

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



PURCHASE ORDER

PO Number PO000189

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

TO: 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	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
4/23/2018 4/29/18 vld	0000078		SVP	4/27/18 vld	3 days	CREDIT 30

Item	Quantity	Unit	Description	Unit Cost	Amount
1	2,500.00	PIECE	AMOXICILLIN, 500MG, CAPSULE	1.35	3,375.00
2	100.00	BOTTLE	AMOXICILLIN, DROPS 10MG/ML	12.10	1,210.00
3	80.00	BOTTLE	AMOXICILLIN, 250ML SYRUP 250MG/5ML	16.80	1,344.00
4	200.00	PIECE	ALUMINUM HYDROXIDE MGOH SIMETHICONE 356MG TAB	6.15	1,230.00
5	30.00	PIECE	ALUMINUM HYDROXIDE MGOH SIMETHICONE ,SUSPENSION	302.50	9,075.00
6	150.00	PIECE	CATAPRES, 75 MCG, TAB	34.00	5,100.00
7	500.00	PIECE	METOPROLOL	1.00	500.00
8	30.00	PIECE	SALBUTAMOL NEBULE	9.00	270.00
9	150.00	PIECE	IBUPROFEN + PARACETAMOL, 500 MG CAPSULES	1.00	150.00
10	2,000.00	PIECE	MEFENAMIC ACID, 500 MG, TAB	1.50	3,000.00
11	150.00	PIECE	NAPROXEN SODIUM, 500 MG, CAP	3.75	562.50
12	30.00	BOTTLE	PARACETAMOL,DROPS 80 MG/0.8ML	10.00	300.00
13	100.00	BOTTLE	PARACETAMOL, 250ML SYRUP 250MG/5ML	10.75	1,075.00
14	500.00	PIECE	PARACETAMOL, 500 MG TABLET	1.00	500.00
15	100.00	PIECE	PHENYLEPHRINE HCL + CHLORPHENAMINE MALEATE + PARACETAMOL, SYRUP 120 ML	31.25	3,125.00
16	75.00	BOTTLE	CARBOCISTEINE, 250 ML 250MG/5ML	18.50	1,387.50
17	1,000.00	PIECE	CARBOCISTEINE , 500 MG CAPSULES	1.25	1,250.00
18	100.00	PIECE	BUTAMIRATE CITRATE FORTE, 50 MG TAB	10.00	1,000.00
19	25.00	PIECE	HYDROCORTISONE CREAM 5 G CREAM	96.75	2,418.75
20	50.00	PIECE	LOPERAMIDE CAP 2MG CAP	1.00	50.00

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Item	Quantity	Unit	Description	Unit Cost	Amount
21	12.00	PACK	COTTON BALLS	54.50	654.00
22	200.00	PIECE	FACE MASK	1.50	300.00
23	20.00	PIECE	ALCOHOL, ISOPROPHYL 70% ,150 ML	27.00	540.00
24	10.00	BOTTLE	PROVIDONE-IODINE, ANTISEPTIC 10%, 60 ML	41.50	415.00
25	10.00	PIECE	DIGITAL THERMOMETER	60.00	600.00
26	12.00	PACK	TISSUE PAPER	10.00	120.00
27	2.00	BOX	TONGUE DEPRESSOR	165.00	330.00
28	30.00	BOTTLE	CLOXACILLIN NA 250 MG/5ML	25.00	750.00
29	1,000.00	PIECE	CLOXACILLIN NA 500 MG CAPSULES	2.50	2,500.00
30	30.00	BOTTLE	COTRIMOXAZOLE, 200 MG/40 MG/5ML	20.50	615.00
31	40.00	PIECE	SALBUTAMOL, 2MG/5ML	12.00	480.00
32	50.00	BOTTLE	MEBENDAZOLE, 100MG/5ML	16.00	800.00
33	30.00	BOTTLE	DIPHENHYDRAMINE,125MG/5ML	11.00	330.00
34	50.00	BOTTLE	GUAIFENESIN, 100MG/5ML	13.75	687.50
35	16.00	PIECE	ANTISEPTIC SOAP, SULFUR SOAP, DR WONG SULFUR SOAP	36.25	580.00
36	200.00	BOTTLE	VITAMINS, MULTIVITAMINS PEDIATRIC SYRUP 120ML	26.00	5,200.00
37	1,500.00	PIECE	VITAMINS, ADULT MULTIVITAMINS	1.00	1,500.00
38	1,500.00	PIECE	VITAMINS, ASCORBIC ACID 500MG	1.00	1,500.00
39	500.00	PIECE	VITAMINS B COMPLEX VITAMINS	1.25	625.00
40	1,000.00	PIECE	VITAMINS, FERROUS SULFATE 325MG	1.25	1,250.00
41	5.00	TUBE	LUBRICATING GEL/ JELLY, KY JELLY	225.00	1,125.00
42	10.00	PIECE	NEBULIZER KIT WITH MOUTHPIECE ONLY	35.00	350.00



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Item	Quantity	Unit	Description	Unit Cost	Amount
43	30.00	BOTTLE	IBUPROFEN, 200 MG/5ML SYRUP	35.00	1,050.00
44	2.00	BOX	SURGICAL GLOVES 6.5 SIZE 50 PAIR/BOX	550.00	1,100.00
45	2.00	BOX	SURGICAL GLOVES 8.0 SIZE, 50 PAIR/BOX	550.00	1,100.00
46	75.00	BOTTLE	ERYTHROMYCIN, 200MG/5ML	33.50	2,512.50
47	100.00	PIECE	DISPOSABLE GLOVES, MEDIUM SIZE	1.75	175.00
48	70.00	BOTTLE	LIDOCAINE, 2% LIDOCAINE 50ML VIALS	38.00	2,660.00

NOTE: ODMD. GAD MEDICAL MISSION IN NEW CLARK CITY
PURCHASE REQUEST NO. 0000164


PESOS: SIXTY SIX THOUSAND SEVEN HUNDRED SEVENTY ONE AND 75/100 PESOS ONLY	66,771.75
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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:


BGEN CARLOS F. QUITA (RET)
 VP-CSG

Recommended by:


 01C 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 D. 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 THANKS.

Handwritten mark