



**PURCHASE ORDER**  
**DOH-CAR**  
 Contract Name

9/10  
 8/23  
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<b>Supplier :</b> STERITEX MEDICAL SYSTEMS 1341 L12 Dixon Ave. Bldg. 1000, San Fernando, Pampanga <b>TIN :</b> 235-479-609-080-010		<b>P.O. No. :</b> 21-791 <b>Date :</b> 4-Aug-21 <b>Mode of Procurement :</b> Public Bidding			
<b>Gentlemen:</b> Please furnish this Office the following under the subject to the terms and conditions contained herein:					
<b>Place of Delivery :</b> DOH-CAR, Baguio City <b>Date of Delivery :</b> as required		<b>Delivery Term :</b> <b>Payment Term :</b> CHARGE			
Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
	tablet	Amoxicillin 500mg tablet (as besilate), blister pack (Generic Name: Amoxicillin (as besilate)) Brand Name: Amoxibid Dosage Strength: 500mg tablet Manufacturer: Pacific Pharmaceuticals Ltd. Country of origin: India	10,500	0.48	5,040.00
	sachet	Oral Rehydration Salts (ORS 75- mg/500ml sachet) of Powdered Electrolyte and Sugar/Salt (Brand Name: ORS 75/500ml) Dosage Strength: 75 sachet for formulation, 500ml for oral solution Manufacturer: Sun Chemical Laboratories Corporation Country of origin: India	1,050	2.35	2,467.50
<b>FS: Comp SAA 2020-05-0761, Comp SAA 2020-03-0388</b>		<b>Purpose: For use of ORS Unit during disasters and emergencies.</b>			
<b>TOTAL</b>					<b>7,507.50</b>
<p>1. In case of failure to make the full delivery within the 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-CHD-CAR may rescind this contract when 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 acknowledgment of this contract shall serve to advise that the supplier/contractor may commence with the execution of the contract.</p> <p>4. The contractor/supplier shall be bound to execute this contract/contract order in accordance with the terms and conditions, and other provisions indicated herein.</p> <p><b>This Office reserves the right to purchase from other sources.</b></p> <p>Please acknowledge receipt and agreement of the terms of this purchase order by signing in the space provided for below.</p>					
Conforms: <i>Dejiree</i> Signature over blank space provided for this purpose: Date:		Very truly yours, <i>[Signature]</i> <b>REMY C. CONSTANTINO, MD, MPH, CESO IV</b> Director IV			
<b>Fund Cluster :</b> 6 <b>Funds Available :</b>		<b>ORS/BURS No. :</b> 02-101101-21- 06-346 <b>Date of the ORS/BURS:</b> 8/10/21 <b>Amount :</b> 7,507.50			

