



PURCHASE ORDER

PROVINCIAL GOVERNMENT OF DAVAO DEL SUR
Matti, Digos City

Supplier : QUALI-MEDS MARKETING	P.O. No. : G-252-22CB	DEC 21 2022
Address : Purok 5 Immaculate, Lubogan, Toril, Davao City	Date :	
Email/Tel# : qualimedsmktg@gmail.com / 082-293-1626	Mode of Procurement :	Competitive Bidding
T.I.N : 195-408-305-000	End-User :	PHO
PR. No./Date : 2049-CB-22 12/15/2022		

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 : 10 calendar days	Payment Term : Credit Basis

Item No.	Unit	Item and Description	Brand Name (if Applicable)	Qty	Unit Cost	Total Cost
1	box	Aluminum Hydrochloride +Magnesium Hydroxide 200mg + 100mg tablet 100's	GEL-MALICID	60	By Lot	526,124.08
2	box	Amlodipine 10mg tablet 100's	BLOCAPAST	50		
3	box	Amoxicillin 250mg capsule 100's	MOXYLOR OR AXMEL	50		
4	box	Amoxicillin 500mg capsule 100's	AMBIMOX	200		
5	box	Amoxicillin 250mg/5ml, 60ml oral suspension bottle 144's	MOXYLOR OR AXMEL	8		
6	box	ASCORBIC ACID (Vitamin C) 500mg tablet 100's	ASCORGEN	50		
7	box	ASCORBIC ACID Vitamin C 100mg/5ml, 60ml syrup bottle 144's	RAPHIC OR MYREVIT	4		
8	box	CEFALEXIN 500mg capsule 100's	SAPHEXIN OR EXEL	70		
9	box	CEFALEXIN 250mg/5ml, 60ml oral suspension bottle 144's	DIACEF OR EXEL	4		
10	box	CETIRIZINE 10mg tablet 100's	CETICIT	150		
11	box	CETIRIZINE 1mg/ml 60ml oral solution bottle 144's	CETIRIGEN OR ALLERCHEM	3		
12	box	CETIRIZINE 10mg/ml, 10ml oral drops 144's	CETIREX OR CETRISAPH	4		
13	box	Dicycloverine 10mg/5ml, 60ml syrup bottle 144's	GASAIDE OR DIACIEL	2		
14	box	Hyosine 10mg tablet 100's	GASTROHEX OR HYOSAPH	30		
15	box	Ibuprofen 400mg tablet 100's	SAPHFEN-400 OR IBUFEN	50		
16	box	Lagundi 300mg tablet 100's	ASFLEM OR OFPLEMED	250		
17	box	Lagundi 300mg/5ml, 60ml syrup bottle 144's	CAFGARD OR OFPLEMED	9		
18	box	Lidocaine 2% 1.8ml carpule with epinephrine 50's	XYLODENT OR ZEYCO	80		
19	vial	Lidocaine 2% 50ml vial	LIDO OR LOCAINE	100		
20	box	Loperamide 2mg capsule 100's	VEXIL OR SCHEELE	60		
21	box	MEFENAMIC ACID 250MG capsule 100's	ANALMIN OR MEFESAPH	40		
22	box	MEFENAMIC ACID 500MG capsule 100's	ANALMIN OR MEGYXAN	70		
23	box	METFORMIN 500MG tablet 100's	SAPHORMIN OR GLYCEMET	30		
23	box	Metoprolol 50mg tablet 100's	PROLOL 50 OR PROMETIN	30		
24	box	Montelukast 10mg tablet 100's	LEUKOREX OR LUCAZT	15		
25	box	Multivitamins capsule 100's	MULTILEM OR MYREVIT	50		

Reminder :	Delivery shall be made not later than 12:00 noon
Total Amount in words:	Five Hundred Twenty Six Thousand One Hundred Twenty Four Pesos And Eight Centavos TOTAL 526,124.08

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;"><i>Laura Marasigan</i> QUALI-MEDS MARKETING Signature over Printed Name / Date Date 11/31/2022</p>	<p>Very truly yours YVONNE ROÑA CAGAS Governor</p>
<p>Funds Available</p>	<p>OBR No. 6288-12-22-101-1</p> <p style="color: blue; font-weight: bold;">By Authority of the Governor As per M.O. No. 4, Series of 2022</p> <p style="color: blue; font-weight: bold;">CHRISTOPHER T. TAN</p>

PURCHASE ORDER
 MUNICIPAL GOVERNMENT OF DAVAO DEL SUR
 Main, Digos City

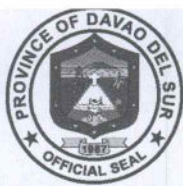


Date of Purchase: _____
 Date of Delivery: _____
 Mode of Procurement: _____
 Supplier Name: _____
 Supplier Address: _____
 Supplier Contact: _____
 Supplier Email: _____
 Supplier Phone: _____
 Supplier Fax: _____
 Supplier Website: _____
 Supplier Bank: _____
 Supplier Account: _____
 Supplier Branch: _____
 Supplier City: _____
 Supplier State: _____
 Supplier Zip: _____

