




PURCHASE ORDER

Supplier : <b>SABCARE MARKETING</b>	P.O. Number: <b>2025072401</b>
Address : <b># 236 MAHARLIKA HIGHWAY ISABANG 4301 LUCENA CITY (CAPITAL) QUEZON PHILIPPINES</b>	 <b>O2025072401D88AA0124</b>
TIN: <b>259-802-816-00000</b>	Date : <b>Jul 10, 2025</b>
PhilGEPS Registration No. : <b>201708-145747-109515854</b>	P.R. No. : <b>2025021298</b>
Tel./Mobile/Fax No. : <b>09464143699</b>	Procurement mode: <b>Competitive Bidding</b>
Registration Certificate : <b>DTI</b>	
Req. Office : <b>PEEDO - DDN Hospital (Kapalong Zone)</b>	

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

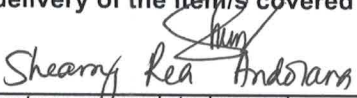

Date of Delivery : _____	Payment Term : <b>ON ACCOUNT</b>	Delivery Term: <b>End-user shall require the delivery of items in such quantity depending on actual needs</b>
Place of Delivery : <b>DAVNOR PHARMACY</b>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	500.00 Ampule	Methylergometrine (Methylergonovine) 200 mcg/mL, 1 mL Solution <b>ERGOMET/CETHERGO</b>	107.80	53,900.00
2	600.00 10 mEq	Potassium Citrate 10 mEq Tablet <b>KELCITRA</b>	10.78	6,468.00
3	600.00 Tablet	Furosemide 40 mg Tablet <b>FUSEDEX</b>	2.94	1,764.00
4	10,000.00 Tablet	Azithromycin 500 mg <b>ZITHROX/AZCOR</b>	68.60	686,000.00
5	40.00 PC	Dexamethasone + Tobramycin 0.1% + 0.3%, 5 mL Eye Drops Bottle <b>COMBIDAR</b>	313.60	12,544.00
6	30.00 Bottle	Levofloxacin 5 mg/mL (0.5 % w/v), 5 mL Eye Drops <b>OFTAQUIX</b>	643.86	19,315.80
7	720.00 Bot	Zinc 55 mg/5mL (Equiv. to 20 mg Elemental Zinc), 60 mL Syrup (As Sulfate Monohydrate) <b>ZINLUM</b>	76.44	55,036.80
8	3,000.00 Capsule	Cloxacillin 500 mg Capsule (As Sodium Salt) <b>CLOXANE/MEDETHIX</b>	5.88	17,640.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (ANTI-INFECTIVES DRUGS, ANESTHESIC DRUGS, ADRENERGIC DRUGS, ANTIHISTAMINE DRUGS, DIURETIC & DIETARY/NUTRITIONAL DRUGS)

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 items covered by this Purchase Order.


Conforme :	Very truly yours,
 (Signature over printed name)	 EDWIN L. JUBAHIB Governor
<u>07/29/25</u> (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.



PURCHASE ORDER

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Address : <u># 236 MAHARLIKA HIGHWAY ISABANG 4301 LUCENA CITY (CAPITAL) QUEZON PHILIPPINES</u>	 <u>O2025072401D88AA0124</u>
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Req. Office : <u>PEEDO - DDN Hospital (Kapalong Zone)</u>	

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

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Place of Delivery : <u>DAVNOR PHARMACY</u>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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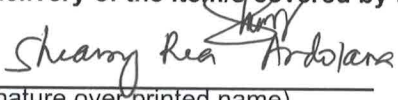

ALL ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITALS MOOE UNDER DRUGS AND MEDICINES ACCOUNT.

The award is based on Abstract No. **0620251938** created on **June 23, 2025** and resolved on **July 10, 2025** under Quotation No. **B20252106** opened on **June 19, 2025**

<b>FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (ANTI-INFECTIVES DRUGS, ANESTHESIC DRUGS, ADRENERGIC DRUGS, ANTIHISTAMINE DRUGS, DIURETIC &amp; DIETARY/NUTRITIONAL DRUGS)</b>	
Grand Total Amount in Words : <u>TWENTY-TWO MILLION NINE HUNDRED EIGHTY-SIX THOUSAND EIGHT HUNDRED THREE AND 56 / 100</u>	GRAND TOTAL : <u>₱ 22,986,803.56</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 :  _____ (Signature over printed name) <u>07/28/25</u> _____ (Date)	Very truly yours,  <b>EDWIN F. JUBAHIB</b> Governor _____ (Date)
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ALEJANDRO R. OMILA JR.