



PURCHASE ORDER
 PROVINCIAL GOVERNMENT OF DAVAO DEL SUR
 Mati, Digos City

Supplier :	LIGHT HORIZON MEDICAL SUPPLIES	P.O. No. :	G-066-24CB
Address :	Door 1, NUD Bldg., Ponciano St., Davao City	Date :	APR 05 2024
Email/Tel# :	lighthorizon21@yahoo.com / (082) 244-7828/09093466912/09108863245	Mode of Procurement :	Competitive Bidding
T.I.N. :	123456789	End-User :	GMDH
PR. No./Date	0214-CB -24 01/31/2024		

Gentlemen :

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

Place of Delivery :	PGSO Warehouse	Delivery Term :	FOB Destination
Date of Delivery :	Within 15 calendar days upon receipt of P.O.	Payment Term :	Credit Basis

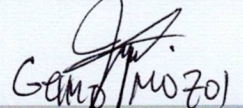
Item No.	Unit	Item and Description	Brand Name (if Applicable)	Qty	Unit Cost	Total Cost
3.1	Tablet	Aciclovir 200mg Tablet	XYCLOVIRAX/ACIC LOVIR	300	By Lot	
3.2	Tablet	Acetylcysteine 600mg Effervescent Tablet	FLUIMUCIL/ACTEIN SAPH-600/FLUZETRIN	500		
3.3	Tablet	Allopurinol 300mg Tablet	ALLUPREX/ALLOPU RINOL	500		
3.4	Tablet	Aluminum Hydroxide + Magnesium Hydroxide 200mg+ 100mg Tablet	SHELOGEL/GEL-MALICID/MELMAG	500		
3.5	Tablet	Amlodipne 5mg Tablet	AMLOSIL/AMLODN/AMLOTHIX	2000		
3.6	Tablet	Amlodipine 10mg Tablet	AMLOTHIX/AMLOD N/REGIVASC	2000		
3.7	Tablet	Ascorbic Acid 500mg Tablet	MYREVIT-C/HAVC/APCEE	500		
3.8	Tablet	Aspirin 80mg Tablet	PHILPRIN/SCHIEP RIN/SAPHRIN	500		
3.9	Tablet	Azitromycin 500mg tablet	STROZIN/AZO 500/ZYHEX	150		
3.10	Tablet	Betahistine 24mg Tablet	BETZINE/VERTISAP H-24/BETAHISTINE	500		
3.11	Tablet	Captopril 25mg tablet	CAPTOBES/SAPHRI L/CAPTOPRIL	500		
3.12	Tablet	Cefuroxime 500mg Tablet	AEROX/EXECORE/ THEOROXIME-500	1000		
3.13	Capsule	Celecoxib 200mg Capsule	SAPHLECOX 200/EMICOX/CELEC OX	1000		
3.14	Tablet	Cetirizine 10mg Tablet	CETICIT/ALLECCUR /MEDRIZINE	2000		
3.15	Tablet	Ciprofloxacin 500mg Tablet	CYFROX/FLOSICR ON/CIPROFLOXACI N	500		
3.16	Tablet	Clarithromycin 5..mg Tablet	CLISTANEX FORTE/CLARITROL /KLARIMED	500		
3.17	Tablet	Clonidine 150mcg Tablet	CLONISAPH/CLONI DINE	100		
3.18	Tablet	Clopidogrel 75mg Tablet	SAPHLOPID/CLOGE OVIX/FLAMDOVIX	500		
3.19	Capsule	Cloxacillin 500mg Capsule	UNICLOX/PHILGLO X/FLACTAMACIN 500	1000		
3.20	Tablet	Co-Amoxiclav (Amoxicillin + Clavulanic Acid) 500mg + 125mg Tablet	RANICLAV/CLAVIST AN-625/AXICLAV	1000		
3.21	Tablet	Cotrimoxazole (Sulfamethoxazole + Trimethoprim) 400mg + 80mg Tablet	KATHREX/COTRIM OXAZOLE	500		

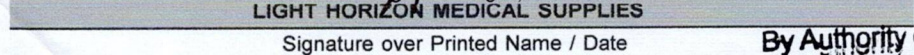
Reminder : Delivery shall be made not later than 12:00 noon

Total Amount in words:	Three Hundred Seventy Seven Thousand Three Hundred Thirty Nine Pesos And Thirty Three Centavos	TOTAL	377,339.33
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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 percent (1%) for everyday of delay shall be imposed.

