




PURCHASE ORDER

Supplier : <u>SUREMED MARKETING INC.</u>	P.O. Number: <u>2025072297</u>
Address : <u>DR. 1 #61 MC ARTHUR HIGHWAY BRGY. MATINA CROSSING</u> <u>TALOMO DIST. DAVAO CITY 8000</u>	 <b>O2025072297BEEBA48E3</b>
TIN: <u>417-119-843-000</u>	Date : <u>Jun 19, 2025</u>
PhilGEPS Registration No. : <u>20131083689759250674</u>	P.R. No. : <u>2025031934</u>
Tel./Mobile/Fax No. : <u>09201261914</u>	Procurement mode: <u>Competitive Bidding</u>
Registration Certificate : <u>SEC</u>	
Req. Office : <b>Provincial Health Office</b>	

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

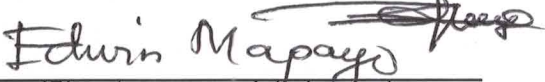
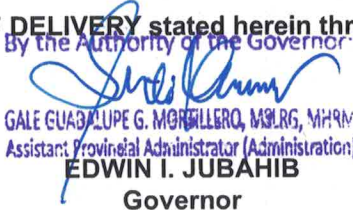
Date of Delivery : _____	Payment Term : <u>ON ACCOUNT</u>	Delivery Term: <b>15 Calendar Days</b>
Place of Delivery : <u>PHO WAREHOUSE</u>		<b>Partial delivery NOT ALLOWED</b>

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	1,500.00 Tablet	Ascorbic Acid (Vitamin C) 500 mg <b>GENERIC OR CEVIT</b>	0.83	1,245.00
2	3,500.00 TAB	CETIRIZINE 10MG <b>GENERIC OR CETICIT</b>	0.53	1,855.00
3	5,500.00 Tab	Vitamin B1 B6 B12 100 mg + 5 mg + 50 mcg Tablet <b>GENERIC OR VIT-3</b>	2.15	11,825.00
4	5,200.00 Tablet	Losartan 50 mg <b>GENERIC OR SAPHLOR-50</b>	1.05	5,460.00
5	1,000.00 Tablet	Montelukast 10 mg <b>GENERIC OR LUCAZT</b>	4.04	4,040.00
6	1,300.00 Capsule	Omeprazole 20mg Capsule <b>GENERIC OR OMEPHIL-20</b>	1.43	1,859.00
7	1,500.00 Tablet	Atorvastatin 40 mg <b>GENERIC OR LESTOR</b>	2.94	4,410.00
8	5,700.00 Capsule	Multivitamins <b>GENERIC OR MULTILEM</b>	1.68	9,576.00
9	1,000.00 Tablet	Paracetamol 500mg Tablet <b>GENERIC OR RANIGESIC</b>	0.89	890.00
10	1,000.00 Tablet	Gliclazide 60 mg MR Tablet <b>GENERIC OR SAPHCLAZIDE</b>	6.53	6,530.00

<b>DRUGS AND MEDICINES TO BE USE FOR NON-COMMUNICABLE DISEASE PROJECTS</b>	

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,  GALE GUADALUPE G. MORILLERO, MBLRG, MHRM Assistant Provincial Administrator (Administration) <b>EDWIN I. JUBAHIB</b> Governor
<u>7-16-2025</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.



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

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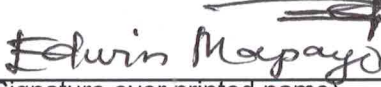

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Place of Delivery : <b>PHO WAREHOUSE</b>	<b>Partial delivery NOT ALLOWED</b>	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
11	244.00 Bot	Paracetamol 100mg/ml, 15ml Oral Drops Bottle <b>GENERIC OR RAGIMOL</b>	24.47	5,970.68
12	1,000.00 Capsule	Celecoxib 200 mg <b>GENERIC OR EMICOX</b>	2.55	2,550.00
13	292.00 pc	Diphenhydramine 12.5 mg/5 mL, 60 mL Syrup Bottle <b>GENERIC OR OMLI</b>	22.34	6,523.28
14	552.00 Bottle	Lagundi [Vitex Negundo L. (Fam. Verbenaceae)] 300 mg/5 mL, 120 mL Syrup <b>GENERIC OR OFPLEMED</b>	92.57	51,098.64
15	2,900.00 Tablet	Losartan 100 mg <b>GENERIC OR SAPHLOR 100</b>	2.87	8,323.00
16	1,000.00 Capsule	Loperamide 2 mg <b>GENERIC OR DATAB</b>	1.00	1,000.00
17	2,000.00 Tablet	Lagundi (Vitex Negundo L.) 300 mg Tablet <b>GENERIC OR ASFLEM</b>	2.01	4,020.00
18	1,800.00 Tablet	Clopidogrel 75 mg Tablet <b>GENERIC OR PIDOGREL</b>	1.58	2,844.00
19	400.00 NEBULE	Salbutamol 1 mg/ml, 2.5 ml (unit dose) Nebule (as sulfate)	18.00	7,200.00

