Std. Form Title:Purchase Order

OCT 29 2025

### **PURCHASE ORDER**

Province of Davao de Oro

Page 1 Agency/Procuring Entity MMJS PHARMACY AND MEDICAL SUPPLIES PO Number: 25101503 Address: BLOCK 14 LOT 11 AMENETYS STREET, GEM VILLAGE Date: 10/20/25 F-mail Address: Mode of PB Procurement Tel. No.: TIN: 912-031-312-000 PR Number: 25-2987 Please furnish this office the following articles subject to the terms and conditions contained herein: **PGSO WAREHOUSE** Place of Delivery: Delivery Term: Date of Delivery: 10 DAYS Payment Term: 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. 99.00 142,560.00 -with CPR EPPITREXIL/MOXYLOR/VAROLOX 4 37970N cap 10000.00 Amoxicillin Trihydrate 500mg cap. -with CPR 7.00 70,000.00 COMMISION ON AUDIT DAVAO DE ORO TEAM 1 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 40.00 115,200.00 **CPR** MYREVIT-C/NOVACEE <sup>7</sup> 39162N ltab 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 Karen M. Gelena Very truly Signature over printed name of ENGR. RA ul G. Mabànglo Governor Date **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

Date

Aprroved per Sanggunian Resolution

Certified

# **PURCHASE ORDER**

Province of Davao de Oro

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Agency/Procuring Entity

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Supplier: MM	JS PHARMACY	AND MEDICAL	SUPPLIES	PO Number: 2510	01503
		AMENETYS ST	REET, GEM VILLAGE	Date: 10/20/25	
E-mail Address: Tel. No.:				Mode of Procurement PB	3
TIN: 912-031-3	12-000			PR Number: 25-29	987
Gentlemen: Please fur	nish this office t	the following arti	cles subject to the terms and conditions contained herein:		701
Place of Deliver	ry: PGSO	WAREHOUSE	Delivery Term:		
Date of Delivery	y: 10 DA`	YS	Payment Term:		
No. Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
			tablet, with CPR		
<sup>8</sup> 39140N	tablet	1000.00	BRELVASTIN/MEDIVAZT Atorvastatin, Oral: 40 mg tablet, with CPR	29.33	29,330.00
			ATORBET/AZITHROM/RETHMAX2		
9 37987N	tab	300.00	Azithromycin 500mg tab -with CPR	111.00	33,300.00
<sup>10</sup> 39153N	tablet	800.00	AZITOBACT/AZITHROM/RETHMAX2 Betahistine dihydrochloride 16mg tablet -with COMMISION ON AUDIT DAVAG DE TEAM 1	ORO 36.00	28,800.00
<sup>11</sup> 37957N	vial	50.00	CENVERTT-16 Biphasic Isophane Human Insulin 70/30 (Recombinant DNA) 100 IU/mI, 10 mL Suspension for Injection W/ CPR	792.00	39,600.00
<sup>12</sup> 39128N	nebule	200.00	SCILLIN M30 Budesonide 250mcg/ml, 2ml -with CPR	36.00	7,200.00
<sup>13</sup> 37945N	tab	1000.00	RESPI-SAPH Calcium carbonate 500mg tab - with	9.00	9,000.00
Total Amount in	Words:				
Conform	of delay shall Signature	Karen M. (Sele e over printed	Very truly I name of ENGR.	RAUL G. MABANGLO Governor Authorized Official	-
Responsib	OS 70 ~\ illity Center: 3,732,372.80	1	>		
		Purchase pur ian Resolution	rsuant to section 369(a) of RA 7180, this portion mu	ist be	
Certified	er Sanggum	ali Kesolulloi	Date		
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Std. Form Title:Purchase Order

