




PURCHASE ORDER


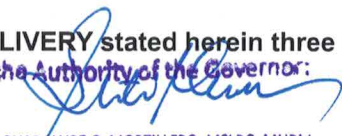
Supplier : Z3 PHARMA	P.O. Number: 2025051547  O202505154721FF6E8BA
Address : DOOR 6 JEREZA SUBD., BAJADA WILFREDO AQUINO AGDAO DISTRICT 8000 DAVAO CITY DAVAO DEL SUR PHILIPPINESW	Date : May 27, 2025 P.R. No. : 2025042239 Procurement mode: Shopping B (Regular Purchase)
TIN: 283-099-374-00000 PhilGEPS Registration No. : 201904-46747-883056162 Tel./Mobile/Fax No. : 09916032940 Registration Certificate : DTI	
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	Delivery Term: 15 Calendar Days
Place of Delivery : PHO WAREHOUSE		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	150.00 Tube	Mupirocin 2%, 5 g Ointment T GENERIC	65.00	9,750.00
2	6,000.00 Tablet	Ascorbic Acid (Vitamin C) 500 mg GENERIC	0.78	4,680.00
3	85.00 TUBE	Fusidate Sodium/Fusidic Acid 2%, 15 g Ointment GENERIC	142.00	12,070.00
4	84.00 TUBE	Ketoconazole 2% (20 mg/g), 15 g Cream Tube GENERIC	63.00	5,292.00
5	6,900.00 PC	Cotrimoxazole (Sulfamethoxazole + Trimethoprim) 800 mg + 160 mg Tablet GENERIC	2.27	15,663.00
6	100.00 PC	Clobetasol 0.05%, 5 g Ointment Tube GENERIC	58.00	5,800.00
7	350.00 Tablet	Azithromycin 500 mg GENERIC	22.00	7,700.00
8	5,300.00 Tab	Vitamin B1 B6 B12 100 mg + 5 mg + 50 mcg Tablet GENERIC	2.15	11,395.00
9	470.00 Tube	Betamethasone 0.1%, 5 g Ointment GENERIC	51.00	23,970.00
10	6,000.00 TAB	CETIRIZINE 10MG	0.95	5,700.00

DRUGS AND MEDICINES TO BE USE FOR TB, LEPROSY, STI & HIV/AIDS	


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 :  GIRLLY L. MARIMON _____ (Signature over printed name) 6/10/25 _____ (Date)	Very truly yours,  GALE GUADALUPE G. MORTILLERO, MSJRG, MHPM Assistant Provincial Administrator (Procurement) EDWIN T. 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.



PURCHASE ORDER

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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	Delivery Term: 15 Calendar Days
Place of Delivery : PHO WAREHOUSE		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		GENERIC		
11	96.00 Bottle	Cetirizine 5 mg/5 mL, 30 mL Syrup	33.00	3,168.00
		GENERIC		

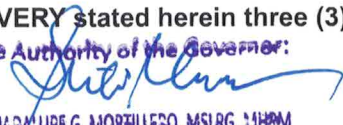
Remarks :
TERMS AND CONDITIONS
1. THE ITEM MUST CONFORM TO THE DESCRIPTION AS STATED IN THE BID DOCUMENT,
2. THE ITEM MUST HAVE CERTIFICATE OF PRODUCT REGISTRATION (CPR) ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION THAT TO BE SUBMITTED UPON DELIVERY.
3. THE EXPIRATION DATE OF ITEMS TO BE OFFERED 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. **0520251317** created on **May 15, 2025** under Quotation No. **C20251605** opened on **May 08, 2025**

DRUGS AND MEDICINES TO BE USE FOR TB, LEPROSY, STI & HIV/AIDS	
Grand Total Amount in Words : ONE HUNDRED FIVE THOUSAND ONE HUNDRED EIGHTY-EIGHT AND XX / 100	GRAND TOTAL : ₱ 105,188.00

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 : GIRLLY L. MARIMON	Very truly yours,	By the Authority of the Governor:
_____ (Signature over printed name)		 GALE GUADALUPE G. MORTILLERO, MSIRG, LHM Assistant Provincial Administrator (Administration)
_____ (Date)		EDWIN I. SUBANIB Governor
		_____ (Date)

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ALEJANDRO R. OMILA JR.