



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

Supplier : ECE MARKETING	P.O. No. : G-017A-24CB
Address : 150-5th A. St Ecoland Phase 1 Davao City	Date : FEB 02 2024
Email/Tel# : marife_mamale@yahoo.com / 297-5606	Mode of Procurement : Competitive Bidding
T.I.N : 155-451-157-000	End-User : PHO
PR. No./Date : 0042-CB-24 12/04/2023	

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

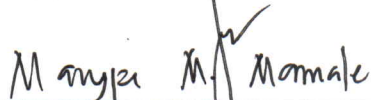
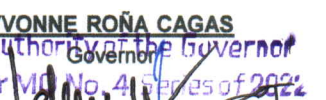
Place of Delivery : PGSO Warehouse	Delivery Term : FOB Destination
Date of Delivery : Within 10 calendar days upon receipt of P.O.	Payment Term : Credit Basis

Item No.	Unit	Item and Description	Brand Name (if Applicable)	Qty	Unit Cost	Total Cost
	LOT 1	DRUGS AND MEDICINES			BY LOT	2,994,136.00
1.1	box	ALUMINUM HYDROXIDE + MAGNESIUM HYDROXIDE 200mg+100mg x 100's	ZILGAM OR SHELOGEL OR MYREX	70		
1.2	box	AMLODIPINE 10mg Tab x 100's	GENVASC OR AMLOTHIX OR REGIVASC	275		
1.3	box	AMLODIPINE 5mg Tab x 100's	PHILVASC OR AMLOTHIX OR PHILVASC	275		
1.4	box	AMOXICILLIN 100mg/ml, 10ml, oral drops x 144's	MOXYLOR OR ARMEL OR MYREX	4		
1.5	box	AMOXICILLIN 250mg. capsule x 100's	MOXYLOR OR AXMEL OR DLI	350		
1.6	box	AMOXICILLIN 250mg/5ml, 60ml suspension x 144's	MOXYLOR OR AXMEL OR DLI	60		
1.7	box	AMOXICILLIN 500mg capsule X 100's	SAVERMOX OR MYREX OR DLI	450		
1.8	box	ASCORBIC ACID (Vitamins C) 500mg tab x 100's	MYREVIT OR ASCORGEN OR BOOSTER-C	150		
1.9	box	ASCORBIC ACID 100mg/5ml, 60ml syrup x 144's	NOVACEE OR VITACEE OR MYREVIT C	35		
1.10	box	CAPTOPRIL 25mg tab x 100's	CAPTOR OR HYPERSTOP OR DLI	40		
1.11	box	CEFALEXIN 100mg/ml, 10ml oral drops bottle 144's	DIACEF OR EXEL OR DLI	3		
1.12	box	CEFALEXIN 250mg/5ml, 60ml oral suspension bottle x 144's	EXEL OR DIACEF OR DLI	52		
1.13	box	CEFALEXIN 500mg cap x 100's	EXEL OR DIACEF OR DLI	180		
1.14	box	CEFUROXIME 500mg tab x 10s	AEROX OR EXECORE OR CEFUSAPH	300		
1.15	box	CELECOXIB 200mg cap x 100's	XELIC OR SAPHLECOX OR LLOYD	60		
1.16	box	CETIRIZINE 2.5mg/ml, 10ml Oral drops bottle 144's	REAX OR ALLECURE OR ALLERCHEM	7		
1.17	box	CETIRIZINE 5mg/5ml, 60ml Oral Solution bottle x 144's	REAX OR ALLECURE OR ALLERCHEM	48		

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

Total Amount in words:	Two Million Nine Hundred Ninety Four Thousand One Hundred Thirty Six Pesos	TOTAL	2,994,136.00
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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.

<p align="center">  ECE MARKETING Signature over Printed Name / Date <u>2/4/2024</u> </p>	<p align="center"> Very truly yours  YVONNE ROÑA CAGAS Governor By Authority of the Governor As per MO No. 4 Series of 2022 </p>
<p>Conforme</p>	<p align="center"> Date CHRISTOPHER T. TAN PGDH-PDRMO </p>
<p>Funds Available</p>	<p align="center"> CAFOA No. <u>079-02-24-01-1 / 2/5/24</u> </p>



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

Supplier : ECE MARKETING	P.O. No. : G-017A-24CB
Address : 150-5th A. St Ecoland Phase 1 Davao City	Date : FEB 02 2024
Email/Tel# : marife_mamale@yahoo.com / 297-5606	Mode of Procurement : Competitive Bidding
T.I.N : 155-451-157-000	End-User : PHO
PR. No./Date : 0042-CB-24 12/04/2023	

