



Appendix 01

**PURCHASE ORDER**  
**DOH-CAR**  
Entity Name

ACCOUNT NO. 8/4  
8,337  
PRESERVE

Supplier: <b>KHRIZ PHARMA TRADING, INC.</b>		P.O. No.: <b>21-789</b>			
Address: Suite 1017 Cityland Herrera Tower, 98 V.A. Rufino cor Valero St Salcedo Village, Makati		Date: <b>3-Aug-21</b>			
TIN: 247-015-694-000		Mode of Procurement: <b>Public Bidding</b>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein					
Place of Delivery: <b>DOH-CRD-CAR, Baguio City</b>		Delivery Term:			
Date of Delivery: <b>30 working days</b>		Payment Term: <b>CHARGE</b>			
Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	bottle	<b>PR 21-183</b> <b>Vitamin A 200,000 IU , soft gel capsule with nipple, 100's per bottle</b>  Generic Name: Retinol Palmitate (Vitamin A) Brand Name: None Dosage Strength & Form: 200,000 IU Softgel Capsule Manufacturer: Soflesule Pvt Ltd Country of Origin: India  <b>STANDARD REQUIREMENTS:</b> 1. Shelf life: Must be fresh commercial stock with a total shelf life of 24 months but not less than 18 months from the date of delivery. 2. PACKAGING: Standard packaging of the brand & model <b>LABELLING INSTRUCTION</b> a. On each box/bottle, the following should be imprinted or stickered with non-removable or permanent sticker or label that is binding, and with residue and tearing, if removed. Philippine Government Property-Department of Health <b>NOT FOR SALE</b>  <b>Purpose:</b> For use of IHEM Unit/Operation Center during disasters and emergencies	16	113.00	1,808.00
TOTAL					1,808.00
<p>1. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed on the undelivered items</p> <p>2. DOH-CRD-CAR may rescind this contract once the cumulative amount of liquidated damages (LD) reaches ten percent (10%) of the contract amount, and may impose sanctions over and above the LD to be paid.</p> <p>3. The approval and acknowledgement of this contract/purchase order shall serve as notice that the supplier/contractor may commence with the execution of the contract</p> <p>4. The contractor/supplier shall be responsible in the execution of this contract/purchase order in accordance with the terms and conditions, and other provisions indicated herein.</p> <p><b>This Office reserves the right to cancel this Purchase Order</b></p> <p>Please acknowledge receipt and acceptance of this contract/purchase order by signing in the space provided for below.</p>					
Conforme		<p><i>Grace I. Pamellon</i> <b>Grace I. Pamellon Rph.</b> <b>Authorized Representative</b> Signature over Printed Name of Supplier Date: <u>Aug 13, 2021</u></p>		<p>Very truly yours,  <i>Ruby C. Constantino</i> <b>RUBY C. CONSTANTINO, MD, MPH, CESO IV</b> Director IV</p>	
Fund Cluster: 01		ORs/BURS No.: <u>02-101101-21-00-0357</u>		Date of the ORs/BURS: <u>8/4/21</u>	
Funds Available: <u>1,808.00</u>		Amount: <u>1,808.00</u>			
<p><i>Elaiza J. Lagera</i> <b>Elaiza J. Lagera</b> Accountant III</p>		Page 1 of 2			

AUG 12 2021



**PURCHASE ORDER**  
**DOI-CAR**  
Entity Name

Supplier: <b>KHRIZ PHARMA TRADING, INC.</b>		P.O. No: <b>21-789</b>			
Address: Suite 1017 Cityland Herrera Tower, 98 V A Rufino cor Valero St Salecedo Village, Makati		Date: <b>3-Aug-21</b>			
TIN: <b>217-015-694-000</b>		Mode of Procurement: <b>Public Bidding</b>			
Gentlemen Please furnish this Office the following articles subject to the terms and conditions contained herein					
Place of Delivery: <b>DOI-CID-CAR, Baguio City</b>		Delivery Term			
Date of Delivery: <b>30 working days</b>		Payment Term: <b>CHARGE</b>			
Stock/ Property No	Unit	Description	Quantity	Unit Cost	Amount
		<p><b>PR 21-183</b></p> <p>The items should be delivered in a thick corrugated cardboard box, which is labeled in permanent black ink as follows: in addition to Recipient and Supplier</p> <p><b>Philippine Government Property-Department of Health</b> <b>NOT FOR SALE</b></p> <p>Date of Manufacture: _____ Date of Expiry: _____ Batch/Lot No. _____</p> <p><b>4. RECALL AND DISPOSAL:</b></p> <p>a) The supplier must ensure the quality products and if there will be problems in the quality, the supplier will recall and replace the products distributed in the hospitals/treatment hubs/RH/HC/HHS based on the Guidelines of Product Recall, FDA Circular No. 2016-12</p> <p>b) In case of product recalls, damage or expired medicines due to replacement costs associated with the proper handling or pull out from the health facilities where the medicines have already been distributed shall be borne by the supplier</p>			
Sub-Total (Page 1 of 2)					1,808.00
Purpose: For use of IEM Unit/Operation Center during disasters and emergencies					
FS CONAP-SAA 2020-01-0438					
<b>TOTAL</b>		<b>One Thousand Eight Hundred Eight Pesos Only</b>		<b>1,808.00</b>	
<p>1. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed on the undelivered item/s.</p> <p>2. DOI-CID-CAR may rescind this contract once the cumulative amount of liquidated damages (LD) reaches ten percent (10%) of the contract amount, and may impose sanctions over and above the LD to be paid</p> <p>3. The approval and acknowledgement of this contract/purchase order shall serve as notice that the supplier/contractor may commence with the execution of the contract.</p> <p>4. The contractor/supplier shall be responsible in the execution of this contract/purchase order in accordance with the terms and conditions, and other provisions indicated herein.</p> <p><b>This Office reserves the right to cancel this Purchase Order</b></p> <p>Please acknowledge receipt and acceptance of this contract/purchase order by signing in the space provided for below</p>					
Conforme: <b>Grace I. Pamellon Rph.</b>		Very truly yours,			
<p>Authorized Representative Signature over Printed Name of Supplier</p> <p>Date: <b>Aug 13, 2021</b></p>		<p><b>RUBY C. CONSTANTINO, MD, MPH, CESO IV</b> Director IV</p>			
Fund Cluster: <b>01</b>		ORS/BURS No.: <b>02-101101-21-09-2317</b>			
Funds Available: <b>1,808.00</b>		Date of the ORS/BURS: <b>8/6/21</b>			
<p><b>ELAIZA J. LAGISRA</b> Accountant III</p>		<p>Amount: <b>1,808.00</b></p>			
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