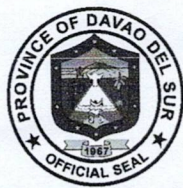


A-428 # 4048



# PURCHASE ORDER

PROVINCIAL GOVERNMENT OF DAVAO DEL SUR  
Matti, Digos City

Supplier : <b>ECE MARKETING</b>	P.O. No. : <b>G-039-23CB</b>
Address : <b>150-5th A. St Ecoland Phase 1 Davao City</b>	Date : <b>MAR 30 2023</b>
Email/Tel# : <b>marife_mamale@yahoo.com / 297-5606</b>	Mode of Procurement : <b>Competitive Bidding</b>
T.I.N : <b>123-456-789-000</b>	End-User : <b>GMDH</b>
PR. No./Date : <b>0205-CB 23 01/31/2023</b>	

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

Place of Delivery : <b>PGSO Warehouse</b>	Delivery Term : <b>FOB Destination</b>
Date of Delivery : <b>10 calendar days</b>	Payment Term : <b>Credit Basis</b>

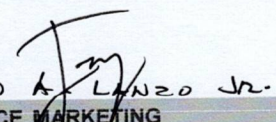
Item No.	Unit	Item and Description	Brand Name (if Applicable)	Qty	Unit Cost	Total Cost
		Lot 1				
1.1	Vial	Ampicillin 1 gm/ Vial	LIFERZIN OR AMPI 1	2000	By Lot	432,175.00
1.2	Ampule	Amikacin 125mg/ml, 2 ml/Ampule	CINMIK OR AMICARE	100		
1.3	Ampule	Atropine 1mg/ml, 1ml ampule	HIZON OR ANESPIN	100		
1.4	Ampule	Anti Tetanus Serum (ATS) 1500 IU/ ampule	SHARJVAX OR ANTITET	100		
1.5	Vial	Ceftriaxone 1 gram powder for injection vial + 10ml diluent	HAIXONE OR AXTRIN	300		
1.6	Vial	Cefuroxime 750 mg powder for injection/vial	EROXIME OR EXECORE	500		
1.7	Ampule	Chlorphenamine (Chlorpheniramine) 10 mg/ml, 1ml / Ampule	XYPHEN OR PHIL PHARMAWEALTH	100		
1.8	Ampule	Digoxin 250 mcg/ml, 2ml/ampule	DIXIN OR CARDIOXIN	10		
1.9	Ampule	Dobutamine 50mg/ml, 5 ml/Ampule	DOBUBAX ORGOBUTMIN	10		
1.10	Ampule	Epinephrine 1mg/ml, 1 ml/ampule	EPICANE OR EPIBBAS	100		
1.11	Ampule	Gentamicin 40mg/ml, 2ml/ ampule	GENTAM OR GENTACARE	100		
1.12	Vial	Glucose (Dextrose) 50%, 50ml/Vial	EUROMED OR PHIL PHARMAWEALTH	50		
1.13	Vial	Hydrocortisone 250 mg powder/vial	CORBAL OR GORTIZONE	100		
1.14	Ampule	Hyoscine (as N-Butyl bromide) 20 mg/ml ,1ml/ampule	SPASMOSON OR BROMISIN	200		
1.15	Ampule	Ketorolac 30 mg/ml, 1ml/ ampule	KETOROBAS OR KETOPANE	100		
1.16	Vial	Lidocaine 2%, 50 ml /vial	LOCAINE OR EUROMED	100		
1.17	Vial	Magnesium Sulphate 250mg/ml, 20ml/vial	EUROMED OR ENDURE	10		
1.18	Vial	Metronidazole 5mg/ml, 100ml /vial	ANTIZOAL OR ANEROBIZOL	200		
1.19	Ampule	Metoclopramide 5mg/ml, 2 ml /ampule	METO OR MECLOP	500		
1.20	Vial	Omeprazole 40mg powder vial + 10ml solvent	ZYOM OR ZOMEPE	200		
1.21	Ampule	Oxytocin 10 iu/ml, 1ml/ ampule	GYNE-TOCIN OR AMBTOCYN	20		
1.22	Ampule	Paracetamol 150mg/ml, 2ml /ampule	AMADOL OR FEBRINIL	200		
1.23	Vial	Potassium 2 mEq/ml, 20ml/ Vial	SYLVITE OR EUROMED	20		

