



PURCHASE ORDER

Supplier : **SABCARE MARKETING**

P.O. Number: **2025072403**

Address : **# 236 MAHARLIKA HIGHWAY ISABANG 4301 LUCENA CITY (CAPITAL) QUEZON PHILIPPINES**



O2025072403D034F08CF

TIN: **259-802-816-00000**

PhilGEPS Registration No. : **201708-145747-109515854**

Tel./Mobile/Fax No. : **09464143699**

Registration Certificate : **DTI**

Date : **Jul 10, 2025**

P.R. No. : **2025021381**

Procurement mode: **Competitive Bidding**

Req. Office : **PEEDO - DDN Hospital (Kapalong Zone)**

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

Date of Delivery : _____ Payment Term : **ON ACCOUNT**

Delivery Term: **End-user shall require the delivery of items in such quantity depending on actual needs**

Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	1,000.00 Tablet	Metoprolol (as Tartrate) 100 mg Tablet (As Tartrate) LOPREXO	2.70	2,700.00
2	34,560.00 BOT	Dextrose + Lactated Ringer's 5%, 1 L Solution for Injection Bottle EUROMED	63.00	2,177,280.00
3	10,000.00 Ampule	Paracetamol 150mg/ml, 2ml Solution for Injection Ampule AMCETAM	23.40	234,000.00
4	5,000.00 Tablet	Amlodipine 5 mg NORVATROL	4.05	20,250.00
5	960.00 BOT	Dextrose in Water 5%, 500 mL Solution for Injection Bottle EUROMED	63.00	60,480.00
6	50.00 Suppositor	Paracetamol 125 mg Suppository PARAGESIC	55.80	2,790.00
7	360.00 Bottle	Balanced Multiple Maintenance Solution + Dextrose 5%, 1 L Solution for Injection EUROMED	63.00	22,680.00
8	1,440.00 Bot	Paracetamol 100mg/ml, 15ml Oral Drops Bottle MILGESIC	34.20	49,248.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (ANTIPYRETIC DRUGS, RESPIRATORY DRUGS, CARDIOVASCULAR DRUGS & IV FLUIDS/ELECTROLYTES)

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)

Very truly yours,

EDWIN A. JOBANIS
Governor

(Date)

(Date)

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ALEJANDRO R. OMILA JR.



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I.N.	Quantity/Unit	Item	Unit Cost	Amount
9	55,200.00 Nebules	Ipratropium + Salbutamol 500 mcg + 2.5 mg, 2.5 mL Respiratory Solution HIVENT PLUS	22.50	1,242,000.00
10	144.00 Bot	Paracetamol 120mg/5ml (125mg/5ml), 60ml Oral Suspension Bottle NOVAMOL	23.40	3,369.60
11	5,000.00 Tablet	Amlodipine 10 mg NORVATROL	16.20	81,000.00
12	55,200.00 Nebule	Salbutamol 1 mg/mL, 2.5 mL(unit dose) Nebule (As Sulfate) HIVENT	9.90	546,480.00
13	5,000.00 Vial	Glucose (Dextrose) 50 %, 50 mL Vial DEX 4	63.00	315,000.00
14	100.00 Suppositor	Paracetamol 250mg Suppository PARAGESIC	48.60	4,860.00
15	18,000.00 BOTTLE	IRRIGATING SOLUTION 1L (PNSSR) EUROMED	63.00	1,134,000.00
16	1,000.00 Tablet	Metoprolol 50 mg PROLOL	2.70	2,700.00
17	18,000.00 Bottle	Lactated Ringer's , 1L Solution EUROMED	63.00	1,134,000.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (ANTIPYRETIC DRUGS, RESPIRATORY DRUGS, CARDIOVASCULAR DRUGS & IV FLUIDS/ELECTROLYTES)

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(Signature over printed name)

(Date)

Very truly yours,

EDWIN I. JUBAHIB
Governor


(Date)

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ALEJANDRO R. OMILA JR.



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

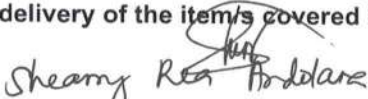


Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs
Place of Delivery : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
18	30,000.00 Bottle	Sterile Water for injection 50 mL Bottle EUROMED	31.50	945,000.00
19	43,200.00 Bag	I.V. Fluids, 0.9% Sodium Chloride 1 L Plastic Bottle / Glass Bottle / Bag B.BRAUN	63.00	2,721,600.00
20	3,000.00 Tablet	Captopril 25 mg HYPERSTOP	2.61	7,830.00
21	960.00 Bottle	Mannitol 20%, 500 mL Solution for Injection EUROMED	90.00	86,400.00
22	20,736.00 BOT	Dextrose + Sodium Chloride 5% + 0.3%, 500 mL Solution for Injection Bottle B.BRAUN	63.00	1,306,368.00
23	5,000.00 Vial	Potassium Chloride 2 mEq/mL, 20 mL Vial EUROMED	31.50	157,500.00
24	1,728.00 BOT	Paracetamol 250mg/5ml, 60ml Syrup Bottle NOVAMOL	43.20	74,649.60
25	360.00 BOT	Dextrose + Sodium Chloride 5% + 0.9%, 1 L Solution for Injection Bottle AMPHENOL	63.00	22,680.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (ANTIPYRETIC DRUGS, RESPIRATORY DRUGS, CARDIOVASCULAR DRUGS & IV FLUIDS/ELECTROLYTES)