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 10 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
1.18	box	CETIRIZINE 10mg tab X 100's	TRACEN OR GETISIT OR SAPHZINE	232		
1.19	box	CHLORPHENAMINE MALEATE 4mg tab x 100's	ALLERMAX OR RIPHEN OR DIAMOND	130		
1.20	box	CO-AMOXICLAV 500mg+125mg tab x14's	AXALAV OR COMXICLA OR RANICLAV	200		
1.21	box	COLCHICINE 500mcg tab x 100's	LESIRHEU OR GOUTSAPH OR VONWELT	30		
1.22	box	DICLOFENAC SODIUM 50mg tab x 100's	BOREN OR DICLOFAM OR TRIFOCID	100		
1.23	box	DICYCLOVERINE 10mg tab x 100's	GASAIDE OR DIACIEL OR MYREX	20		
1.24	box	DIPHENHYDRAMINE 50mg cap x 100's	HISTAMOX OR DLI OR SCHEELE	30		
1.25	box	DOMPERIDONE 10mg tab x 100's	EMETIL-10 OR APULDON OR EMESTAL	40		
1.26	box	GLICLAZIDE 80mg tab x 100's	SAPHCLAZIDE/ZEB ET OR GLYGINORM	99		
1.27	box	HYOSCINE 10mg tab x 100's	HYOSPAN OR HYOSAPH OR HYOSWELL	50		
1.28	tube	KETOCONAZOLE 2% 15g CREAM Tube	FUNGINIL-K OR K- ZOL OR NIZOCHEM	70		
1.29	box	LAGUNDI 300mg/5ml, 60ml syrup x 144's	OFPLEMED OR NEGACOF OR CAFGARD	55		
1.30	box	LAGUNDI 300mg tab x 100's	ASFLEM OR OFPLEMED OR LAGUNGEN	506		
1.31	box	LIDOCAINE 2%,w/ EPINEPHRINE 1.8ml carp x 50's	XYLODENT OR ZYCO OR OCTOCAINE	10		
1.32	vial	LIDOCAINE HCI 2% 50ml vial	LIDOPHIL OR LIDO OR LOCAINE	400		
1.33	box	LOPERAMIDE 2mg cap x 100's	MOTIREX OR DATAB OR SCHEELE	100		

Reminder :	Delivery shall be made not later than 12:00 noon
Total Amount in words:	Two Million Nine Hundred Ninety Four Thousand One Hundred Thirty Six Pesos TOTAL 2,994,136.00

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<p align="center"> ECE MARKETING Signature over Printed Name / Date <u>2/4/24</u> Date <u>2/5/24</u> </p>	<p align="center"> Very truly yours YVONNE ROÑA GAGAS Governor As per <u>NO. 1 Series of 2024</u> CHRISTOPHER T. TAN PGSO-PDRMO </p>
Funds Available	CAFOA No. <u>079-02-24-01-1 / 2/5/24</u>



PURCHASE ORDER

PROVINCIAL GOVERNMENT OF DAVAO DEL SUR
Matti, Digos City

Supplier : ECE MARKETING	P.O. No. : G-017A-24CB	Date : FEB 02 2024
Address : 150-5th A. St Ecoland Phase 1 Davao City	Mode of Procurement : Competitive Bidding	
Email/Tel# : marife_mamale@yahoo.com / 297-5606	End-User : PHO	
T.I.N : 155-451-157-000	PR. No./Date : 0042-CB-24 12/04/2023	

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 10 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
1.34	box	LOSARTAN POTASSIUM 50mg tab x 100's	LOSAAR-50 OR ARA OR ANGEL	428		
1.35	box	MEFENAMIC ACID 250mg cap x 100's	ANALMIN OR MYREX OR MEFESAPH	250		
1.36	box	METOPROLOL 100mg tab x 100's	PROLOL OR METOCARD OR DLI	48		
<p>Charges: LGDF 2024 (Peace and Order Program) TOTAL AMOUNT: P 2,994,136.00</p> <p style="text-align: center;">*****</p> <p style="text-align: center;">FOR MEDICAL MISSION ACTIVITY LGDF 2024 PEACE AND ORDER PROGRAM DRUGS AND MEDICINES EXPENSES 5-02-03-070 AMOUNT: 2,994,136.00</p> <p>The Supplier shall notify the PGSO a day before the actual delivery.</p> <p>*****</p> <p>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.</p>						

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

Total Amount in words:	Two Million Nine Hundred Ninety Four Thousand One Hundred Thirty Six Pesos	TOTAL	2,994,136.00
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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.

<p style="text-align: center;"> ECE MARKETING Signature over Printed Name / Date 2/2/2024 </p>	<p style="text-align: center;">Very truly yours</p> <p style="text-align: center;"> YVONNE RONA CAGAS Governor As per Memorandum Order Series of 2024 </p> <p style="text-align: center;"> CHRISTOPHER T. TAN PGDH-PDRMO </p>
Conforme	Funds Available
Date	CAFOA No. 079-02-24-01-1 / 2/5/24



PURCHASE ORDER

PROVINCIAL GOVERNMENT OF DAVAO DEL SUR
Matti, Digos City

Supplier : ECE MARKETING	P.O. No. : G-017A-24CB-1
Address : 150-5th A. St Ecoland Phase 1 Davao City	Date : FEB 02 2024
Email/Tel# : marife_mamale@yahoo.com / 297-5606	Mode of Procurement : Competitive Bidding
T.I.N : 155-451-157-000	End-User : PHO
PR. No./Date : 0042-CB-24 12/04/2023	