# **PURCHASE ORDER**

OCT 29 2025

### Province of Davao de Oro Agency/Procuring Entity

Supplier: MM.	JS PHARMACY	Y AND MEDICAL	SUPPLIES	PO Number: 251	101503
Employ and the second s		AMENETYS ST	FREET, GEM VILLAGE	Date: 10/20/25	
E-mail Address: Tel. No.:				Mode of Procurement PE	В
Tel. No.: TIN: 912-031-3	12-000		PR Number: 25-2	2987	
Gentlemen:					
			icles subject to the terms and conditions contained herein:		
Place of Deliver		WAREHOUSE			
Date of Delivery		YS	Payment Term:		
No. Stock No.	. Unit of Issue	Quantity	Description	Unit Cost	Amount
			CPR		
	1250				
14 39125N	tab	1000.00	DLI/OSTEDFREE/VONWELT Captopril 25mg tablet, with CPR	6.00	6,000.00
a de deservación de la constante de la constan					100
			CAPTOBES/HYPER STOP		
<sup>15</sup> 39147N	capsule	3000.00	Cefalexin 500mg, caps - with CPR	6.40	19,200.00
	7 500		a chidustropa etc. America, fist es esc. () ca to		
	I rota		EXEL/EDICIN		
16 39130N	capsule	3702.00	Celecoxib 200mg cap- with CPR	35.00	129,570.00
	i di di	- Top 200		anton rasafirm. In	3,500,350
		2222.00	COXIBRAL/EMILOX	22.40	33 222 26
<sup>17</sup> 39157N	capsule	2000.00	Celecoxib, Oral: 400 mg capsule, with CPR	30.10	60,200.00
			COMMISION ON AUDIT DAVAO	DE OPO	
F	e projets		TEAM 1		
8860					
<sup>18</sup> 37994N	tab	810.00	Cetirizine 10mg tab -with CPRE 11 19175	35.00	28,350.00
			BY: Colors		
			CETICIT/RETANYX		
<sup>19</sup> 39120N	bot	308.00	Ceticit/RETANYX Cetirizine Dihydrochloride 2.5 mg/ml drops	45.00	13,860.00
Tatal Amount in	\\/-uda,				
Total Amount in	vvoras:				
			livery within the time specified above, a penalty of o	ne tenth (1/10) of one	(1) percent for
every day o	of delay snai	Il be imposed.	.A	$\langle . \rangle \wedge A \rangle$	
Conform	k	////V Caren M. Geler	vena Very truly		
_		e over printed		RAUL G. MABANGL	.0
,		Date	<u> </u>	Governor Authorized Official	
GENERAL		Date		utilonzed Onicial	
		-11-25-W	ROPA		
Responsibi	ility Center:				
	3,732,372.80				
	, — , — , — , — , — , — , — , — , — , —	-	rsuant to section 369(a) of RA 7180, this portion mus	st be	i.e
Aprroved p Certified	er Sanggum	ian Resolutior	on Date		
Ochinoa			Date		<del></del> )

OCT 29 2025

Certified

# **PURCHASE ORDER**

Province of Davao de Oro Agency/Procuring Entity

Page 4

Add E-m Tel. TIN:	ress: BLO ail Address: No.: 912-031-3	CK 14 LOT 11	AND MEDICAL AMENETYS ST	REET, GEM VILLAGE	PO Number: 2510 Date: 10/20/25 Mode of Procurement PB PR Number: 25-29	
Gen	tlemen: Please furr	nish this office t	he following artic	cles subject to the terms and conditions contained herein:		
Plac	e of Deliver	y: PGSO	WAREHOUSE	Delivery Term:		To age
Date	of Delivery	: 10 DA	YS	Payment Term:		
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	62,490.0
21	39135N	tablet	3000.00	ALLERCHEM/ALLCCUR/REGICET Ciprofloxacin hydrochloride 500mg tablet - with CPR	32.00	96,000.0
22	39149N	capsule	1000.00	CYFROX/NO VAPROX Clindamycin hydrochloride 300mg cap - with CPR	15.00	15,000.0
23	39161N	tube	400.00	CLIN-GEN/CLINTOP Clotrimazole, Cream: 1% (10 mg/g), 10 g aluminum colapsible tube; WIMSOPRIADIT DAVADITE AM 1		126,000.0
24	39150N	capsule	1000.00	KLOFRED/NOVAMET/TOPIGLO 8:00  Cloxacillin 500mg capsule with CPR	10.00	10,000.0
25	39122N	сар	6250.00	CLOXANE/CLOXASAPH/MEDETHIX Cloxacillin Sodium 500mg cap - with CPR	10.00	62,500.0
Tota	I Amount in	Words:				
e\ C	case of force on form —	of delay shall Kar	te the full del be imposed. M. Gelena over printed	Very truly name of ENGR. F	AUL G. MABANGLO Sovernor uthorized Official	
O Re	BR No.: ( esponsibil	) シか - lity Center: ,732,372.80	11-25-10	05		
(Ir	n case of	Negotiated F		suant to section 369(a) of RA 7180, this portion mus	t be	
A	orroved pe	er Sanggunia	an Resolutior	i		

