




PURCHASE ORDER

Supplier : GRACE PHARMACY	P.O. Number: 2025072364
Address : PRK 6 SAN MIGUEL 8100 CITY OF TAGUM DAVAO DEL NORTE PHILIPPINES	 O2025072364AE5B3CAD9
TIN: 754-834-574-00000 PhilGEPS Registration No. : 437068 Tel./Mobile/Fax No. : 09951021718 Registration Certificate : DTI	Date : Jul 14, 2025 P.R. No. : 2025053053 Procurement mode: Shopping B (Regular Purchase)
Req. Office : Provincial Health Office	

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

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: 15 Calendar Days Partial delivery NOT ALLOWED
Place of Delivery : PHO WAREHOUSE		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	3,000.00 Capsule	Multivitamins FEDVITS	2.00	6,000.00
2	40.00 Diluent	Ceftriaxone 1 g Powder for Injection Vial + 10 mL HAIXONE	160.00	6,400.00
3	615.00 Tablet	Azithromycin 500 mg AZCORE	44.00	27,060.00
4	40.00 Unit	Penicillin G Benzathine (Benzathine Benzyzylpenicillin) 1,200,000 units Modified Release Powder for Injection Vial GENERIC	540.00	21,600.00
5	4,000.00 Tablet	Ascorbic Acid (Vitamin C) 500 mg FED-CEE	2.00	8,000.00

- Remarks :
- TERMS AND CONDITIONS
1. THE ITEM MUST CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT,
 2. THE ITEM MUST HAVE CERTIFICATE OF PRODUCT REGISTRATION (CPR) ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION THAT TO BE SUBMITTED UPON DELIVERY.
 3. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO YEARS UPON DELIVERY.
 4. THE SUPPLIER MUST HAVE VALID AND CURRENT LICENSE TO OPERATE AS DRUG DISTRIBUTORS/WHOLESALERS ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
 5. ALL MULTIVITAMINS CAP.& SYRUP WITH NO APPROVED THERAPEUTIC CLAIM LABEL IS NOT ACCEPTED
 6. WINNING BIDDERS WILL BE THE ONE TO SHOULDER THE PAYMENT FOR BFAD SAMPLING
 7. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

DRUGS AND MEDICINES TO BE USE FOR STI/HIV/AIDS CLIENTS	

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 : <u>NATHALIE GRACE B. ANINO</u> (Signature over printed name) <u>7/22/25</u> (Date)	Very truly yours, <u>JOEPREY C. MARAPUENTES MPA</u> Supervising Admin. Officer EDWIN I. JUBAHIB Governor _____ (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.

RHEA GIN M. RAMOS



PURCHASE ORDER

Supplier : <u>GRACE PHARMACY</u>		P.O. Number: <u>2025072364</u>		
Address : <u>PRK 6 SAN MIGUEL 8100 CITY OF TAGUM DAVAO DEL NORTE PHILIPPINES</u>		 <u>O2025072364AE5B3CAD9</u>		
TIN: <u>754-834-574-00000</u>		Date : <u>Jul 14, 2025</u>		
PhilGEPS Registration No. : <u>437068</u>		P.R. No. : <u>2025053053</u>		
Tel./Mobile/Fax No. : <u>09951021718</u>		Procurement mode: <u>Shopping B (Regular Purchase)</u>		
Registration Certificate : <u>DTI</u>				
Req. Office : <u>Provincial Health Office</u>				
Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:				
Date of Delivery : _____ Payment Term : <u>ON ACCOUNT</u>		Delivery Term: <u>15 Calendar Days</u> <u>Partial delivery NOT ALLOWED</u>		
Place of Delivery : <u>PHO WAREHOUSE</u>				
I.N.	Quantity/Unit	Item	Unit Cost	Amount

The award is based on Abstract No. **0620251903** created on **June 19, 2025** under Quotation No. **C20252343** opened on **June 16, 2025**

DRUGS AND MEDICINES TO BE USE FOR STI/HIV/AIDS CLIENTS	
Grand Total Amount in Words : <u>SIXTY-NINE THOUSAND SIXTY AND XX / 100</u>	GRAND TOTAL : <u>₱ 69,060.00</u>
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 : <u>NATHALIE GRACE B. ANINO</u> (Signature over printed name) <u>7/22/25</u> (Date)	Very truly yours, <u>JOEPREY C. MARPUENTES MPA</u> Supervising Admin. Officer <u>EDWIN I. JUBAHIB</u> Governor (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.	

RHEA GIN M. RAMOS