

OCT 29 2025

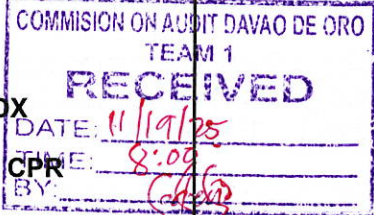
PURCHASE ORDER  
Province of Davao de Oro  
Agency/Procuring Entity

Supplier: MMJS PHARMACY AND MEDICAL SUPPLIES	PO Number: 25101503
Address: BLOCK 14 LOT 11 AMENETYS STREET, GEM VILLAGE	Date: 10/20/25
E-mail Address:	Mode of Procurement PB
Tel. No.:	PR Number: 25-2987
TIN: 912-031-312-000	

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	37951N	tab	6000.00	Amlodipine (as besilate) 10mg tab w/ CPR	20.00	120,000.00
				AMLOTHIX/LOPIDEN/REGIVASC		
2	39144N	tablet	5000.00	Amlodipine 5mg tab -with CPR	12.00	60,000.00
				AMLOTHIX/AMLOTHIN/REGIVASC		
3	37972N	bot	1440.00	Amoxicillin Trihydrate 250mg/5ml 60ml susp. -with CPR	99.00	142,560.00
				EPPITREXIL/MOXYLOR/VAROLOX		
4	37970N	cap	10000.00	Amoxicillin Trihydrate 500mg cap. -with CPR	7.00	70,000.00
				AMBIMOX/BETHMOX/SAPHMOX		
5	37958N	tab	20000.00	Ascorbic acid 500mg tab - with CPR	5.00	100,000.00
				ASCOPHIL/ BETTER C/CEVIT		
6	39142N	bot	2880.00	Ascorbic Acid: 100 mg/5 ml syrup, 60 ml. with CPR	40.00	115,200.00
				MYREVIT-C/NOVACEE		
7	39162N	tab	1500.00	Atorvastatin calcium ,Oral: 20 mg	17.50	26,250.00



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	Very truly
<div><div>Karen M. Gelena</div><div>Signature over printed name of</div><div>11/9/25</div><div>Date</div></div>	<div><div>ENGR. RAUL G. MABANGLO</div><div>Governor</div><div>Authorized Official</div></div>

GENERAL  
OBR No.: 0870-11-25-105  
Responsibility Center:  
Amount: 3,732,372.80

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

Name of Procuring Entity: LGU-Province of Davao City  
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

Page 2

OCT 29 2025

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Address: BLOCK 14 LOT 11 AMENETYS STREET, GEM VILLAGE

E-mail Address:

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TIN: 912-031-312-000

PO Number: 25101503

Date: 10/20/25

Mode of Procurement PB

PR Number: 25-2987

Gentlemen:  
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Delivery Term:

Date of Delivery: 10 DAYS

Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
8	39140N	tablet	1000.00	tablet, with CPR  BRELVAZIN/MEDIVAZT Atorvastatin, Oral: 40 mg tablet, with CPR	29.33	29,330.00
9	37987N	tab	300.00	ATORBET/AZITHROM/RETHMAX2 Azithromycin 500mg tab -with CPR	111.00	33,300.00
10	39153N	tablet	800.00	AZITOBACT/AZITHROM/RETHMAX2 Betahistine dihydrochloride 16mg tablet -with CPR	36.00	28,800.00
11	37957N	vial	50.00	CENVERTT-16 Biphasic Isophane Human Insulin 70/30 (Recombinant DNA) 100 IU/ml, 10 mL Suspension for Injection W/ CPR	792.00	39,600.00
12	39128N	nebule	200.00	SCILLIN M30 Budesonide 250mcg/ml, 2ml -with CPR	36.00	7,200.00
13	37945N	tab	1000.00	RESPI-SAPH Calcium carbonate 500mg tab - with	9.00	9,000.00

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Conform

Karen M. Celena

Signature over printed name of

11/9/25

Date

Very truly

ENGR. RAUL G. MABANGLO

Governor

Authorized Official

GENERAL

OBR No.: 10870-11-25-105

Responsibility Center:

Amount: 3,732,372.80

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

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

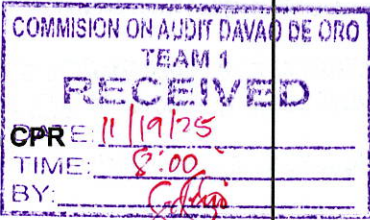
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Province of Davao de Oro  
Agency/Procuring Entity

Supplier: MMJS PHARMACY AND MEDICAL SUPPLIES	PO Number: 25101503
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TIN: 912-031-312-000	

