVAO DE ORO
 RECEIVED
 DATE: 8/16/24
 TIME: _____
 BY: _____

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: 08-02-2024
 DOROTHY M. GONZAGA
 Governor
 Authorized Official

TRUST FUND
 OBR No.: 2024-08-014
 Responsibility Center:
 Amount: 491,814.82

(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
 Agency/Procuring Entity

AUG 01 2024

Supplier: EAH MEDICINE AND MEDICAL SUPPLIES MARKETING	PO Number: 24070127
Address:	Date: 07/29/24
E-mail:	Mode of Procurement: PB
Tel.:	PR: 24-C1481
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: 10 days
 Date of Delivery: 10 days Payment: .

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
17	33318N	tablet	500.00	Clozapine 100mg Tablet	4.90	2,450.00
18	25417	box/s	11.00	Co-Amoxiclav (amoxicillin + potassium clavulanate), Oral: 875 mg amoxicillin (as trihydrate) + 125 mg potassium clavulanate per tablet, 100's with CPR	1,210.00	13,310.00
19	25559	box/s	10.00	Doxycycline, Oral: 100 mg capsule (as hyclate), 100's with CPR	136.50	1,365.00
20	01549	box/s	1000.00	Ferrous sulfate 200mg + folic acid 400mcg tab. 100's - with CPR	84.50	84,500.00
21	25654	box/s	10.00	Flupentixol (as decanoate) (1), Inj.: 20 mg/mL, 1 mL ampule (IM), 10's with CPR	3,784.00	37,840.00
22	25690	box/s	1.00	Fusidate Sodium / Fusidic Acid, Cream: 2%, 5g tube, 12's with CPR	1,983.12	1,983.12
23	10812	box/s	4.00	Gliclazide 80mg tabs 100's - with CPR	188.50	754.00
24	10850	box/s	40.00	Losartan Potassium 50mg tab 100's - with CPR	83.20	3,328.00
25	11075	bx/s	20.00	Losartan Potassium 100mg tab 30's - with CPR	188.50	3,770.00
26	10860	box/s	10.00	Metformin 500mg tablet (as hydrochloride) 100's - with CPR	40.30	403.00
27	10635	bt/s	620.00	Multivitamins + B- complex + Taurine and double CGF 120ml - with CPR	240.00	148,800.00
28	01677	tube/	50.00	Mupirocin Ointment 2% 10g - with CPR	130.00	6,500.00
29	17741	box/s	20.00	Olanzapine 10 mg x 30's with CPR	2,117.70	42,354.00
30	13150	bx/s	4.00	Omeprazole 40mg cap 50's - with CPR	396.50	1,586.00
31	11233	bx/s	2.00	Paracetamol 250mg/5ml 60ml syrup 144's - with CPR	2,059.20	4,118.40
32	11084	bx/s	20.00	Paracetamol 500mg tab 100's - with CPR	48.10	962.00
33	11238	bx/s	6.00	Ranitidine 150mg tabs (as hydrochloride) 100's - with CPR	104.00	624.00

COMMISSION ON AUDIT DAVAO DE ORO

RECEIVED

DATE: 8/16/24

TIME: _____

BY: _____

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 *CHEANIE A. GURMAN* Very truly
 Signature over printed name of _____
 Date 08-02-2024

DOROTHY M. GONZAGA Authority of the Governor:
 Governor
 Authorized Official *MADYLLJAN P. PINALES, RN* Executive Assistant II

TRUST FUND
 OBR No.: 2024-08-0164
 Responsibility Center:
 Amount: 491,814.82

(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
 Agency/Procuring Entity

AUG 01 2024

Supplier: EAH MEDICINE AND MEDICAL SUPPLIES MARKETING Address: E-mail: Tel.: TIN: 254-115-843	PO Number: 24070127 Date: 07/29/24 Mode of Procurement: PB PR: 24-C1481
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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 Delivery: 10 days
 Date of Delivery: 10 days Payment:

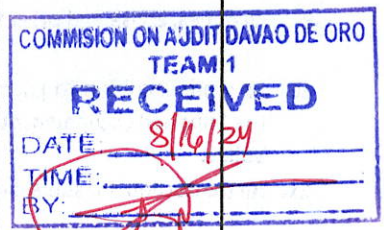
No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
34	26347	box/s	50.00	Risperidone, Oral: 2 mg orodispersible tablet, 30's with CPR	902.32	45,116.00
35	14167	bx/s	10.00	Sodium Ascorbate - Non Acidic Immune System Booster 568 18mg Capsule	845.00	8,450.00
36	26386	box/s	100.00	Sodium Bicarbonate, Oral: 325 mg tablet, 100's with CPR	117.00	11,700.00
37	03495	tube	5.00	Tobramycin + Dexamethasone eye drops susp. 0.3% Tobramycin + 0.1% Dexamethasone 5ml - with CPR	110.50	552.50
38	26513	box/s	1.00	Tobramycin, Eye Drops Solution: 0.3%, 5 mL bottle, 12's with CPR	1,404.00	1,404.00
39	01803	bt/s	40.00	Zinc + Vitamin c 100mg/ml drops 30ml - with CPR	120.00	4,800.00

CERTIFICATION:
 THIS IS TO CERTIFY THE ABOVE LISTED DRUGS AND MEDICINES 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 ASSISTANCE TO CALAMITY VICTIMS/SURVIVORS OF THE COMBINED EFFECTS OF THE NORTHEAST MONSOON-DRUGS AND MEDICINES-3RD QTR

THE AWARD IS BASED ON ABSTRACT NO. 2407375 UNDER BID NO. B-24-0153 OPENED ON July 02, 2024



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 *CHEANIE R. GONZAGA* Very truly
 Signature over printed name of _____
 Date 08-02-24

DOROTHY M. GONZAGA
 Governor
 Authorized Official *[Signature]*

By Authority of the Governor:
MADYLLJANN PEÑALES, RN
 Executive Assistant I *[Signature]*

TRUST FUND
 OBR No.: 2024-08-0161
 Responsibility Center:
 Amount: 491,814.82

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

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

AUG 01 2024

Supplier: EAH MEDICINE AND MEDICAL SUPPLIES MARKETING Address: E-mail: Tel.: TIN: 254-115-843	PO Number: 24070127 Date: 07/29/24 Mode of Procurement: PB PR: 24-C1481
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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 10 days
 Date of Delivery: 10 days Payment

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
<div style="position: absolute; bottom: 20px; right: 20px; border: 2px solid blue; padding: 5px;"> COMMISSION ON AUDIT DAVAO DE ORO TEAM 1 RECEIVED DATE: 8/16/24 TIME: _____ BY: _____ </div>						

Amount As Read 491,814.82
 As Calculated 491,815.12

Total Amount in Words: **Four Hundred Ninety One Thousand Eight Hundred Fourteen Pesos and Eighty Two Cents Only** 491,814.82

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

By Authority of the Governor:
 MARYLLJAN P. PILES, RN
 Executive Assistant

TRUST FUND
 OBR No.: 2024-08-0164
 Responsibility Center:
 Amount: 491,814.82

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