<b>DRUGS AND MEDICINES TO BE USE FOR NON-COMMUNICABLE DISEASE PROJECTS</b>	

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Conforme :  _____ (Signature over printed name)  7-15-2025 _____ (Date)	Very truly yours,   _____ GALE GUADALUPE G. MORTILLERO, MRLRG, MHRP Assistant Provincial Administrator (Administration) <b>EDWIN I. JUBAHIB</b> Governor _____ (Date)
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PURCHASE ORDER

Supplier : **SUREMED MARKETING INC.**

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TALOMO DIST. DAVAO CITY 8000**

TIN: **417-119-843-000**

PhilGEPS Registration No. : **20131083689759250674**

Tel./Mobile/Fax No. : **09201261914**

Registration Certificate : **SEC**

P.O. Number: **2025072297**



**O2025072297BEEBA48E3**

Date : **Jun 19, 2025**

P.R. No. : **2025031934**

Procurement mode: **Competitive Bidding**

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**

Place of Delivery : **PHO WAREHOUSE**

Delivery Term: **15 Calendar Days**  
**Partial delivery NOT ALLOWED**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
GENERIC OR HIVENT				
20	3,000.00 Tablet	Amlodipine 10 mg	0.59	1,770.00
GENERIC OR AMLOTHIX				
21	1,000.00 TAB	Hyoscine 10mg	5.00	5,000.00
GENERIC OR HYOPAN				
22	2,500.00 Tablet	Amlodipine 5 mg	0.40	1,000.00
GENERIC OR AMLOTHIX				
23	600.00 Tablet	Acetylcysteine 600mg Effervescent	28.73	17,238.00
GENERIC OR FLUZETRIN				
24	500.00 Tablet	Captopril 25 mg	1.00	500.00
GENERIC OR HYPERSTOP				
25	244.00 BOT	Paracetamol 250mg/5ml, 60ml Syrup Bottle	29.79	7,268.76
GENERIC OR HYPER				
26	702.00 Bottle	Multivitamins per 5 mL, 120 mL Syrup	52.14	36,602.28
GENERIC OR MYRIVET				
27	335.00 Bottle	Cetirizine 5 mg/5 mL, 30 mL Syrup	36.18	12,120.30
GENERIC OR ZYRINE				

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

DRUGS AND MEDICINES TO BE USE FOR NON-COMMUNICABLE DISEASE PROJECTS

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Conforme :

*Edwin Mapayo*  
(Signature over printed name)

Very truly yours,

*Gale Guadalupe G. Morillero*  
GALE GUADALUPE G. MORILLERO, MBLRG, MHRM  
Assistant Provincial Administrator (Administration)  
**EDWIN I. JUBAHIB**  
Governor

*7-16-2025*  
(Date)


(Date)

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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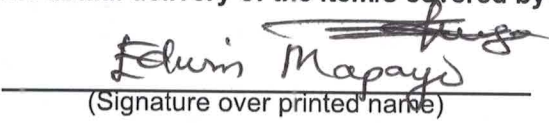
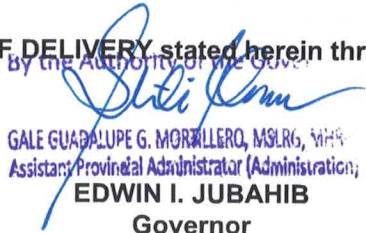
- DRUG ADMINISTRATION THAT TO BE SUBMITTED UPON DELIVERY.
3. THE EXPIRATION DATE OF ITEMS TO BE OFFERED SHOULD NOT BE LESS THAN TWO YEARS UPON DELIVERY.
  4. THE SUPPLIER MUST HAVE VALID AND CURRENT LICENSE TO OPERATE AS DRUG DISTRIBUTORS/WHOLESALERS ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION.
  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.

The award is based on Abstract No. **0520251379** created on **May 19, 2025** and resolved on **June 19, 2025** under Quotation No. **B20251333** opened on **May 15, 2025**

<b>DRUGS AND MEDICINES TO BE USE FOR NON-COMMUNICABLE DISEASE PROJECTS</b>	
Grand Total Amount in Words : <b>TWO HUNDRED EIGHTEEN THOUSAND SEVEN HUNDRED EIGHTEEN AND 94 / 100</b>	GRAND TOTAL : <b>P218,718.94</b>

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<b>7-16 2025</b> (Date)	 (Date)

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