

Republic of the Philippines
PROVINCE OF SOUTH COTABATO

PURCHASE ORDER



Supplier: <u>LAFORTEZA PHARMACY</u>	Purchase Order No.: <u>SVP 19 - 0587</u>
Address: <u>Osmeña St., Koronadal City</u>	Date: <u>August 15, 2019</u>
Telephone No. <u>229-1167</u>	Mode of Procurement: <u>Small Value Procurement</u>
	Purchase Request No.: <u>19 - 0487</u>

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

Place of Delivery: <u>PGO-SCRDC/PGSO</u>	Delivery Term: <u>10 CALENDAR DAYS FROM RECEIPT OF PURCHASE ORDER</u>
Date of Delivery: <u>On or before</u> , 2019	Payment Term: <u>CREDIT</u>

Item No	Qty.	Unit	Description	Unit Cost	Amount
1	40	box	PARACETAMOL 500mg, Tablet, 100's	45.00	1,800.00
2	20	amps	DICLOFENAC NA 75mg/mL, 2mL	18.00	360.00
3	40	box	MEFENAMIC ACID 500mg, Capsule, 100's	110.00	4,400.00
4	40	box	AMOXICILLIN 500mg, Capsule, 100's	147.00	5,880.00
5	15	tubes	ANTIFUNGAL OINTMENT 5g	68.00	1,020.00
6	15	tubes	ANTIBACTERIAL OINTMENT 5g	135.00	2,025.00
7	20	box	CIPROFLOXACIN 500mg tabs box of 100's	257.00	5,140.00
8	20	box	CO-AMOXICLAV 625mg, Tablet, 30's	287.00	5,740.00
9	20	box	CLOXACILLIN 500mg capsule, 100's	257.00	5,140.00
10	15	box	LOSARTAN 100mg/tab, 100's	287.00	4,305.00
11	15	box	LOSARTAN 50mg, Tablet, 100's	147.00	2,205.00
12	20	box	SAMBONG 500mg, 100's	420.00	8,400.00
13	30	box	AMBROXOL 30mg, Tablet, 100's	58.00	1,740.00
14	10	box	SALBUTAMOL NEBULES 2.5ml, 30's	300.00	3,000.00
15	30	box	SALBUTAMOL TABLET 4mg, 100's	75.00	2,250.00
16	30	box	CETIRIZINE 10mg, Tablet, 100's	58.00	1,740.00
17	30	box	ASCORBIC ACID 500mg/tabs, 100's	85.00	2,550.00
18	20	box	ALUMINUM MAGNESIUM HYDROXIDE 225mg/200mg/tabs, 100's	75.00	1,500.00
19	20	box	DICYCLOVERINE HCL 10mg, Tablet, 100's	50.00	1,000.00
20	1	box	OMEPRAZOLE 40mg, Capsule, 100's	600.00	600.00
21	40	box	ORAL REHYDRATION SALT ORS 5.575grams/25 sachets	98.00	3,920.00
22	40	box	VITAMIN B COMPLEX B1,B6,B12, Tablet, 100's	110.00	4,400.00
23	50	box	MULTIVITAMINS Capsule, 100s	115.00	5,750.00
24	2	box	TRANEXAMIC ACID 500mg, caps, 100's	420.00	840.00

x-x-x Page 2 follows x-x-x

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 everyday of delay shall be imposed.

Conforme:

Very truly yours,

LAFORTEZA PHARMACY

Dealer

Date

REYNALDO S. TAMAYO, JR.

Provincial Governor

Republic of the Philippines
PROVINCE OF SOUTH COTABATO

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Telephone No. 229-1167 Purchase Request No.: 19 - 0487

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Date of Delivery: On or before , 2019 Payment Term: CREDIT

Item No	Qty.	Unit	Description	Unit Cost	Amount
			Brand: All items are generic <i>x-x-x nothing follows x-x-x</i> ***Expiration date not less than one (1) year from date of delivery Note: For use of PGO-SCRDC Inmates		

Implementing Office: PGO-SCRDC
Source of Fund: 1012-SCRDC-5-02-03-070-MOOE-19-07-20190
Amount: P 118,000.00
Quotation No.: SVP 19 - 0377

(Total Amount in Words) SEVENTY-FIVE THOUSAND SEVEN HUNDRED FIVE PESOS 75,705.00

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Conforme: _____ Very truly yours,

LAFORTEZA PHARMACY REYNALDO S. TAMAYO, JR.
Dealer Provincial Governor

Date