



PURCHASE ORDER

Supplier <u>ZUELLIG PHARMA CORP.</u>	P.O. No. <u>20355</u>
Address <u>Sun Valley, Parañaque City</u>	Date <u>03/16/2021</u>
E-mail: _____	Mode of Procurement <u>PUBLIC BIDDING</u>
Telephone: _____	<u>DRUGS AND MEDS</u>
TIN: _____	PR No.: <u>JAN. 6, 2021</u>
	<u>PO PAGE 16 OF 16</u>
	Abstract of Canvass No.: _____

Gentlemen :

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

Place of Delivery : <u>CARAGA REGIONAL HOSPITAL</u>	Delivery Term : <u>SEE REMARKS</u>
Date of Delivery : <u>/ /</u>	Payment Term : _____

Item No.	Description	Quantity	Unit	Unit Cost	Amount
00000130	DYDROGESTERONE 10MG.	1,000	TAB	51.83	51,830.00
00000103	IMMUNOGLOBULIN, TETANUS (HUMAN) 250 IU/1ML. VL. PRE-FILLED SYRINGE	400	PCS	700.00	280,000.00
00000206	ISOSORBIDE DINITRATE 10 MG.	300	TAB	8.88	2,664.00
00000212	ISOSORBIDE DINITRATE 1MG, 10ML	300	AMPULE	131.78	39,534.00
00000120	ISOSORBIDE DINITRATE 5MG.(SUBLINGUAL)	200	TAB	8.00	1,600.00
00000156	LEVETIRACEM 500MG (100G/ML/5ML)	30	VIAL	988.00	29,640.00
00000128	LEVETIRACETAM 100MG/ML ORAL SOLUTION, 300ML.	10	BOTTLE	2,124.00	21,240.00
00000125	PARACETAMOL 10MG/ML., 100ML.	100	VIAL	126.00	12,600.00
00000132	POTASSIUM CHLORIDE 750MG. DURULES	10,000	TAB	14.50	145,000.00
00000132	SOMATOSTATIN 3MG.	10	VIAL	4,209.91	42,099.10
00000160	SPIRONOLACTONE 100MG.	300	TAB	31.28	9,384.00
00000160	SPIRONOLACTONE 50MG.	1,400	TAB	24.96	34,944.00
00000242	TOLVAPTAN 15MG.	50	TAB	690.00	34,500.00
00000128	URSODEOXYCHOLIC ACID 500MG.	1,500	TAB	73.67	110,505.00
00000150	VALPROIC ACID 250MG/5ML., 120ML. SYRUP	10	BOTTLE	314.05	3,140.50
00000202	VERAPAMIL 2.5MG/ML., 2ML.	100	AMPULE	125.00	12,500.00
TOTAL >>>					P 831,180.60

Total Amount in Words: EIGHT HUNDRED THIRTY ONE THOUSAND ONE HUNDRED EIGHTY and 60/100 Only

Warranty (Section 62 of the Revised IRR of RA 9184): For the procurement of Goods, in order to assure that manufacturing defects shall be corrected by the supplier, a warranty security shall be required from the contract awardee for a minimum period of three (3) months, in the case of Expendable Supplies, or a minimum period of one (1) year, in the case of Non-expendable Supplies, after acceptance by the Procuring Entity of the delivered supplies. The obligation for the warranty shall be covered by either retention money in an amount equivalent to at least one percent (1%) of every progress payment, or a special bank guarantee equivalent to at least one percent (1%) of the total contract price. The said amounts shall only be released after the lapse of the warranty period or, in the case of Expendable Supplies, after consumption thereof: Provided, however, That the supplies delivered are free from patent and latent defects and all the conditions imposed under the contract have been fully met. Liquidated damages (Section 68 of the Revised IRR of RA 9184): The amount of the liquidated damages shall be at least equal to one-tenth of one percent (0.001) of the cost of the unperformed portion for every day of delay. This is without prejudice to the actual damages incurred by the agency.

Conforme : [Signature]
(Signature over printed name)

Very truly yours,

[Signature]
CHERYL A. GOTINGA, MD, FPPS
MEDICAL CENTER CHIEF I

Checked: <u>[Signature]</u> TRISTAN LOUISE D. ANDO ADMINISTRATIVE OFFICE V	Funds Available : <u>[Signature]</u> ANAMAE D. ALSONG, CPA ACCOUNTANT II	Fund Cluster: <u>050661173</u> ORS/BUS No.: <u>0071001-0302</u> Date of the ORS/BURS: <u>MAY - 19, 2021</u> CAA No.: _____ Amount : <u>831,180.60</u>
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NOTICE TO PROCEED

The Manager
ZUELLIG PHARMA CORP.
PARAÑAQUE CITY

Sir / Madam:

This is to inform you that **Purchase Order No. 20355** dated **MARCH 16, 2021**, as a result of **PUBLIC BIDDING** has been approved. You may now proceed with the delivery of the items listed in the said Purchase Order.

Delivery should be completed as prescribed Delivery Schedule/Delivery Term stipulated in the approved Purchase Order.

Enclosed is the original copy of the above-named Purchase Order for your ready reference in the execution of the transaction.

Very truly yours,

Cheryl A. Gotinga
CHERYL A. GOTINGA, MD, FPPS
Medical Center Chief I

I acknowledge receipt of this notice on : 3-20-21

Name of representative : JOSIE OPOMO

Authorized Signature : [Signature]