Date .

OCT 29 2025

# **PURCHASE ORDER**

Province of Davao de Oro

Agency/Procuring Entity

1 1515.0		AND MEDICAL AMENETYS STI	SUPPLIES REET, GEM VILLAGE	PO Number: 2510 Date: 10/20/25	1503
E-mail Address:				Mode of Procurement PB	
Tel. No.: TIN: 912-031-31	12-000	PR Number: 25-29	87		
Gentlemen: Please furn	nish this office the	he following artic	cles subject to the terms and conditions contained herein:		/
Place of Delivery	/: PGSO	WAREHOUSE	Delivery Term:		
Date of Delivery:	: 10 DAY	<b>YS</b>	Payment Term:		
No. Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
<sup>26</sup> 39145N	bot		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
<sup>28</sup> 39131N	bot	400.00	COMOXBET/COMXICLA/OLLEN Diphenhydramine,Hydrochloride 50mg cap with CPR	7.00	2,800.00
<sup>29</sup> 39152N	capsule	3000.00	HISTAMOX/HISTAZYN Diphenhydramine,Hydrochloride 50mg cap with CPR COMMISION ON AUDIT DAVAO DE TEAM 1	6.90	20,700.00
<sup>30</sup> 37955N	tab	1000.00	HISTAMOX/HISTAZYN Gliclazide 80mg tab w/ CPR/IE 2:00 C	6.00	6,000.00
Total Amount in	Words:				
every day o  Conform  GENERAL	Signature	be imposed.	Nery truly  name of ENGR. I	RAUL G. MABANGLO Governor uthorized Official	
Amount: 3,	732,372.80				
		Purchase purs an Resolutior	suant to section 369(a) of RA 7180, this portion mus	st be	
Certified	n Janggunia	IOIIDIO69/11IK	Date		

Std. Form Title:Purchase Order

# **PURCHASE ORDER**

OCT 29 2025

### Province of Davao de Oro Agency/Procuring Entity

Page 6 25101503

PO Number:

la ale la mana	CK 14 LOT 11	AND MEDICAL AMENETYS ST	SUPPLIES REET, GEM VILLAGE	PO Number: 2510 Date: 10/20/25 Mode of Procurement PB	1503
TIN: 912-031-3	12-000	PR Number: 25-29	87		
Gentlemen:	aigh this office t	ha fallowing artic	cles subject to the terms and conditions contained herein:		
Place of Deliver		WAREHOUSE	Delivery Term:		
Date of Delivery			Payment Term:		
	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
<sup>32</sup> 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
	95.0		BRODIX PLUS/HIVENT PLUS/ORANAIR PLUS		
33 38000N	tab	4000.00	Lagundi (vitex negundo L) 600mg tab -with CPR	20.00	80,000.0
<sup>34</sup> 39123N	bot	1260.00	ASFLEM/OFLEMED FORTE Lagundi(vitex negundo) 300mg/5ml 60ml syrup - with CPR COMMISION ON AUDIT DAVAG DE	56.00 DRO	70,560.0
<sup>35</sup> 37956N	tab	10000.00	CLIRCAF/OFPLEMEDDATE 11 19 25 Losartan 50mg tab w/ GRRE 8:00	17.00	170,000.0
<sup>36</sup> 37952N	tab	10000.00	LOSAN/LOSAAR Losartan Potassium 100mg tab w/ CPR	23.00	230,000.0
Total Amount in	Words:				
Conform  GENERAL OBR No.: \ Responsib	of delay shal	Karen A Ge e over printed  Date	Very truly I name of ENGR.	RAUL G. MABANGLO Governor Authorized Official	. , ,
II (8)		Purchase pui ian Resolutio	rsuant to section 369(a) of RA 7180, this portion munn  Date	ust be	