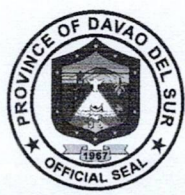
Very truly yours


 YVONNE ROÑA CAGAS
 Governor

Conforme 
 Signature over Printed Name / Date

Date
 By Authority of the Governor
 As per EO No. 1, Series of 2022
 4/8/24
 Atty. HERBERT R. GONZALES
 Provincial Administrator

Available CAFOA No. 2602-4-24-101



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PROVINCIAL GOVERNMENT OF DAVAO DEL SUR
Matti, Digos City

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Email/Tel# :	lighthorizon21@yahoo.com / (082) 244-7828/09093466912/09108863245	Mode of Procurement :	Competitive Bidding
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Item No.	Unit	Item and Description	Brand Name (if Applicable)	Qty	Unit Cost	Total Cost
3.22	Tablet	Dicycloverine 10mg Tablet	GASAIDE/DICYRINE /DICYCLOVERINE	500	By Lot	
3.23	Tablet	Domperidone 10mg Tablet	DOMPEDONE/EME	500		
3.24	Capsule	Doxycycline 100mg Capsule	STAL/SAPHRIDONE DOXYPERL/MYDOX Y/DOXYCYCLINE	300		
3.25	Tablet	Enalapril 5mg Tablet	RENITE-5 CL/SCHEEPRILEN ALAPRIL	100		
3.26	Tablet	Furosemide 40mg Tablet	UROMID/FUSEDEX/ FUROSEMIDE	500		
3.27	Tablet	Gliclazide 60mg Modified Release Tablet	SAPHCLAZIDE- 60/NEOCLAZZ MR/MELANOY MR 60	500		
3.28	Tablet	Hyoscine 10mg Tablet	HYOPAN/GASTROH EX/HYOSWELL	500		
3.29	Tablet	Ibuprofen 400mg tablet	SAPHREN- 400/RHEUXAN FORTE/IBUFEN	500		
3.30	Tablet	Isosorbide Dinitrate 5mg Sublingual Tablet	ISORDIL/ISOSORBI DE	100		
3.31	Tablet	Isosorbide Mononitrate 30mg Modified Release Tablet	SAPHORBIDE- 30/ISMODIN/ISOSO RBIDE	100		
3.32	Tablet	Lagundi 300mg Tablet	OPPLEMED/LAGUN DI	1500		
3.33	Tablet	Levofloxacin 500mg Tablet	LEGREAT/LQUIN/LE VOLOXACIN	300		
3.34	Tablet	Losartan 50mg Tablet	LOSAAR 50/ SAPHLOR- 50/NOVASARTAN	1500		
3.35	Tablet	Losartan 100mg Tablet	NATRASOL/LOSAA R 100/SAPHLOR- 100	1500		
3.36	Capsule	Mefenamic Acid 500mg Capsule	MEGYXAN/MECID/A NALMIN	2500		
3.37	Tablet	Metformin 500mg Tablet	GLYCEMET/SUGRO L/FORMET	1000		
3.38	Tablet	Methyldopa 250mg Tablet	MYDOPA/S KANT/ METHYLDOPA	100		
3.39	Tablet	Methylprednisolone 4mg Tablet	MEDROL/PREDNIV EX 4/ METHYLPREDNISO LE	100		

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<p style="text-align: center;"> GEMINO M. B. Signature over Printed Name / Date </p>	<p style="text-align: right;"> Very truly yours YVONNE ROÑA CAGAS Governor </p>
<p>Conforme</p>	<p style="text-align: center;"> LIGHT HORIZON MEDICAL SUPPLIES Signature over Printed Name / Date Date CAFOA No. 2602-4-24-101 </p>
<p> HERBERT R. GONZALES Provincial Administrator </p>	