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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)	 EDWIN J. SUBAHIB Governor
 (Date)	 (Date)

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26	17,280.00 Bottle	Balanced Multiple Maintenance Solution + Dextrose 5%, 500 mL Solution for Injection MULTISOL-M/ENDUSOL-IMB	63.00	1,088,640.00
27	5,000.00 Vial	Magnesium Sulfate 250 mg/mL, 20 mL Solution for Injection EUROMED	45.00	225,000.00
28	3,000.00 Ampule	I.V. Fluids, 0.9% Sodium Chloride 20 mL Ampule RHEA/B.BRAUN	18.00	54,000.00
29	10,000.00 Tablet	Paracetamol 500mg Tablet MILGESIC	1.80	18,000.00

Remarks :

ADDITIONAL REQUIREMENTS:

1. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT LICENSE TO OPERATE AS DRUG DISTRIBUTOR/WHOLESALE ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
2. ORIGINAL/CERTIFIED TRUE COPY OF CERTIFICATION THAT THE SUPPLIER IS AN AUTHORIZED OR EXCLUSIVE DISTRIBUTOR OR DEALER OF THE PRODUCTS/ITEMS FOR BIDDING DULY ISSUED BY THE PRINCIPAL/MANUFACTURER.
3. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT CERTIFICATE OF PRODUCT REGISTRATION (CPR) AND MUST CONFORM TO THE BIDDED ITEMS (TO BE SUBMITTED UPON DELIVERY).

FAILURE TO SUBMIT ANY OF THE POST-QUALIFICATION REQUIREMENTS ON TIME, OR IF ANY DISCREPANCIES ARE FOUND REGARDING THEIR ACCURACY, WILL RESULT IN THE BIDDER'S DISQUALIFICATION FROM THE AWARD.

TERMS AND CONDITIONS:

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (ANTIPYRETIC DRUGS, RESPIRATORY DRUGS, CARDIOVASCULAR DRUGS & IV FLUIDS/ELECTROLYTES)

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Conforme :

(Signature over printed name)

Very truly yours,

EDWIN T. JUBAHIB
Governor

07/29/25
(Date)

(Date)

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Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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1. THE ITEM MUST CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT.
2. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO (2) YEARS FROM THE DATE OF DELIVERY. IN CASE OF ITEMS' SHELF-LIFE IS LESS THAN TWO (2) YEARS, A GUARANTEE LETTER SHALL BE SUBMITTED.
3. GOODS WHICH ARE THREE (3) MONTHS NEAR THE EXPIRY PERIOD SHALL BE RETURNED TO THE SUPPLIER. THE SUPPLIER SHALL ALSO REPLACE THE RETURNED ITEMS/GOODS.
4. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFY THE BIDDER.
5. TOTAL LOT AWARDING.
6. BIDDING FOR ONE (1) YEAR SUPPLY BUT THE DELIVERY SHALL BE ON A QUARTERLY BASIS OR THE END-USER MAY DEMAND EARLY DELIVERY DEPENDING ON ACTUAL NEEDS.
7. FOR THE SUCCEEDING DELIVERY, THE REQUISITIONING OFFICE WILL INFORM THE SUPPLIER AND SEND A LISTS OF DRUGS AND MEDICINES TO BE DELIVERED THROUGH THE REGISTERED EMAIL ADDRESS OF THE SUPPLIER.
8. THE SUPPLIER MUST DELIVER THE REQUESTED ITEMS IN COMPLETE QUANTITY WITHIN 15 DAYS UPON RECEIPT OF THE EMAIL. FAILURE TO COMPLY, PENALTY OF LATE DELIVERY WILL BE IMPOSED.
9. THE DELIVERED ITEMS MUST BE THE BASIS FOR BILLING AND ISSUANCE OF SALES/CHARGE INVOICE.
10. SUPPLIER MUST INFORM THE REQUISITIONING OFFICE INSPECTORATE TEAM FIVE (5) DAYS BEFORE THE DELIVERY OF THE ITEMS.

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

The award is based on Abstract No. **0620251943** created on **June 23, 2025** and resolved on **July 10, 2025** under Quotation No. **B20252107** opened on **June 19, 2025**

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Grand Total Amount in Words : **THIRTEEN MILLION SEVEN HUNDRED FORTY THOUSAND FIVE HUNDRED FIVE AND 20 / 100**

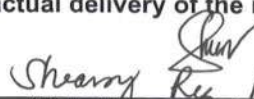
GRAND TOTAL : **₱ 13,740,505.20**

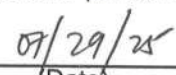
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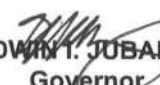
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