OCT 29 2025

# **PURCHASE ORDER**

Province of Davao de Oro Agency/Procuring Entity

	ess: BLOGail Address:		AND MEDICAL AMENETYS STF	SUPPLIES REET, GEM VILLAGE	Date: 10/20/25  Mode of Procurement PB	11303
	912-031-31	2-000			PR Number: 25-29	87
Gent	tlemen: Please furn	nish this office t	he following artic	les subject to the terms and conditions contained herein:		
Plac	e of Delivery		WAREHOUSE	Delivery Term:		
Date	of Delivery	: 10 DA	YS	Payment Term:		
No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
37	37973N	сар	10000.00	ARTICE/LOSAAR Mefenamic Acid 250mg cap- CPR	4.00	40,000.0
38	38001N	tab	16000.00	ANALMIN Mefenamic Acid, Oral: 500 mg tablet, with CPR	20.00	320,000.0
39	37954N	tab	1000.00	PONTEIN Metformin as HCI 500mg tab w/ CPR	14.00	14,000.0
40	39129N	tablet	700.00	GLYCEMET/MYMET Metoprolol Tartrate 100mg tab with CPR	6.50	4,550.0
41	39158N	bot	320.00	LOPREXO/PCOLOL  Multivitamins Niacin syrup 60ml - with GPR COMMISION ON AUDIT DAVAO TEAM 1		35,200.0
42	39141N	capsule	20000.00	MULTILEM/MYREVIT/RIZVITATE 11 19 125  TIME: S. CO.  Multivitamins Oral, capwith CPR	1.85	37,000.0
Tota	al Amount in	Words:				
e C	Conform  GENERAL DBR No.: Responsib	Signatur	Karen M Go e over printed Date	Very truly I name of Indian Property Indian Pr	ne tenth (1/10) of one  RAUL G. MABANGL Governor authorized Official	
-		3,732,372.80		rsuant to section 369(a) of RA 7180, this portion mu	et ha	
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Std. Form Title:Purchase Order

# OCT 29 2025

# **PURCHASE ORDER**

Province of Davao de Oro Agency/Procuring Entity

Page 8

		PO Number: 2510  Date: 10/20/25  Mode of Procurement PB  PR Number: 25-298			
Gentlemen:					
Please furi	nish this office t	he following artic	cles subject to the terms and conditions contained herein:	The state of the s	
Place of Deliver	•	WAREHOUSE	Delivery Term:		
Date of Delivery		YS	Payment Term:		
No. Stock No.	. Unit of Issue	Quantity	Description	Unit Cost	Amount
<sup>43</sup> 38008N	tube	400.00	MULTIVITA/MULTICAPS Mupirocin Ointment 2% 5g tube -with CPR	197.00	78,800.00
			MUPORS/RETA		
44 39137N	capsule	2000.00	Omeprazole 40mg cap - with CPR	41.00	82,000.00
<sup>45</sup> 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
<sup>47</sup> 37976N	bot	720.00	NOVAMOL/PARA 100/REGIMOL  COMMISION ON AUDIT DAVICE  Paracetamol 250mg/5ml 60ml syrup - with 1  CPR  DATE: 11 19 125	53.00	38,160.00
<sup>48</sup> 38005N	tab	10000.00	HYFER-250/ PARA 250/REGIMOL Paracetamol, Oral: 500 mg tablet, with CPR	4.00	40,000.00
Total Amount in	n Words:				
Conform  GENERAL OBR No.: Responsib	of delay shal Ka Signature	aren M. Beler e over printed	Very truly I name of ENGR. I	RAUL G. MABANGLO Governor uthorized Official	
		Purchase pui ian Resolutio	rsuant to section 369(a) of RA 7180, this portion mus	st be	
Certified	.o. canggan	ian recoolutio	Date		