Funds Available	CAFOA No. 2602-4-24-101	
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3.40	Tablet	Metronidazole 500mg tablet	FLAMIBAZID 500/MEDIZOLE/FLA GEX	1000	By Lot	
3.41	Tablet	Metoprolol 50mg Tablet	LOPREXO/PROLOL/ METOPROLOL	100		
3.42	Tablet	Montelukast 10mg tablet	DIRONEST/AUROH EX/LUCAZT	500		
3.43	Capsule	Multivitamins Capsule	BIOMIN/SKYVIT/ MY REVIT	500		
3.44	Capsule	Omeprazole 40mg Capsule	OMEPRASAPH/INHI BITA/OMEPRAZOLE	500		
3.45	Tablet	Sambong 500mg Tablet	AWANAY FORTE/MIA	500		
3.46	Tablet	Simvastatin 40mg Tablet	FORTE/ URISAM SIMVANYZIMVAST/ VIMVASTATIN	300		
3.47	Capsule	Tramadol 50mg Capsule	OPIODEX/ROUNOX/ AGORAM	300		
3.48	Capsule	Tranexamic Acid 500mg Capsule	TRANXSAPH/SUP REHEM/HAEMGRE X	500		
3.49	Tablet	Vitamin B1 + Vitamin B12 +Vitamin B6 100mg +5mg +50mcg Tablet	NEURONERV/NERV ESAPH/REVITAPLE X	300		
3.50	Suppository	Paracetamol 250mg Suppository	PARAGESIC/OPEG ESIC/PARACETAM OL	120		
3.51	Nebule	Salbutamol 1mg/ml, 2.5ml Respiratory Solution Nebule (UnitDose)	SALBUDEN/HIVEN T/SALBUSAPH	4500		
3.52	Nebule	Ipratropium + Salbutamol 500mcg +2.5mg, 2.5ml Respiratory Solution	HIVENT PLUS/IPRATROPIU M	2000		
3.53	Bottle	Amoxicillin 250mg/5ml, 60ml Oral Suspension Bottle	MOXYLOR/VAROLO X/AMOXICILLIN	288		
3.54	Bottle	Cefalexin 250mg/5ml, 60ml Oral Suspension Bottle	EDIXIN/DIACEF/EX EL	288		
3.55	Bottle	Cefuroxime 250mg/5ml, 50ml Oral Suspension Bottle	SQCEF/CEFUROXI ME	144		
3.56	Bottle	Cetirizine 5mg/5ml, 30ml Syrup Bottle	ALLERKID/CETIREX /CETERIGEN	144		
3.57	Bottle	Cetirizine 2.5mg/ml, 10ml Oral Drops Bottle	CETRISAPH-OD- REAX/ALLECUR P	144		
3.58	Bottle	Clarithromycin 125mg/5ml, 50ml Oral Suspension Bottle	ACCETHROM/CLAR IWELL/CLARITHRO MYCIN	144		
3.59	Bottle	Co-Amoxiclav (Amoxicillin + Clavulanic Acid) 400mg + 57mg/5ml, 70ml Oral Suspension Bottle	MEDICLAV/MEOXIC LAV DS/CLOVIMED	200		

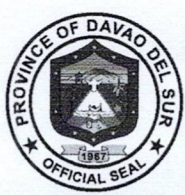
Reminder : Delivery shall be made not later than 12:00 noon

TOTAL 377,339.33

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Genno (Moz) 04-24-24

Signature over Printed Name / Date LIGHT HORIZON MEDICAL SUPPLIES	YVONNE ROÑA CAGAS Governor
Date	By Authority of the Governor As per EO No. 1, Series of 2022
CAFOA No. 2602-4-24-101	Atty. HERBERT R. GONZALES Provincial Administrator



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3.60	Bottle	Dicycloverine 10mg/5ml, 60ml Syrup Bottle	GASAIDE/MYRENT YL/DIACIEL	144	By Lot	377,339.33
3.61	Bottle	Domperidone 1mg/ml, 60ml Suspension Bottle	DOMPY/DOMPEWE LL/DOMPERIDONE	144		
3.62	Bottle	Lagundi 300mg/5ml, 120ml Syrup Bottle	OFPLEMED/CLIRCA F/LAGUNDI	144		
3.63	Bottle	Multivitamins per 5ml, 60ml Syrup Bottle	MULTILEM/RAPHC/MYREVIT	50		
3.64	Sachet	Oral Rehydration Salts (75-Replacement) 20.5g, Oral Powder Sachet	DEDYFROSOL/AMB ILYTE/REHYDRATION SALTS	1450		
3.65	Bottle	Paracetamol 100mg/ml, 15ml Oral Drops Bottle	4FEVER/MYREMOL/PARACETAMOL	200		
3.66	Bottle	Paracetamol 120mg/5ml (125mg/5ml), 60ml Syrup Bottle	PARAGEN/HYFER 125/KIDICEF	144		
3.67	Bottle	Paracetamol 250mg/5ml, 60ml Syrup Bottle	PARAGEN/MYREM OL/4-FEVER	144		
3.68	Bottle	Zinc (Equiv. to 10mg Elemental Zinc/ml) 15ml Oral drops Bottle	ZINLUM/ZINC/IMMU NOSAPH	144		
3.69	Bottle	Zinc (Equiv. to 20mg Elemental Zinc/5ml), 60ml Syrup Bottle	IMMUNOSAPH-55/ZINLUM	144		

Technical Specification:
 Each Box must be labelled "Government Property Province of Davao del Sur"
 Expiry date Must be 18 months from date received
 Delivery period within 15 calendar days upon receipt of P.O.

 FOR GMDH USE
 DRUGS AND MEDICINES EXPENSE 5-02-03-070

The Supplier shall notify the PGSO a day before the actual delivery.

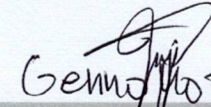
 Complete delivery shall be strictly observed by the supplier and no partial delivery shall be allowed except in meritorious cases such as fortuitous event, or by act of the Government or upon the approval of the Head of the Procuring Entity.

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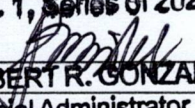
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 By Authority of the Governor
 As per EO No. 1, Series of 2022

Signature over Printed Name / Date
 Date
 CAFOA No. 2002-4-24-101


 HERBERT R. GONZALES
 Provincial Administrator