

Development Authority

PURCHASE ORDER

PO Number

PO000297

(Please quote this number on all related correspondence, delivery/shipping papers and invoice

TO:

TIN:

SOUTHSTAR DRUG INC. Forbes Town Center, 32nd St.

Burgos Circle, BGC

Taguig City

Contact Name: Tel No.:

Christine Tueres 833-3345

228037432000

DELIVER/SHIP TO:

Bases Conversion and Development Authority

31st Street corner 2nd Avenue BGC

2F Bonifacio Technology Center

Taguig NCR 1634

Tel No.:

Contact Name: Procurement Division

575-1700 816-0978

Fax No.: TIN:

002-219-694-000

PO Date of Approval 6/18/2018		, PR No.		Requesting Department	Mode of Procurement SVP	Date of Delivery 6/18/2018	Delivery Term 25 days		Payment Term CREDIT 30	
Item	Qua	ntity	Unit	* 8 . 0	Description			Unit	Cost	Amount
1		300.00	PIECE	IBUPROFEN + PARACETA	AMOL, ALAXAN				8.00	2,400.0
2		550.00	PIECE	PARACETAMOL, BIOGESIC					3.50	1,925.0
3		300.00	PIECE	PHENYLEPHRINE HCL + CHLORPHENAMINE MALEATE + PARACETAMOL, BIOFLU					7.00	2,100.0
4		400.00	PIECE	DEXTROMETHORPAN HBr + PHENYLEPHRINE, TUSERAN					9.75	3,900.0
5		70.00	PIECE	MECLIZINE HCL, BONAMINE ADULT					12.50	875.0
6		20.00	PIECE	HYOSCINE-N-BUTYLBROMIDE, BUSCOPAN					24.00	480.0
7		150.00	BOX	CLONIDINE HCL CA, CATAPRES					32.00	4,800.0
8		550.00	PIECE	BENZYDAMINE HCL- LOZENGES, DIFFLAM					34.00	18,700.0
9		250.00	PIECE	LORATIDINE, 10 MG, ALLE	ERTA				22.25	5,562.5
10		100.00	PIECE	BUTAMIRATE CITRATE FO	ORTE, SINECOD				20.75	2,075.0
11		24.00	BOX	METHYL SALICYLATE, SA	LONPAS				50.00	1,200.0
12		1.00	PIECE	SKIN OINTMENT, TERRAN	MYCIN				269.50	269.5
13		24.00	PIECE	GAUZE BANDAGE, STERI	LIZED 4 X 4, MEDIPLAST		T_{ij}		6.50	156.0
14		1.00	ITEM	BP APPARATUS, DIGITAL	BLOOD PRESSURE, OMRO	ON, HEM-7120		2	2,780.00	2,780.0

Digital Blood Pressure

NOTE: ODMD, MEDICAL SUPPLIES FOR THE 2ND SEMESTER

PURCHASE REQUEST NO. 0000192

FORTY SEVEN THOUSAND TWO HUNDRED TWENTY THREE AND 00/100 PESOS ONLY

47,223.00

Terms and Conditions:

PESOS:

This Purchase Order (PO) shall be governed by the General Terms and Conditions printed at the back hereof

Note: Please attach the original copy of this order together with the DELIVERY RECEIPT and SALES INVQICE in the triplicate.

FUNDS AVAILABLE:

umilion HEDDA Y. RULONA

DMII, Budget Department

m

Recommended by:

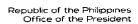
Approve

SUSANA R. RAMOS

Officer-In-Charge, PPMD











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833-3345

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816-0978

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6/18/2018	0000177		SVP	6/18/2018	25 days	CREDIT 30
Item Qua	ntity Unit	Description			Unit	Cost Amount

I hereby certify that I am authorized representative of the company and that by affixing my signature, it shall bind the company I am representing to the terms and conditions of the PO and all applicable provisions of RA 9184 and its revised IRR and other applicable government rules.

I further ceritify that the above prices, which were quoted in the Request for Quotation (RFQ), are inclusive of all taxes, freight, insurance and all other incidental expenses necessary for its delivery.

CONFORME:

06-25-18

Date Received:

PAISY RUTH QUZMAN)

Printed Name and Signature of Authorized Representative

(The supplier shall sign and return the acknowledgement copy to BCDA-Procurement or through fax within five (5) working days after issuance.)

KINDLY REFAX TO 5751785 OR EMAIL TO ifdavid@bcda.gov.ph THANKS.