

### Republic of the Philippines

Province of Davao del Norte Government Center, Mankilam, Tagum City

## **PURCHASE ORDER**

Supplier: GMP CONGLOMERATE CORPORATE OFFICE SERVICES

Address : 100 MOLAVE ST. MONTE MARIA VILLAGE CATALUNAN

GRANDE TALOMO DISTRICT 8000 DAVAO CITY DAVAO DEL

SUR PHILIPPINES 924-064-364-00000

PhilGEPS Registration No. : 202010-231951-1246540137

Tel./Mobile/Fax No.: 09498486626

Registration Certificate: DTI

Place of Delivery: On site

Req. Office: Provincial Veterinarian's Office

P.O. Number: **2025083048** 



O20250830487C2C9154B

Date: <u>Aug 14, 2025</u> P.R. No.: <u>2025063614</u>

Procurement mode: Competitive Bidding

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

Date of Delivery : \_\_\_\_\_

Delivery Term: 15 Calendar Days

$\equiv$				
I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	30.00 BOT	Vitamin ADE injectable (100 ml)	749.49	22,484.70
2	25.00 BOT	VITAMIN B12 50MCG BUTAPHOSPHAN 100MG INJ. 100ML	749.59	18,739.75
3	60.00 BOT	ENROFLOXACIN 100MG INJ. 100ML	897.99	53,879.40
4	15.00 VIAL	IVERMECTIN	799.50	11,992.50
5	21.00 BOT	OXYTETRACYCLINE 200MG INJ. 100ML	889.99	18,689.79
6	30.00 BOT	VITAMIN B-COMPLEX WITH LE INJ. 100ML	889.99	26,699.70
7	20.00 PACK	LEVAMISOLE 10% WSP 1 KG/PACK	2,189.79	43,795.80
8	40.00 PAIL	MULTIVITAMINS+ELECTROLYTES, WSP, 5 KGS./PAIL	2,795.79	111,831.60
9	30.00 BOT	OXYTETACYCLINE+GENTIAN WOUND SPRAY 200ML	727.98	21,839.40
10	30.00 BOT.	AMOXICILLIN TRIHYDRATE SOLN.INJ. 150MG/ML, 100ML	947.99	28,439.70
11	15.00 LTR	AMITRAZ 12.5% 1 LTR	5,987.99	89,819.85
Remarks			Compt on the control of the Compt of the Co	,

Payment Term : ON ACCOUNT

#### Remarks:

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

I hereby conform that NOTICE TO DELIVER shall be served to the PLACE OF DELIVERY stated herein three (3) days before the actual delivery of the item/s covered by this Purchase Order.

Conforme:

Very truly yours,

(Signature over printed name)

(Signature over printed name)

(Date)

(Date)

NOTE: This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

ALEJANDRO R. OMILA JR.

<sup>1.</sup> Products should expire atleast (2) years from receipt or must have a minimum shelf life of 24 months from the date of delivery.

<sup>2.</sup> Packaging of drugs requested should be strictly observed.



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Req. Office: Provincial Veterinarian's Office P.O. Number: 2025083048

Date: Aug 14, 2025 P.R. No. : 2025063614

Procurement mode: Competitive Bidding

Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:								
Date of Delivery :	Payment Term : ON ACCOUNT							
I.N. Quantity/Unit	Item	Unit Cost	Amount					

All products to be delivered must be duly registered in PVET.

4. All medicines must be registered and approved by the FDA or BAI.

5. Labels must include the generic name, dosage, expiration date, batch number and manufacturer details.

6. Packaging must be tampered-proof and properly sealed.

7. Drugs and Medicines shall be on staggered delivery upon the request of the requisitioning office.

8. Failure to comply in any of the conditions stated shall mean non-acceptance of all drugs requested.

9. Payment upon completion of the documentary requirements per PACCO audit.

10. A warranty of 6 months against products defect and damages. Any defective or substandard items delivered must replaced w/in 10 working days from notification.

11. Sales Invoice and delivery receipt must be submitted upon delivery of the products.

The award is based on Abstract No. 0720252463 created on July 25, 2025 and resolved on August 14, 2025 under Quotation No. B20252877 opened on July 24, 2025

For Preparedness and Mitigation of Calamity		
Grand Total Amount in Words: FOUR HUNDRED FORTY-EIGHT THOUSAND TWO HUNDRED TWELVE AND 19 / 100	GRAND TOTAL : P 448,2	212.19
In case of failure to make the full delivery within the time specified above for every day of delay shall be imposed.  I hereby conform that NOTICE TO DELIVER shall be served to the P days before the actual delivery of the item/s covered by this Purchase Order Conforme:  Very trul  (Signature over printed name)		ree (3)
NOTE: This is an important paper and will cause great inconvenience if	f lost. Claim for payment from the Pro	vincial

Treasurer supported by this form to be attached to the voucher. ALEJANDRO R. OMILA JR.