



PURCHASE ORDER
DOH-CAR
 Entity Name

9/10 4:31
 R. CONSTANTINO

Supplier : STERITEX MEDICAL SYSTEM B41 L12 Dizon Ave., Dizon Estate, San Agustin, San Fernando, Pampanga	P.O. No. : 21-792
TIN : 235-479-609-000 NV	Date : 4-Aug-21
Mode of Procurement : Public Bidding	

Gentlemen:
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : DOH-CHD-CAR, Baguio City	Delivery Term :
Date of Delivery : 30 working days	Payment Term : CHARGE

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
	tablet	PR 21-241 Calcium Carbonate tablet, equivalent to 500 mg elemental Calcium, blister pack Generic Name: Calcium Brand Name: Ambical Dosage Strength & Form: 500mg tablet Manufacturer: Jiangxi Xierkangtai Pharmaceutical Co., Ltd. Country of Origin: China	157,575	0.54	85,090.50
	sachet	PR 21-243 Oral Rehydration Salts (ORS 75-replacement), 20.5 gram Generic Name: Oral Rehydration Salts Brand Name: Delhydrosol Dosage Strength & Form: See reverse for formulation, Powder for Oral Solution Manufacturer: San Marino Laboratories Corporation Country of Origin: Philippines	6,728	2.35	15,810.80
	bottle	Paracetamol 250 mg/5ml syrup, 60ml bottle Generic Name: Paracetamol Brand Name: None Dosage Strength & Form: 250mg/5ml Oral Suspension (alcohol-free) Manufacturer: New Myrex Laboratories, Inc. Country of Origin: Philippines STANDARD REQUIREMENTS: 1. Shelf-life: May be used commercial stock with a total shelf life of 24 months but not less than 18 months from the date of delivery. Purpose: For augmentation of micronutrient supplements among pregnant women; for medicine augmentation to Local Government Units for the Management of Sick Children	5,223	12.19	63,668.37
TOTAL					164,569.67

FS: PHM (Nutrition - All Life Stages), PHM-Child Essential Services

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- 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.
- DOH-CHD-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.
- 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.
- 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.

This Office reserves the right to cancel this Purchase Order

Please acknowledge receipt and acceptance of this contract/purchase order by signing in the space provided for below.

Conforme:
 [Signature]
 Signature over Printed Name of Supplier
 Date: 8/11/21

Very truly yours,
 [Signature]
RUBY C. CONSTANTINO, MD, MPH, CESO IV
 Director IV

Fund Cluster : 01	ORs/BURS No. : 02-101101-21-00-3422
Funds Available : 164,569.67	Date of the ORS/BURS: 8/11/21
Amount : 164,569.67	
ELAIZA J. LAGRA (Accountant)	

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Supplier : STERITEX MEDICAL SYSTEM B41 L12 Dizon Ave., Dizon Estate, San Agustin, San Fernando, Pampanga TIN : 235-479-609-000 NV		P.O. No. : 21-792 Date : 4-Aug-21 Mode of Procurement : Public Bidding			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : DOH-CHD-CAR, Baguio City		Delivery Term :			
Date of Delivery : 30 working days		Payment Term : CHARGE			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>PR 21-241 & 21-243;</p> <p>2. PACKAGING: Standard packaging of the manufacturer</p> <p>LABELLING INSTRUCTION:</p> <p>a. On each box/bottle, the following should be imprinted or ink-pressed with non-removable or permanent sticker or label that is binding, and with residue and remains permanent:</p> <p style="text-align: center;">Philippine Government Property-Department of Health NOT FOR SALE</p> <p>b. 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 style="text-align: center;">Philippine Government Property-Department of Health NOT FOR SALE</p> <p>Date of Manufacture: _____ Date of Expiry: _____ Batch/Lot No. _____</p> <p>4. RECALL AND DISPOSAL:</p> <p>a. The supplier must ensure the quality products and if there will be problem in the quality, the supplier will recall and replace the products distributed in the hospital's treatment units (RH/HC/BHSS) based on the Guidelines of Product Recall, FDA Circular No 2016-12</p> <p>b. Recall of products results, damage or expired medicines shall be costliest, 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)					164,569.67
<p>Purpose: For augmentation of micronutrient supplements among pregnant women; for medicine augmentation to Local Government Units for the Management of Sick Children</p>					
<p>FS: PHM (Nutrition - All Life Stages), PHM- Child Essential Services</p>					
TOTAL	One Hundred Sixty Four Thousand Five Hundred Sixty Nine Pesos and 67/100				164,569.67
<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-CHD-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 for the execution of this contract/purchase order in accordance with the terms and conditions, and other provisions indicated herein.</p> <p>This Office reserves the right to cancel this Purchase Order</p> <p>Please acknowledge receipt and acceptance of this contract/purchase order by signing in the space provided for below.</p>					
<p>Conforme:</p> <p style="text-align: center;"><u>Desiree Constantino</u> Signature over Printed Name of Supplier Date: <u>8/17/21</u></p>			<p>Very truly yours,</p> <p style="text-align: center;"><u>Ruby C. Constantino</u> RUBY C. CONSTANTINO, MD, MPH, CESO IV Director IV</p>		
<p>Fund Cluster : 01 Funds Available : <u>164,569.67</u></p> <p style="text-align: center;"><u>ET AIZA J. TAGERA</u> Accountant III</p>		<p>ORS/BURS No. : <u>02-101101-21-06-3422</u> Date of the ORS/BURS: <u>8/17/21</u> Amount : <u>164,569.67</u></p>			