Please note that this order is subject to the terms and conditions contained in the attached purchase order form.
 Delivery Term: _____
 Payment Term: _____

Item No.	Unit	Item and Description	Brand Name (if applicable)	Qty	Unit Cost	Total Cost
1	box	Aluminum Hydroxide - Magnesium Hydroxide 100mg + 100mg oral tabs	ORALMUCID	50	By lot	150.00
2	box	Amoxicillin 250mg oral tabs	BIODAPART	50		
3	box	Amoxicillin 250mg capsule 100's	MOXYLOR-LS AXMEL	50		
4	box	Amoxicillin 250mg capsule 100's	AMOXIX	500		
5	box	Amoxicillin 250mg oral suspension 100ml 100's	MOXYLOR OR AXMEL	5		
6	box	ASCORBIC ACID / Zinc C 500mg-tablet 100's	ASCORBIN	50		
7	box	ASCORBIC ACID / Zinc C 100mg-tablet 500mg 100's	ASCORBIN OR MYHEVIT	4		
8	box	CEPHELEXIN 500mg capsule 100's	SAPHLEXIN OR EXEL	50		
9	box	CEPHELEXIN 500mg oral suspension 100ml 100's	DIABEX OR EXEL	4		
10	box	CETIRIZINE 10mg tablet 100's	CETIT	50		
11	box	CETIRIZINE 10mg-tablet 100's	CETRINERIN OR ALLERCHIN	5		
12	box	CETIRIZINE 10mg-tablet 100's	GETHEX OR GETHEPAR	4		
13	box	CETIRIZINE 10mg-tablet 100's	CECIDE OR DIABEL	5		
14	box	CETIRIZINE 10mg-tablet 100's	GASTRODEX OR HYOPHIN	30		
15	box	CETIRIZINE 10mg-tablet 100's	SAPHEN-100 OR HUREN	50		
16	box	CETIRIZINE 10mg-tablet 100's	ASLEN OR ORLEMED	250		
17	box	CETIRIZINE 10mg-tablet 100's	CECIDE OR DEPLEND	8		
18	box	CETIRIZINE 10mg-tablet 100's	ZYDENT OR ZEYO	80		
19	box	CETIRIZINE 10mg-tablet 100's	VENL OR I-GOINIS	100		
20	box	CETIRIZINE 10mg-tablet 100's	VENL OR SCHIEL	80		
21	box	CETIRIZINE 10mg-tablet 100's	ANALIN OR MEFERAR	40		
22	box	CETIRIZINE 10mg-tablet 100's	ANALIN OR MEYKAN	70		
23	box	CETIRIZINE 10mg-tablet 100's	SAPHENIN OR CLYMET	50		
24	box	CETIRIZINE 10mg-tablet 100's	PROL 50 OR PROMETIN	30		
25	box	CETIRIZINE 10mg-tablet 100's	LIACORC OR LIC-21	15		
26	box	CETIRIZINE 10mg-tablet 100's	MULTER OR MYHEVIT	30		

Delivery shall be made not later than 12:00 noon.
 Total Amount: _____
 In case of delay, the supplier shall be liable for a penalty of one-half (1/2) of one percent (1%) for every day of delay until the order is delivered.
 Signature over Printed Name & Date: _____
 Date: _____
 YOURS BONA FIDES
 Government



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 PROVINCIAL GOVERNMENT OF DAVAO DEL SUR
 Mati, Digos City

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Item No.	Unit	Item and Description	Brand Name (if Applicable)	Qty	Unit Cost	Total Cost
26	box	Omeprazole 20mg capsule 100's	OMEPHIL OR	11		
27	box	Oral Rehydration Salts(75 replacement) 20.5g oral powder sachet 25's	OMEBLOC	30		526,124.08
28	box	PARACETAMOL 100MG/15ML, oral drops bottle 144's	GUJCOSOL	9		
29	box	Ranitidine 150mg tablet 100's	PARA 100 OR	70		
30	box	Tranexamic Acid 500mg capsule 100's	NUVAMOL	35		
31	box	Vitamin B1+Vitamin B12+Vitamin B6 100mg+ 5mg+50mcg tablet 100's	RANITEN OR	40		
			GASTROSAPH			
			HEMOSTOP OR			
			TRANEXAGEN			
			REVITAPLEX OR			
			NERVISAPH			
***** FOR THE MEDICAL MISSION ACTIVITY LGDF 2022 MEDICAL OUT-REACH PROGRAM DRUGS AND MEDICINES EXPENSES 5-02-03-070 REQUISITION SHOULD BE BY LOT						

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Total Amount in words:	Five Hundred Twenty Six Thousand One Hundred Twenty Four Pesos And Eight Centavos
	TOTAL 526,124.08

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Very truly yours

Conforme	 QUALI-MEDS MARKETING Signature over Printed Name / Date 11/21/22 Date	YVONNE ROÑA CAGAS Governor
Funds Available	OBR No. 6288-12-22-101-1 CHRISTOPHER T. TAN PGDH-PDRRMO	By Authority of the Governor As per MD No. 4, Series of 2022

