

OK 4/24  
OK 4/25  
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Republic of the Philippines  
Office of the President



# PURCHASE ORDER

**PO Number PO000190**

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

<b>TO:</b> N.S. YAMSUAN MEDICAL AND DIAGNOSTIC SUPPLIES 2117 Laon Laan corner Crisostomo Sampaloc Manila Contact Name: Levin Carlo Galang Tel No.: 668-2294 TIN: 123168509000	<b>DELIVER/SHIP TO:</b> 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
4/23/2018 4/24/18 vjd	0000100		SVP	4/27/18 vjd	3 days	CREDIT 30

Item	Quantity	Unit	Description	Unit Cost	Amount
1	3,000.00	PIECE	AMOXICILLIN, 500MG TAB	1.35	4,050.00
2	400.00	PIECE	ALUMINUM HYDROXIDE MGOH SIMETHICONE, 356MG/TAB	6.15	2,460.00
3	300.00	PIECE	CATAPRES, 75MCG TAB	34.00	10,200.00
4	500.00	PIECE	METOPROLOL	1.00	500.00
5	30.00	PIECE	SALBUTAMOL NEBULE	9.00	270.00
6	300.00	PIECE	IBUPROFEN + PARACETAMOL, 500MG CAPSULE	1.00	300.00
7	1,000.00	PIECE	MEFENAMIC ACID, 500 MG TAB	1.50	1,500.00
8	300.00	PIECE	NAPROXEN SODIUM,500 MG TAB	3.75	1,125.00
9	20.00	PIECE	PARACETAMOL, DROPS 80MG/0.8ML	10.00	200.00
10	20.00	PIECE	PARACETAMOL, 250ML SYRUP, 250 MG/5ML	10.75	215.00
11	1,000.00	PIECE	PARACETAMOL,500MG TAB	1.00	1,000.00
12	50.00	PIECE	PHENYLEPHRINE HCL + CHLORPHENAMINE MALEATE + PARACETAMOL, 120ML SYRUP	31.25	1,562.50
13	75.00	PIECE	CARBOCISTEINE, 250ML 250 MG/5ML	18.50	1,387.50
14	1,500.00	PIECE	CARBOCISTEINE, 500MG CAPSULES	1.25	1,875.00
15	100.00	PIECE	BUTAMIRATE CITRATE FORTE, 50MG TAB	10.00	1,000.00
16	150.00	PIECE	LOPERAMIDE CAP, 2MG CAP	1.00	150.00
17	20.00	PIECE	SALBUTAMOL 2MG/5ML	12.00	240.00
18	30.00	PIECE	DIPHENHYDRAMINE,125MG/5ML	11.00	330.00
19	7,500.00	PIECE	VITAMINS, ADULT MULTIVITAMINS	1.00	7,500.00
20	7,500.00	PIECE	VITAMINS, ASCORBIC ACID ,500 MG	1.00	7,500.00



Procurement Division  
FG2018 - 0242



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4/23/2018	0000100		SVP	4/23/2018	3 days	CREDIT 30

Item	Quantity	Unit	Description	Unit Cost	Amount
21	2,500.00	PIECE	VITAMINS, B COMPLEX VITAMINS	1.25	3,125.00
22	2,000.00	PIECE	VITAMINS, FERROUS SULFATE 325MG	1.25	2,500.00
23	10.00	PIECE	NEBULIZER KIT WITH MOUTHPIECE ONLY	35.00	350.00
24	20.00	BOTTLE	LIDOCAINE, 2% LIDOCAINE, 50 ML VIAL	38.00	760.00
25	25.00	PACK	COTTON BALLS	54.50	1,362.50
26	20.00	PIECE	ALCOHOL, ISOPROPHYL 70%,150 ML	27.00	540.00
27	12.00	PACK	TISSUE PAPER	10.00	120.00
28	450.00	PIECE	VITAMINS, MULTIVITAMINS PEDIATRIC SYRUP, 120ML	26.00	11,700.00
29	1,000.00	PIECE	PHENYLEPHRINE HCL + CHLORPHENAMINE MALEATE + PARACETAMOL (500MG)	2.00	2,000.00

NOTE: ODMD-GAD-CSR MEDICAL MISSION AT NEW CLARK GREEN CITY  
PURCHASE REQUEST NO.0000194

<b>PESOS: SIXTY FIVE THOUSAND EIGHT HUNDRED TWENTY TWO AND 50/100 PESOS ONLY</b>	<b>65,822.50</b>
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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:

  
**HEDDAY Y. RULONA**  
 DMIII, Budget Department

Approved by:

  
**BGEN CARLOS F. QUITA (RET)**  
 VP-CSG

Recommended by:

  
 Manager, 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:

LEVIN CARLO P. GALANG

Date Received: APRIL 24, 2018

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](mailto:ifdavid@bcda.gov.ph) THANKS.**