



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

Supplier :	<b>LIGHT HORIZON MEDICAL SUPPLIES</b>	P.O. No. :	G-039A-23CB
Address :	214-C San Gabriel St., Buhangin, Davao City	Date :	<b>MAR 22 2023</b>
Email/Tel# :	lighthorizon21@yahoo.com / (082) 2447828/09093466912/09108863245	Mode of Procurement :	<b>Competitive Bidding</b>
T.I.N :	123-456-789-000	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>

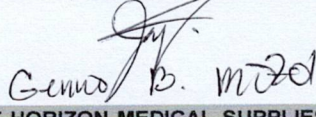
Item No.	Unit	Item and Description	Brand Name (if Applicable)	Qty	Unit Cost	Total Cost
		LOT 2				
2.1	Capsule	Amoxicillin 500 mg /capsule	AMBIMOX/BRITAMOX	5000	By Lot	386,056.68
2.2	Tablet	Amlodipine 5 mg /tablet	EODIPINE 5/AMLOTHIX	300		
2.3	Tablet	Amlodipine 10 mg /tablet	LODIPEX/AMLOTHIX	200		
2.4	Tablet	Azithromycin 500mg tablet	AZISAPH/AMBIMAX	240		
2.5	Capsule	Cefalexin 500mg /capsule	SAPHLEXIN/EXEL	5000		
2.6	Capsule	Cefixime 200 mg/ Capsule	SAPHIXIME200/CEFIXIME	200		
2.7	Tablet	Cefuroxime 500mg /tablet	CEFUSAPH/AEROX	1000		
2.8	Tablet	Cetirizine 10mg /tablet	CETICIT/MEDRIZINE	1000		
2.9	Tablet	Ciprofloxacin 500mg/ tablet	ZIPROX/CYFROX	200		
2.10	Tablet	Chlorphenamine (Chlorpheniramine) 4mg/ tablet	ALLERMAX/RIPHEN	500		
2.11	Tablet	Clarithromycin 500mg /tablet	RAHMACIN/KRACID	500		
2.12	Capsule	Clindamycin 300mg /capsule	ACRESIL/CLIN-GEN	500		
2.13	Tablet	Clonidine 150 mcg/ Tablet	CLODIN/CLONIDINE	100		
2.14	Capsule	Cloxacillin (as sodium) 500mg /capsule	PHILCLOX/CLOXACILLIN	500		
2.15	Tablet	Co- Amoxiclav (Amoxicillin + Potassium clavulanic acid) 500 mg + 125 mg tablet	RANICLAV/ACLAV-625	5000		
2.16	Tablet	Cotrimoxazole ( 400 mg Sulfamethoxazole + 80 mg Trimethoprim)/Tablet	KATHREX/ COTRIMOXAZOLE	200		
2.17	Capsule	Doxycycline (as Hydrate) 100mg /capsule	DOXYSAPH/MYDOXY	200		
2.18	Tablet	Enalapril (as Maleate) 5mg/ tablet	SCHEEPRI/RENIT E-XL	100		
2.19	Tablet	Gliclazide 60mg MR /tablet	NEOCLAZZ MR/ SAPHCLAZIDE	240		
2.20	Tablet	Isosorbide Dinitrate 5 mg Sublingual Tablet	SORBANCE/ ISOSORBIDE	100		
2.21	Tablet	Levofloxacin 500mg/ Tablet	LEVOSAPH/TEVOLOX	300		
2.22	Tablet	Losartan 50mg/tablet	SAPHLOR/LOSAAR 50	1000		
2.23	Tablet	Losartan 100mg/tablet	SAPHLOR100/ LOSAAR 100	100		
2.24	Capsule	Mefenamic Acid 500mg/ capsule	MEGYXAN/MECID	300		
2.25	Tablet	Methylprednisolone 4mg/tablet	MEDROL/ METHYLPREDNISOLONE	100		
2.26	Tablet	Metronidazole 500mg tablet	FLAGEX/FLAMIBACID	1000		

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

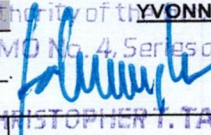
Total Amount in words:	<b>Three Hundred Eighty Six Thousand Fifty Six Pesos and Sixty Eight Centavos</b>	TOTAL	<b>386,056.68</b>
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In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for everyday of delay shall be imposed.