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No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<b>CPR</b>		
14	39125N	tab	1000.00	<b>DLI/OSTEDFREE/VONWELT</b> <b>Captopril 25mg tablet, with CPR</b>	6.00	6,000.00
15	39147N	capsule	3000.00	<b>CAPTOBES/HYPER STOP</b> <b>Cefalexin 500mg, caps - with CPR</b>	6.40	19,200.00
16	39130N	capsule	3702.00	<b>EXEL/EDICIN</b> <b>Celecoxib 200mg cap- with CPR</b>	35.00	129,570.00
17	39157N	capsule	2000.00	<b>COXIBRAL/EMILOX</b> <b>Celecoxib, Oral: 400 mg capsule, with CPR</b>	30.10	60,200.00
18	37994N	tab	810.00	<b>EMILOX/SAPHLECOX</b> <b>Cetirizine 10mg tab -with CPR</b>	35.00	28,350.00
19	39120N	bot	308.00	<b>CETICIT/RETANYX</b> <b>Cetirizine Dihydrochloride 2.5 mg/ml drops</b>	45.00	13,860.00



Total Amount in Words:

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Conform	 Signature over printed name of Karen M. Belena Date 11/19/25	Very truly	 ENGR. RAUL G. MABANGLO Governor Authorized Official
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OBR No.: 0870-11-25-105  
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No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
20	39121N	bot	2083.00	ALLCCUR P/CETALERT/REAX Cetirizine dihydrochloride 5mg/5ml syrup - with CPR	30.00	62,490.00
21	39135N	tablet	3000.00	ALLERCHEM/ALLCCUR/REGICET Ciprofloxacin hydrochloride 500mg tablet - with CPR	32.00	96,000.00
22	39149N	capsule	1000.00	CYFROX/NO VAPROX Clindamycin hydrochloride 300mg cap - with CPR	15.00	15,000.00
23	39161N	tube	400.00	CLIN-GEN/CLINTOP Clotrimazole, Cream: 1% (10 mg/ g), 10 g aluminum colapsible tube, with CPR	315.00	126,000.00
24	39150N	capsule	1000.00	KLOFRED/NOVAMET/TOPICLO Cloxacillin 500mg capsule - with CPR	10.00	10,000.00
25	39122N	cap	6250.00	CLOXANE/CLOXASAPH/MEDETHIX Cloxacillin Sodium 500mg cap - with CPR	10.00	62,500.00

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<div>Karen M. Gelena</div> <div>Signature over printed name of</div> <div>11/4/25</div> <div>Date</div>	<div>ENGR. RAUL G. MABANGLO</div> <div>Governor</div> <div>Authorized Official</div>

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

OCT 29 2025

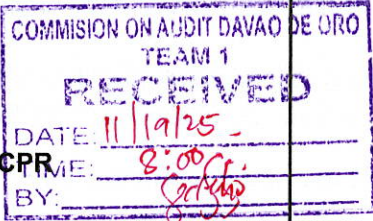
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No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
26	39145N	bot	200.00	CLOXANE/CLOXASAPH/MEDETHIX Co-Amoxiclav (amoxicillin + potassium clavulanate), Oral: 200 mg amoxicillin (as trihydrate) + 28.5 mg potassium clavulanate per 5 mL granules/powder for suspension, 70 mL -with CPR	157.00	31,400.00
27	39156N	tablet	500.00	NATRAVOX Co-Amoxiclav (amoxicillin + potassium clavulanate), Oral: 875 mg amoxicillin (as trihydrate) + 125 mg potassium clavulanate per tablet, with CPR	36.00	18,000.00
28	39131N	bot	400.00	COMOXBET/COMXICLA/OLLEN Diphenhydramine,Hydrochloride 50mg cap. - with CPR	7.00	2,800.00
29	39152N	capsule	3000.00	HISTAMOX/HISTAZYN Diphenhydramine,Hydrochloride 50mg cap. - with CPR	6.90	20,700.00
30	37955N	tab	1000.00	HISTAMOX/HISTAZYN Gliclazide 80mg tab w/ CPR	6.00	6,000.00



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	Signature over printed name of		
	<u>11/9/25</u>		
	Date		