OCT 29 2025

# **PURCHASE ORDER**

Province of Davao de Oro Agency/Procuring Entity

	MACY AND MEDICAL IT 11 AMENETYS ST	L SUPPLIES REET, GEM VILLAGE	Date: 10/20/25	5101503 PB
TIN: 912-031-312-000	5-2987			
Gentlemen: Please furnish this off	ffice the following arti	cles subject to the terms and conditions contained herein:		
	GSO WAREHOUSE	Delivery Term:		Text 3
Date of Delivery: 10	0 DAYS	Payment Term:		
No. Stock No. Unit of Iss	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
		SYNTEMAX		
<sup>50</sup> 39151N tablet	2000.00	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
<sup>53</sup> 39159N tablet	200.00	BUTAMOL/VENTOMAX/VNZ COMMISION ON AUDIT DAVAO I Sambong 500mg tab - with CPR TEAM 1	11.50	2,300.00
54 39138N tablet	200.00	AWANAY FORTE Simvastatin 20mg, tab.  DATE:       19   25   TIME: 8:60 BY: With CPR	20.00	4,000.00
Total Amount in Words:				
GENERAL OBR No.: \(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\f	Shall be imposed.  Karen M. Gele ature over printed  Date  Date  1 - 1 - 35 - 10  ter: 2.80	Very truly I name of ENGR.	RAUL G. MABANG Governor Authorized Official	
(In case of Negotiate Aprroved per Sango		rsuant to section 369(a) of RA 7180, this portion mun	ust be	
Certified _		Date		

DCT 29 2025

Certified

### **PURCHASE ORDER**

Province of Davao de Oro Agency/Procuring Entity

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25101503 PO Number: MMJS PHARMACY AND MEDICAL SUPPLIES Supplier: BLOCK 14 LOT 11 AMENETYS STREET, GEM VILLAGE Date: 10/20/25 Address: Mode of E-mail Address: PB Procurement Tel. No.: TIN: 912-031-312-000 PR Number: 25-2987 Gentlemen: Please furnish this office the following articles subject to the terms and conditions contained herein: Delivery Term: Place of Delivery: **PGSO WAREHOUSE** Payment Term: Date of Delivery: 10 DAYS Stock No. Unit of Issue **Amount** Description **Unit Cost** Quantity No. **DIASTATIN/SIMVASYN** 5,000.00 25.00 55 39139N tablet 200.00 Simvastatin 40mg tab. - with CPR DIASTATIN/SIMVASYN/ZIMVAST 500.00 Sodium Ascorbate - 568 18mg Capsule - with 15.00 7,500.00 56 39146N capsule **CPR CEVITA** 57 39154N tablet 7.00 2,100.00 300.00 Sodium Bicarbonate 650mg tablet - with CPR **BICARNATE/SUPRACID** 20.00 12,000.00 58 39124N tab 600.00 Telmisartan, Oral: 40 mg tab. with CPR **GLOSAILTAN/VICARDIS** 59 39160N tube 300.00 Tobramycin + Dexamethasone eye drops 579.00 173,700.00 susp. 0.3% Tobramy COMMODIT MONAGOIT DAVAO DE ORO Dexamethasone, 3.5g TUBE- with CPR RECEIVED DATE:11/19/25 **TOBRASON** 60 39163N tablet 200.00 Trimetazidine 35mg tab with CPR 26.00 5,200.00 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. Very truly Conform ENGR. RAUL G. MABANGLO Signature over printed name of Governor **Authorized Official** Date **GENERAL** OBR No.: 0800 -11-35-105 Responsibility Center: Amount: 3,732,372.80 (In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be Aprroved per Sanggunian Resolution

