




PURCHASE ORDER

Supplier : SABCARE MARKETING	P.O. Number: 2025093243
Address : # 236 MAHARLIKA HIGHWAY ISABANG 4301 LUCENA CITY (CAPITAL) QUEZON PHILIPPINES	 O20250932436285F1267
TIN: 259-802-816-00000	Date : Sep 02, 2025
PhilGEPS Registration No. : 201708-145747-109515854	P.R. No. : 2025042798
Tel./Mobile/Fax No. : 09464143699	Procurement mode: Competitive Bidding
Registration Certificate : DTI	
Req. Office : Provincial Disaster Risk Reduction Management	

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

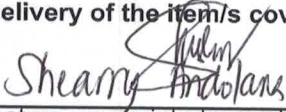

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: 20 Calendar Days
Place of Delivery : PHO WAREHOUSE		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	1,500.00 Tablet	Atorvastatin 40 mg LIPTROL	4.99	7,485.00
2	10.00 Ampule	Metoclopramide 5 mg/mL, 2 mL Solution for Injection Ampule METOCLOLON	14.99	149.90
3	300.00 NEBULE	Salbutamol 1 mg/ml, 2.5 ml (unit dose) Nebule (as sulfate) HIVENT	17.99	5,397.00
4	500.00 Tablet	Azithromycin 500 mg ZITHROX	29.99	14,995.00
5	3,000.00 Tablet	Ascorbic Acid (Vitamin C) 500 mg MYREVIT	1.99	5,970.00
6	100.00 PC	Clotrimazole 1% (10 mg/ g), 10 g Cream Tube CLOZOL	142.99	14,299.00
7	5,000.00 Cap	Vitamin B1 B6 B12 100 mg + 5 mg + 50 mcg Capsule NEIRO-ACE	3.49	17,450.00
8	144.00 Bottle	Cetirizine 5 mg/5 mL, 30 mL Syrup CETIREX	69.99	10,078.56
9	500.00 Tablet	Betahistine 24 mg BETZINE	6.19	3,095.00

DRUGS AND MEDICINES TO BE USE FOR DISASTER RISK REDUCTION MANAGEMENT IN HEALTH (DRRM-H)	

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 T. JUBAHIB Governor _____ (Date)
 09/30/25 _____ (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



Republic of the Philippines
Province of Davao del Norte
Government Center, Mankilam, Tagum City

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

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

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O20250932436285F1267

Date : **Sep 02, 2025**

P.R. No. : **2025042798**

Procurement mode: **Competitive Bidding**

Req. Office : **Provincial Disaster Risk Reduction Management**

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

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

Place of Delivery : **PHO WAREHOUSE**

Delivery Term: **20 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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The award is based on Abstract No. **0720252464** created on **July 25, 2025** and resolved on **August 14, 2025** under Quotation No. **B20252878** opened on **July 24, 2025**

DRUGS AND MEDICINES TO BE USE FOR DISASTER RISK REDUCTION MANAGEMENT IN HEALTH (DRRM-H)

Grand Total Amount in Words : **SEVEN HUNDRED NINETY-FOUR THOUSAND TWO HUNDRED THIRTY-ONE AND 81 / 100**

GRAND TOTAL : **₱ 794,231.81**

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Conforme :

(Signature over printed name)

Very truly yours,

EDWIN I. JUBAHIB
Governor

09/20/25
(Date)

(Date)

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RHEA GIN M. RAMOS