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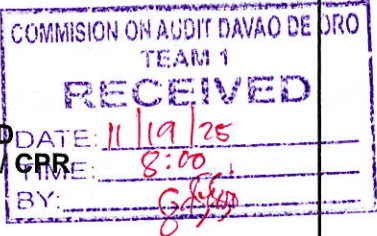
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No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
31	37959N	tab	2000.00	GLYCINORM/ZEBET Ibuprofen 400mg tab w/ CPR	4.00	8,000.00
32	39127N	nebule	200.00	IBUFEN/RHEUXAN Ipratropium + Salbutamol (for nebulization) 500mcg ipratropium (as bromide anhydrous) + 2.5mg Salbutamol (as bas) x 2.5ml (unit dose) - with CPR	12.00	2,400.00
33	38000N	tab	4000.00	BRODIX PLUS/HIVENT PLUS/ORANAIR PLUS Lagundi (vitex negundo L) 600mg tab -with CPR	20.00	80,000.00
34	39123N	bot	1260.00	ASFLEM/OFLEMED FORTE Lagundi(vitex negundo) 300mg/5ml 60ml syrup - with CPR	56.00	70,560.00
35	37956N	tab	10000.00	CLIRCAF/OFPLEMED Losartan 50mg tab w/ CPR	17.00	170,000.00
36	37952N	tab	10000.00	LOSAN/LOSAAR Losartan Potassium 100mg tab w/ CPR	23.00	230,000.00



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

OCT 29 2025

PURCHASE ORDER  
Province of Davao de Oro  
Agency/Procuring Entity

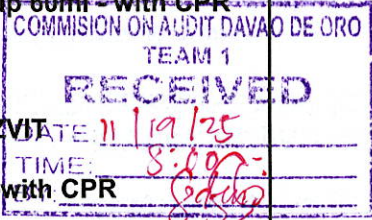
Page 7

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No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
37	37973N	cap	10000.00	ARTICE/LOSAAR Mefenamic Acid 250mg cap- CPR	4.00	40,000.00
38	38001N	tab	16000.00	ANALMIN Mefenamic Acid, Oral: 500 mg tablet, with CPR	20.00	320,000.00
39	37954N	tab	1000.00	PONTEIN Metformin as HCl 500mg tab w/ CPR	14.00	14,000.00
40	39129N	tablet	700.00	GLYCEMET/MYMET Metoprolol Tartrate 100mg tab. - with CPR	6.50	4,550.00
41	39158N	bot	320.00	LOPREXO/PCOLOL Multivitamins Niacin syrup 60ml - with CPR	110.00	35,200.00
42	39141N	capsule	20000.00	MULTILEM/MYREVIT/RIZVIT Multivitamins Oral, cap. - with CPR	1.85	37,000.00



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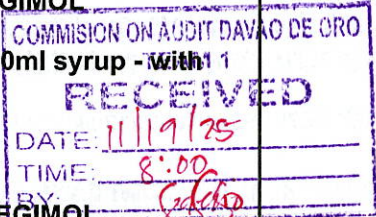
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43	38008N	tube	400.00	MULTIVITA/MULTICAPS Mupirocin Ointment 2% 5g tube -with CPR	197.00	78,800.00
44	39137N	capsule	2000.00	MUPORS/RETA Omeprazole 40mg cap - with CPR	41.00	82,000.00
45	38004N	sachet	800.00	INHIBITA/XOPRAZOLE Oral Rehydration Salts (ORS 75-replacement),	7.00	5,600.00
46	39143N	bot	432.00	APLINE-ORS/DEHYDROSOL Paracetamol 100mg/ml 10ml drops - with CPR	20.40	8,812.80
47	37976N	bot	720.00	NOVAMOL/PARA 100/REGIMOL Paracetamol 250mg/5ml 60ml syrup -with 1 CPR	53.00	38,160.00
48	38005N	tab	10000.00	HYFER-250/ PARA 250/REGIMOL Paracetamol, Oral: 500 mg tablet, with CPR	4.00	40,000.00



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Conform Karen M. Gelena Very truly ENGR. RAUL G. MABANGLO  
Signature over printed name of 11/19/25 Governor  
Date Authorized Official

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PURCHASE ORDER  
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Page 9

Supplier: MMJS PHARMACY AND MEDICAL SUPPLIES	PO Number: 25101503
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No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
49	39165N	bot	300.00	ARGESIC/PHIL PARA/RAPIDOL Polymyxin B+ Neomycin+ Dexamethasone otic drop 5 ml with CPR	420.00	126,000.00
50	39151N	tablet	2000.00	SYNTEMAX Ranitidine (as hydrochloride), Oral: 150 mg tablet, with CPR	3.25	6,500.00
51	39126N	nebule	600.00	RANITEIN/ZENTEK Salbutamol 1mg/ml, 2.5ml(unit dose)(as sulfate)for nebulization - with CPR	12.00	7,200.00
52	39148N	pcs	400.00	SALBUDEN Salbutamol 2mg/5ml syrup 60ml -with CPR	42.00	16,800.00
53	39159N	tablet	200.00	BUTAMOL/VENTOMAX/VNZ Sambong 500mg tab - with CPR	11.50	2,300.00
54	39138N	tablet	200.00	AWANAY FORTE Simvastatin 20mg, tab. -with CPR	20.00	4,000.00

