

ok 6/18

Republic of the Philippines
Office of the President



PURCHASE ORDER

PO Number PO000297

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

TO: SOUTHSTAR DRUG INC. Forbes Town Center, 32nd St. Burgos Circle, BGC Taguig City Contact Name: Christine Tueres Tel No.: 833-3345 TIN: 228037432000	DELIVER/SHIP TO: Bases Conversion and Development Authority 31st Street corner 2nd Avenue BGC 2F Bonifacio Technology Center Taguig NCR 1634 Contact Name: Procurement Division Tel No.: 575-1700 Fax No.: 816-0978 TIN: 002-219-694-000
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PO Date of Approval	PR No.	Requesting Department	Mode of Procurement	Date of Delivery	Delivery Term	Payment Term
6/18/2018	0000177		SVP	6/18/2018	25 days	CREDIT 30

Item	Quantity	Unit	Description	Unit Cost	Amount
1	300.00	PIECE	IBUPROFEN + PARACETAMOL, ALAXAN	8.00	2,400.00
2	550.00	PIECE	PARACETAMOL, BIOGESIC	3.50	1,925.00
3	300.00	PIECE	PHENYLEPHRINE HCL + CHLORPHENAMINE MALEATE + PARACETAMOL, BIOFLU	7.00	2,100.00
4	400.00	PIECE	DEXTROMETHORPAN HBr + PHENYLEPHRINE, TUSERAN	9.75	3,900.00
5	70.00	PIECE	MECLIZINE HCL, BONAMINE ADULT	12.50	875.00
6	20.00	PIECE	HYOSCINE-N-BUTYLBROMIDE, BUSCOPAN	24.00	480.00
7	150.00	BOX	CLONIDINE HCL CA, CATAPRES	32.00	4,800.00
8	550.00	PIECE	BENZYLAMINE HCL- LOZENGES, DIFFLAM	34.00	18,700.00
9	250.00	PIECE	LORATIDINE, 10 MG, ALLERTA	22.25	5,562.50
10	100.00	PIECE	BUTAMIRATE CITRATE FORTE, SINECOD	20.75	2,075.00
11	24.00	BOX	METHYL SALICYLATE, SALONPAS	50.00	1,200.00
12	1.00	PIECE	SKIN OINTMENT, TERRAMYCIN	269.50	269.50
13	24.00	PIECE	GAUZE BANDAGE, STERILIZED 4 X 4, MEDIPLAST	6.50	156.00
14	1.00	ITEM	BP APPARATUS, DIGITAL BLOOD PRESSURE, OMRON, HEM-7120	2,780.00	2,780.00

Digital Blood Pressure

NOTE: ODMD, MEDICAL SUPPLIES FOR THE 2ND SEMESTER
PURCHASE REQUEST NO. 0000192

PESOS: FORTY SEVEN THOUSAND TWO HUNDRED TWENTY THREE AND 00/100 PESOS ONLY	47,223.00
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Terms and Conditions:

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 INVOICE in the triplicate.

FUNDS AVAILABLE:

HEDDA Y. RULONA
DMIII, Budget Department

Approved by:

PATRICK ROEHL C. FRANCISCO
Officer-In-Charge, OVP-CSG

Recommended by:

SUSANA R. RAMOS
Officer-In-Charge, PPMD





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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 certify 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:

Date Received: 06-25-18

DAISY RUTH C. V. GUZMAN
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.