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 10 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
2.1	LOT 2 box	DRUGS AND MEDICINES LOSARTAN POTASSIUM 100mg tab x 100's	LOSAAR-100 OR LOZAK OR SAPHLOR	430	BY LOT	1,496,058.00
2.2	box	MEFENAMIC ACID 500mg cap x 100's	MYREFEN OR MEFESAPH OR MEGYXAN	454		
2.3	box	METFORMIN HYDROCHLORIDE 500mg film coated tab x 100's	GLYCEMET OR SUCROL OR SAPHORMIN	120		
2.4	box	METRONIDAZOLE 125mg/5ml, 60ml oral suspension bottle x 144's	AMBIDAZOL OR MYREX OR METROZOLE	2		
2.5	box	METRONIDAZOLE 500mg tab x 100's	FLAGEX OR DLI OR RELIM	35		
2.6	box	MONTELUKAST 10mg tab x 100's	LEUKOREX OR AUROHEX OR MONTEL	70		
2.7	box	MULTIVITAMINS per ml 15ml Oral Drops bottle x 144's	MULTILEM OR MYREVIT OR AZARIAS	8		
2.8	box	MULTIVITAMINS 5ml, 60ml Syrup bottle x 144's	MULTILEM OR MYREVIT OR AZARIAS	50		
2.9	box	MULTIVITAMINS capsule x 100's	MYREVIT OR MULTILEM OR DIAVIT	500		
2.10	box	OMEPRAZOLE 20mg cap x 100's	OMEBLOC 20 OR ZOSEC OR ML- GACID	40		
2.11	box	PARACETAMOL 100mg/ml, 15ml oral drops bottle x 144's	MYREMOL OR NOVAMOL OR PARA100	8		
2.12	box	PARACETAMOL 250mg/5ml, 60ml syrup x 144's	HYFER-250 OR NOVAMOL OR MYREMOL	45		
2.13	box	PARACETAMOL 500mg tab x 100's	RANIGESIC OR RAPIDOL OR FLUGARD	350		
2.14	box	RANITIDINE 150mg tab x 100's	RANITEIN OR RANIPHIL OR FLAMINGO	201		
2.15	box	SALBUTAMOL 2mg/5ml, 60ml syrup bottle x 144's	BUTAMOL OR DLI OR VN2	1		
2.16	box	TRANEXAMIC ACID 500mg cap x 100's	HEMOXIN OR HEMOSTAP OR DLI	75		

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

Total Amount in words: One Million Four Hundred Ninety Six Thousand Fifty Eight Pesos	TOTAL 1,496,058.00
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<p style="text-align: center;"> ECE MARKETING Signature over Printed Name / Date <u>2/6/24</u> </p>	<p style="text-align: center;">Very truly yours</p> <p style="text-align: center;"> YVONNE RONA CAGAS Governor As per MO No. 2 Series of 2024 </p>
<p>Date <u>2/5/24</u></p>	<p>CHRISTOPHER T. TAN PGDH-PDRMO</p>
<p>Funds Available CAFOA No. <u>020-02-24 01-1 / 2/5/24</u></p>	



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 PROVINCIAL GOVERNMENT OF DAVAO DEL SUR
 Mati, Digos City

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Address : 150-5th A. St Ecoland Phase 1 Davao City	Date : FEB 02 2024
Email/Tel# : marife_mamale@yahoo.com / 297-5606	Mode of Procurement : Competitive Bidding
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 Place of Delivery : **PGSO Warehouse** Delivery Term : **FOB Destination**
 Date of Delivery : **Within 10 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
2.17	bot.	TOBRAMYCIN 0.3%, 5ml eye drops bottle	CONSAC OR OPTOB OR	200		
2.18	box	VITAMIN B1 B6 B12 100mg+5mg+50mcg tab x 100's	RAMTREX MYREVIT B OR REVITAPLEX OR DIA	350		
<p>Charges: LGDF 2024 Medical Outreach Program TOTAL AMOUNT: P 1,496,058.00</p> <hr/> <p align="center">*****</p> <p align="center">FOR MEDICAL MISSION ACTIVITY LGDF 2024 MEDICAL OUTREACH PROGRAM DRUGS AND MEDICINES EXPENSES 5-02-03-070 AMOUNT: 1,496,058.00</p> <p>The Supplier shall notify the PGSO a day before the actual delivery.</p> <p>*****</p> <p>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.</p>						

Reminder :	Delivery shall be made not later than 12:00 noon
Total Amount in words:	One Million Four Hundred Ninety Six Thousand Fifty Eight Pesos TOTAL 1,496,058.00

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<p align="center"><i>Marife M. Mamale</i></p> <p align="center">ECE MARKETING</p> <p align="center">Signature over Printed Name / Date <u>2/6/24</u></p> <p align="center">Date <u>2/6/24</u></p>	<p align="center">Very truly yours</p> <p align="center">RYONNE ROÑA CAGAS Governor</p> <p align="center"><i>Christopher T. Tan</i></p> <p align="center">CHRISTOPHER T. TAN PGDN-PDRRMQ</p>
Funds Available	CAFOA No. <u>060-02-24-061</u> <u>(2/6/24)</u>