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55	39139N	tablet	200.00	DIASTATIN/SIMVASYN Simvastatin 40mg tab. - with CPR	25.00	5,000.00
56	39146N	capsule	500.00	DIASTATIN/SIMVASYN/ZIMVAST Sodium Ascorbate - 568 18mg Capsule - with CPR	15.00	7,500.00
57	39154N	tablet	300.00	CEVITA Sodium Bicarbonate 650mg tablet - with CPR	7.00	2,100.00
58	39124N	tab	600.00	BICARNATE/SUPRACID Telmisartan, Oral: 40 mg tab. with CPR	20.00	12,000.00
59	39160N	tube	300.00	GLOSAILTAN/VICARDIS Tobramycin + Dexamethasone eye drops susp. 0.3% Tobramycin 11% Dexamethasone, 3.5g TUBE - with CPR	579.00	173,700.00
60	39163N	tablet	200.00	TOBRASON Trimetazidine 35mg tab with CPR	26.00	5,200.00

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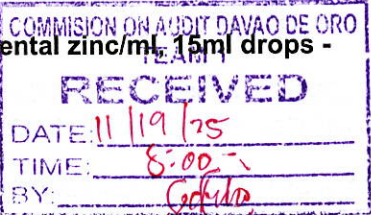
OCT 29 2025

Supplier: MMJS PHARMACY AND MEDICAL SUPPLIES Address: BLOCK 14 LOT 11 AMENETYS STREET, GEM VILLAGE E-mail Address: Tel. No.: TIN: 912-031-312-000	PO Number: 25101503 Date: 10/20/25 Mode of Procurement PB PR Number: 25-2987
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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
61	38020N	tab	4000.00	TRIMESAPH Vitamin B1 100mg + B6 5mg + B12 50mcg tab,- with CPR	11.00	44,000.00
62	39132N	bot	300.00	MYREVIT-B Zinc (as gluconate) ,Oral: 70 mg/5 mL syrup (equivalent to 10 mg elemental zinc), 60 mL ,1's with CPR	71.20	21,360.00
63	39133N	bot	720.00	ORAZINC Zinc 10mg elemental zinc/ml, 15ml drops - with CPR	78.00	56,160.00
64	39134N	bot	1440.00	ZINLUM Zinc 20mg elemental zinc/5ml, 60ml syrup - with CPR	89.00	128,160.00
65	35873N	TABLET	12000.00	IMMUNOSAPH-55/LEMZINC/ZINLUM [CO-AMOXICLAV] AMOXICILLIN 500MG + CLAVULANIC ACID 125MG TABLET WITH CPR	30.00	360,000.00



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  Signature over printed name of  Date	Karen M. Gelena  11/19/25	Very truly  ENGR. RAUL G. MABANGLO Governor Authorized Official
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GENERAL  
OBR No.: 00970 -11-25-105  
Responsibility Center:  
Amount: 3,732,372.80

(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 d  
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

OCT 29 2025

Supplier: MMJS PHARMACY AND MEDICAL SUPPLIES	PO Number: 25101503
Address: BLOCK 14 LOT 11 AMENETYS STREET, GEM VILLAGE	Date: 10/20/25
E-mail Address:	Mode of Procurement PB
Tel. No.:	PR Number: 25-2987
TIN: 912-031-312-000	



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
				<p>PHILIPPINE NATIONAL FORMULARY (PNF) ESSENTIAL DRUG LIST (EDL) VOLUME 1 8TH EDITION, SERIES OF 2017</p> <p>EXPIRATION DATE SHOULD NOT LESS THAN 1 1/2 YEARS FROM THE DATE OF DELIVERY</p> <p>COMOXBET/RANICLAV/RETACLAV-R</p> <p>FOR THE USE OF TUNOL SERBISYO 2ND QTR</p> <p>THE AWARD IS BASED ON ABSTRACT NO. 2510118 UNDER BID NO.B-25-0184 OPENED ON October 08, 2025</p> <div><div>COMMISSION ON AUDIT DAVAO DE ORO TEAM 1 RECEIVED DATE: 11/19/25 TIME: 8:00 BY: </div></div>		
Amount As Read 3,732,372.8 As Calculated 3,732,372.8						

Total Amount in Words: Three Million Seven Hundred Thirty Two Thousand Three Hundred Seventy Two Pesos and Eighty Cents Only	3,732,372.80
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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	 Karen M. Gelena Signature over printed name of Date 11/19/25	Very truly	 ENGR. RAUL G. MABANGLO Governor Authorized Official
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GENERAL  
OBR No.: 0270 -11-25-105  
Responsibility Center:  
Amount: 3,732,372.80

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