Very truly yours

Conforme   
**LIGHT HORIZON MEDICAL SUPPLIES**  
Signature over Printed Name / Date

By Authority of the **YVONNE ROÑA CAGAS**  
As per MO No. 4, Series of 2022 Governor

  
**CHRISTOPHER T. TAN**  
PGDH-PDRRMU

Date **03-31-23**  
OBR No. **2024-2-27-101**

Funds Available





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

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 Address : 214-C San Gabriel St., Buhangin, Davao City Date : MAR 22 2023  
 Email/Tel# : lighthorizon21@yahoo.com / (082) 2447828/09093466912/09108863245 Mode of Procurement : Competitive Bidding  
 T.I.N : 123-456-789-000 End-User : GMDH  
 PR. No./Date : 0205-CB 23 01/31/2023

Gentlemen :  
 Please furnish this office the following articles subject to the terms and conditions contained herein:  
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 Date of Delivery : 10 calendar days Payment Term : Credit Basis

Item No.	Unit	Item and Description	Brand Name (if Applicable)	Qty	Unit Cost	Total Cost
2.27	Tablet	Montelukast 10mg /tablet	LEUKOREX/ MONTRIL-10	500		
2.28	Capsule	Omeprazole 20 mg Capsule	OMEPHILOMEBLOC	1300		
2.29	Tablet	Paracetamol 500mg/ Tablet	TEMPAID/PHILPARA	10000		
2.30	Suppository	Paracetamol 250 mg Suppository	OPEGESIC/ PARACETAMOL	150		
2.31	Tablet	Ranitidine 150 mg/ tablet	GASTROSAPH/ RANITEIN	300		
2.32	Tablet	Simvastatin 40 mg/ tablet	SIMVASAPH/ ZIMVAST	300		
2.33	Nebule	Ipratropium + Salbutamol 500mcg +2.5mg, 2.5 ml Respiratory solution	RELXSAPH/BRODIX PLUS	700		
2.34	Nebule	Salbutamol Nebule 1 mg/ml,(Unit dose), 2.5 ml respiratory Solution	HIVENT EMBRODIX	1200		
2.35	Tablet	Vitamin B1 + Vitamin B6 + Vitamin B12 100mg + 5mg + 50mcg/ tablet	NERVESAPH/RAPID-B	200		
2.36	Bot	Amoxicillin 100mg/ml, 15ml Drops	GLOBAPEN/AXMEL	288		
2.37	Bot	Amoxicillin 250mg/5ml, 60 ml suspension	AXMEL/GLOBAPEN	144		
2.38	Bot	Cefalexin 100mg/ml, 10ml drops	DIACEF/EXEL	288		
2.39	Bot	Cefalexin 250mg/ 5 ml, 60ml suspension	EXEL/AXMEL	144		
2.40	Bot	Cefuroxime 250mg/5ml, 50ml suspension	SQCEF/CEFUROXIME	144		
2.41	Bot	Cetirizine 10 mg/ml 10ml Oral drops	ALLECUR/MEDRIZINE	288		
2.42	Bot	Cetirizine 5mg/5ml, 60ml syrup	ALLECUR/ CETRISAPH-5	144		
2.43	Bot	Clarithromycin 125mg/5 ml, 50ml oral suspension	CLARITHROMED/ CLARIWELL	144		
2.44	Bot	Co- Amoxiclav (Amoxicillin + Potassium clavulanate) 400 mg + 57 mg/5ml, 70ml oral Suspension	MEOXICLAV- DS/ CO- AMOXICLAV	144		
2.45	Bot	Metronidazole 125mg/5ml, 60ml suspension	AMBIDAZOL/ METRONIDAZOLE	144		
2.46	Bot	Paracetamol 120mg/5 ml (125 mg/5ml), syrup 60ml	BIOGIC/MILGESIC	288		
2.47	Bot	Paracetamol 250mg/5ml, 60ml suspension	TEMPMED/ NOVAMOL	288		
2.48	Bot	Paracetamol 100mg/ml, 15ml oral drops	BIOGIC/MILGESIC	288		
*****						
For GMDH use At least 18 months from date of delivery Drugs and Medicines 5-02-03-070						
					<b>SUBTOTAL</b>	<b>386,056.68</b>

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 Signature over Printed Name / Date  
 Date 03-31-22  
 OBR No. 244-7-27-001

Very truly yours  
 YVONNE ROÑA CAGAS  
 Governor  
 As per MO No. 4, Series of 2019  
 CHRISTOPHER T. TAN  
 PGDH-PDRRMQ

Funds Available