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

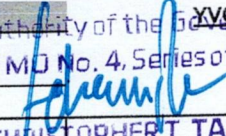
Total Amount in words: <b>Four Hundred Thirty Two Thousand One Hundred Seventy Five Pesos</b>	<b>TOTAL 432,175.00</b>
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In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for everyday of delay shall be imposed.

Very truly yours

  
**ROBERT A. LANZA JR.**  
 ECE MARKETING  
 Signature over Printed Name / Date  
 03/31/2023

By Authority of the Governor  
**YVONNE ROÑA CAGAS**  
 Governor

  
**CHRISTOPHER T. TAN**  
 PGDH-PDRMO

Funds Available OBR No. **2127-3-22-01**



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

Supplier : <b>ECE MARKETING</b>	P.O. No. : <b>G-039-23CB</b>
Address : <b>150-5th A. St Ecoland Phase 1 Davao City</b>	Date : <b>MAR 30 2023</b>
Email/Tel# : <b>marife_mamale@yahoo.com / 297-5606</b>	Mode of Procurement : <b>Competitive Bidding</b>
T.I.N : <b>123-456-789-000</b>	End-User : <b>GMDH</b>
PR. No./Date : <b>0205-CB 23 01/31/2023</b>	

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

Place of Delivery : <b>PGSO Warehouse</b>	Delivery Term : <b>FOB Destination</b>
Date of Delivery : <b>10 calendar days</b>	Payment Term : <b>Credit Basis</b>

Item No.	Unit	Item and Description	Brand Name (if Applicable)	Qty	Unit Cost	Total Cost
1.24	Ampule	Ranitidine 25mg/ml, 2 ml /ampule	RANITEIN OR ZANTRICID	1000		
1.25	Ampule	Sodium Bicarbonate 1 mEq/ml, 20ml Ampule	SOLUNATE OR PHILRX	10		
1.26	Ampule	Tetanus Toxoid 0.5 ml /ampule	IMATET OR BIO-TT	500		
1.27	Ampule	Tramadol 50mg/ml, 2 ml/ ampule	TRAMIDE OR AMBIDOL	100		
1.28	Vial	Vaccine, Hepatitis B (Recombinant) 10mcg/0.5ml vial, 5ml Vial	SERUM INSTITUTE OF INDIA OR BHARAT BIOTECH	50		
1.29	Ampule	Regulated drugs Diazepam 5mg/ml, 2ml/ ampule	VALIUM OR ANXIOL	20		
1.30	Ampule	Haloperidol 5mg/ml, 1ml/ ampule	SEREDOL OR HALDOL	10		
1.31	Ampule	Morphine (As sulphate) 10mg/ml, 1ml/ampule	HIZON	10		
1.32	Ampule	Nalbuphine 10 mg/ml, 1ml/ ampule	NUKAIN OR HIZON	10		
					<b>SUBTOTAL</b>	<b>432,175.00</b>

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 For GMDH use At least 18 months Expiry from date of delivery  
 Drugs and Medicines 5-02-03-070  
  
 The Supplier shall notify the PGSO a day before the actual delivery.

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

<b>Total Amount in words:</b> Four Hundred Thirty Two Thousand One Hundred Seventy Five Pesos	<b>TOTAL</b> 432,175.00
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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

<p align="center"><b>ROBERTO A. LANZO JR.</b>  <b>ECE MARKETING</b>          Signature over Printed Name / Date  <b>03/31/2023</b>          Date</p>	<p align="center"><b>YVONNE ROÑA CAGAS</b>          Governor          By Authority of the Governor          As per Memo No. 4, Series of 2022</p>
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Funds Available OBR No. **2023-02-29-101**  
**CHRISTOPHER T. TAN**  
 PGDH-PDRRMO