

Republic of the Philippines

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

PURCHASE ORDER

Supplier: SABCARE MARKETING

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

TIN:

259-802-816-00000

PhilGEPS Registration No. : 201708-145747-109515854

Tel./Mobile/Fax No.: 09464143699

Registration Certificate: DTI

Req. Office: PEEDO - DDN Hospital (IGCS Zone)

P.O. Number: 2025083029



Date: Aug 14, 2025 P.R. No.: 2025053420

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

Delivery Term: 15 Calendar Days

Partial delivery NOT ALLOWED Place of Delivery: DAVNOR PHARMACY I.N. Quantity/Unit Item Unit Cost **Amount** 1 60.00 BOT TRIPLE ENZYMATIC PRE-CLEANER 7,750.00 465,000.00 DISINFECTANT-LIPASE, W/ PROTEASE AND AMYLASE AMMONIUM WIT DIDECYLMETHYLPOLY PROPIONATE AND BIS DODECYLAMINE DISINFECTANT, OCEAN BREEZE SCENT, CONCENTRATE, 1L TRI-CLEAN 3.00 BOTTLE POWERFUL CRYSTALLINE, 2 6,425.00 19,275.00 BACTERIOSTATIC-ABSORBENT GRANULES CROSS LINKED SODIUM POLYACRYLATE (POLYMER), 240G **VIRUSOLVE** 3 60.00 BOT ALCOHOL-BASED HAND SANITIZER 2,100.00 126,000.00 (ANTISEPTIC), WATERLESS HANDCARE (OR THEATRE-GRADE) 70% ETHANOL AND 0.5% CHLORHEXIDINE GLUCONATE, 360 MINS. (6 HRS.) SUSTAINED MICROBIAL ACTIVITY, 500ML **PUMP** BAM 60.00 BOT CONCENTRATE 2.5% DOSAGING SOAKING 14.250.00 855,000.00 SOLUTION FOR INSTRUMENTS HIGH LEVEL

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (DISINFECTANT AND SOAKING SOLUTION FOR OPERATING DELIVERY ROOM INSTRUMENTS AND EQUIPMENTS)

DISINFECTANT/STERILANT - SPORICIDAL,

CATIONIC SURFACTANT & ALKYLTRIAMINE - NON GLUTERALDEHYDE AND NON PERACETIC, 1L

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:

Formen to (Signature over printed name)

Date)

09/10

Very truly yours,

JUBAH B 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.

ALEJANDRO R. OMILA JR.



Republic of the Philippines

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

PURCHASE ORDER

Supplier: SABCARE MARKETING

Address: # 236 MAHARLIKA HIGHWAY ISABANG 4301 LUCENA CITY (

TIN: <u>259-802-816-00000</u> PhilGEPS Registration No. : <u>201708-145747-109515854</u>

CAPITAL) QUEZON PHILIPPINES

Tel./Mobile/Fax No.: 09464143699 Registration Certificate: DTI

Req. Office: PEEDO - DDN Hospital (IGCS Zone)

P.O. Number: 2025083029 O20250830290530A445F

Date: Aug 14, 2025 P.R. No. : 2025053420

Procurement mode: Competitive Bidding

Date of Delivery: Payment Term: ON ACCOUNT Delivery Term: 15 Calendar Days Partial delivery NOT ALLOWED Place of Delivery: <u>DAVNOR PHARMACY</u> I.N. Quantity/Unit Item **Unit Cost** Amount

MICROGEN

5

3.00 BOTTLE HIGHLY REFINED SURGICAL INSTRUMENTS LUBRICANT, NON OILY, UNSCENTED, MILKY, NON

TOXIC, SILICON FREE AND ORGANIC, 500ML

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

SURGITECH

6,212.00

18,636.00

Remarks:

ADDITIONAL REQUIREMENTS:

1. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT LICENSE TO OPERATE AS MEDICAL DEVICE DISTRIBUTOR/WHOLESALER 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).

4. IF THE PRODUCT ARE NON REGISTRABLE, THE BIDDER MUST SUBMIT A CERTIFICATE FROM THE FOOD AND DRUG ADMINISTRATION THAT THE ITEMS BEING OFFERED DOES NOT REQUIRE A CPR (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:

1. THE ITEM MUST CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT.

19/10 (Date)

2. THE ITEM MUST HAVE NO RECORD OF VIOLATION AND SHALL BE INCLUDED IN THE LIST OF ACCEPTABLE MEDICAL SUPPLIES BY THE HOSPITAL'S THERAPEUTIC COMMITTEE.

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (DISINFECTANT AND SOAKING SOLUTION FOR OPERATING DELIVERY ROOM INSTRUMENTS AND EQUIPMENTS) 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, Formen to (Signature over printed name) 1. JUBAHIB Governor

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.

(Date)



Republic of the Philippines Province of Davao del Norte

Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier: SABCARE MARKETING

Address: # 236 MAHARLIKA HIGHWAY ISABANG 4301 LUCENA CITY (

CAPITAL) QUEZON PHILIPPINES

TIN: 259-802-816-00000

PhilGEPS Registration No. : 201708-145747-109515854

Tel./Mobile/Fax No.: 09464143699 Registration Certificate: DTI

Req. Office: PEEDO - DDN Hospital (IGCS Zone)

Place of Delivery: DAVNOR PHARMACY

P.O. Number: 2025083029

O20250830290530A445F Date: Aug 14, 2025

P.R. No. : 2025053420

Procurement mode: Competitive Bidding

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

Date of Delivery: Payment Term: ON ACCOUNT

Delivery Term: 15 Calendar Days

Partial delivery NOT ALLOWED

I.N. Quantity/Unit **Unit Cost Amount**

3. THE REQUISITIONING OFFICE HAVE THE RIGHT TO DECLINE OR REJECT THE DELIVERY OF ITEMS/GOODS IF IT DOES NOT CONFORM TO THE SPECIFICATION STATED IN THE PURCHASE ORDER AND/OR THE ITEMS HAVE A RECORD OF VIOLATION OR COMPLAIN FROM THE END-USER.

4. 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 GUARANTÉE LETTER SHALL BE SUBMITTED.

5. 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.

6. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFY THE BIDDER.

7. TOTAL LOT AWARDING.

8. SUPPLIER MUST INFORM THE REQUISITIONING OFFICE INSPECTORATE TEAM FIVE (5) DAYS BEFORE THE DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO DDNH-IGACOS ZONE MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT.

> The award is based on Abstract No. 0720252467 created on July 25, 2025 and resolved on August 14, 2025 under Quotation No. B20252881 opened on July 24, 2025

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (DISINFECTANT AND SOAKING SOLUTION FOR **OPERATING DELIVERY ROOM INSTRUMENTS AND EQUIPMENTS)**

Grand Total Amount in Words: ONE MILLION FOUR HUNDRED EIGHTY-THREE THOUSAND NINE HUNDRED ELEVEN AND XX / 100

GRAND TOTAL:

Very truly yours,

₱ 1,483,911.00

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)

. 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.

ALEJANDRO R. OMILA JR.