Date

Supplier: MMJS PHARMACY AND MEDICAL SUPPLIES

Address: BLOCK 14 LOT 11 AMENETYS STREET, GEM VILLAGE

# **PURCHASE ORDER**

OCT 29 2025

### Province of Davao de Oro Agency/Procuring Entity

Page 11

25101503

PO Number:

Date: 10/20/25

E-mail Address: Tel. No.:				Procurement PB PR Number: 25-29	
TIN: 912-031-3	12-000			20-20	
	nish this office t	he following artic	cles subject to the terms and conditions contained herein:		
Place of Deliver	y: PGSO	WAREHOUSE	Delivery Term:		
Date of Delivery	: 10 DA	YS	Payment Term:		
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
<sup>63</sup> 39133N	bot	720.00	ORAZINC  Commision on addit DAVAO DE ORO Zinc 10mg elemental zinc/ml_15ml drops - with CPR  DATE: 11 19 25	78.00	56,160.00
<sup>64</sup> 39134N	bot	1440.00	ZINLUM Zinc 20mg elemental zinc/5ml, 60ml syrup - with CPR	89.00	128,160.0
<sup>65</sup> 35873N	TABLET	12000.00	IMMUNOSAPH-55/LEMZINC/ZINLUM [CO-AMOXICLAV] AMOXICILLIN 500MG + CLAVULANIC ACID 125MG TABLET WITH CPR	30.00	360,000.0
	21		CERTIFICATION THIS IS TO CERTIFY THE ABOVE LISTED DRUGS AND MEDICINES ARE FOUND OR IN ACCORDANCE WITH THE		
Total Amount in	n Words:		-		
	of delay sha	ke the full de all be imposed Karen M. re over printed Date	Very truly d name of Indiana Property (Indiana)  ENGR.	RAUL G. MABANGL Governor	
Responsit		-11-25-11-			
			rsuant to section 369(a) of RA 7180, this portion mu	ıst be	
TO MANAGE OF THE PROPERTY OF THE	_	nian Resolutio			- -

Supplier: MMJS PHARMACY AND MEDICAL SUPPLIES

Std. Form Title:Purchase Order

# **PURCHASE ORDER**

OCT 29 2025

### Province of Davao de Oro Agency/Procuring Entity

Page 12

25101503

PO Number:

Address: BLC E-mail Address: Tel. No.: TIN: 912-031-3	Date: 10/20/25  Mode of Procurement PE PR Number: 25-29				
Gentlemen:		the following art	icles subject to the terms and conditions contained herein:		V.13
Place of Deliver	Account square and a second	WAREHOUSE			- 1
Date of Delivery		YS	Payment Term:		
No. Stock No	. Unit of Issue	Quantity	Description	Unit Cost	Amount
4			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		
		15 at 15 1-15	COMOXBET/RANICLAV/RETACLAV-R		
			FOR THE USE OF TUNOL SERBISYO 2ND QTR		
			THE AWARD IS BASED ON ABSTRACT NO. 2510118 UNDER BID NO.B-25-0184 OPENED ON October 08, 2025		
			COMMISION ON AUDIT DAVAO DE ORO TEAM 1  RECEIVED  DATE [I   19   25 TIME: 8:00 BY:		
			R: A:	mount As a,732,372.8 ead 3,732,372.8	
Total Amount i	 n Words: Seven Hundre	ed Thirty Two	Thousand Three Hundred Seventy Two Pesos and Eighty Cer	alculated 3,732,372.8	3,732,372.80
In case of every day Conform	of delay sha	ake the full deall be impose  Karen M Te over printe	Very truly d name of   ENGR.	RAUL G. MABANGI Governor uthorized Official	e (1) percent for
Responsil			105		
1 1 1		Purchase po nian Resoluti	ursuant to section 369(a) of RA 7180, this portion mus on Date	st be	_