



Appendix 01

ACCOUNTING

PURCHASE ORDER
DOH- CAR
 Entity Name



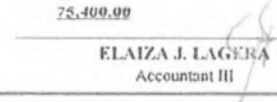
DATE: 8/11
 TIME: 9:00
 RECEIVED BY: [Signature]

| Supplier : SGS HEALTHCARE CO. | | P.O. No. : 21-795 | | | |
|--|--------|---|----------|------------|------------|
| Address : B28 L1 P.2 St. Jude Village San Agustin, San Fernando, Pampanga | | Date : 4-Aug-21 | | | |
| TIN : 009-674-508-000 VAT | | 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 21-425 Ascorbic Acid (Vitamin C), 500 mg coated tablet, blister pack Generic Name: Ascorbic Acid Brand Name: Myrevit-C Dosage Strength & Form: 500mg tablet Manufacturer: New Myrex Laboratories, Inc. | 50,000 | 0.54 | 27,000.00 |
| | bottle | Ascorbic Acid (Vitamin C), 100mg/5ml, 60ml syrup Generic Name: Ascorbic Acid Brand Name: Myrevit-C Dosage Strength & Form: 100mg/ml Syrup (Oral Drops) Manufacturer: New Myrex Laboratories, Inc. Country of Origin: Philippines | 1,441 | 14.15 | 20,390.15 |
| | tablet | PR 21-425 (50,000); 21-180 (284,090); PR 21-183 (10,000) Metformin Hydrochloride 500mg film coated tablet Generic Name: Metformin Hydrochloride Brand Name: Glycemet Dosage Strength & Form: 500mg Film-Coated Tablet Manufacturer: Hebei Tiancheng Pharmaceutical Co., Ltd. Country of Origin: China | 344,090 | 0.47 | 161,722.30 |
| | bottle | Paracetamol 120mg/5ml 60ml syrup or suspension Generic Name: Paracetamol Brand Name: None Dosage Strength & Form: 125mg/5 ml Suspension Manufacturer: New Myrex Laboratories, Inc. Country of Origin: Philippines Purpose: Procurement of drugs and medicines for Botika ng Bayan and Botika ng Bayan Launching. For augmentation to Health Facilities in CAR | 1,296 | 11.99 | 15,539.04 |
| FS- SAA 21-02-0651, PHM NCD | | Page 1 of 3 | | 224,651.49 | |
| <p>TOTAL</p> <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 in 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> | | | | | |
| Conforme: | | Very truly yours, | | | |
| Signature over Printed Name of Supplier <i>Jefferson S. Sinamban</i> Date: <u>Aug 20, 2021</u> | | <i>[Signature]</i> RUBY C. CONSTANTINO, MD, MPH, CESO IV Director IV | | | |
| Fund Cluster : 01 | | ORS/BURS No. : <u>02-101101-21-08-3425</u> / 21-08-3426 | | | |
| Funds Available : <u>224,651.49</u> | | Date of the ORS/BURS: <u>8-6-21</u> | | | |
| E.LAIZA J. LACERDA Accountant III | | Amount : <u>224,651.49</u> | | | |

FE 8/23
2:52

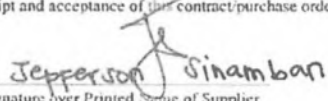

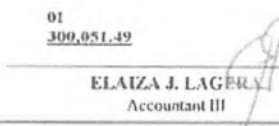


PURCHASE ORDER
DOH-CAR
Entity Name

| Supplier : SGS HEALTHCARE CO. | | P.O. No. : 21-795 | | | |
|--|--------|---|----------|--|-----------|
| Address : B28 L1 P.2 St. Jude Village San Agustin, San Fernando, Pampanga | | Date : 4-Aug-21 | | | |
| TIN : 009-674-508-000 VAT | | 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 : CHARGE | | | |
| Date of Delivery : 30 working days | | Payment Term : CHARGE | | | |
| Stock/ Property No. | Unit | Description | Quantity | Unit Cost | Amount |
| | tablet | PR 21-425 Paracetamol 500 mg tablet, blister pack Generic Name: Paracetamol Brand Name: None Dosage Strength & Form: 500mg Tablet Manufacturer: New Myrex Laboratories, Inc. Country of Origin: Philippines | 5,000 | 0.32 | 1,600.00 |
| | tablet | PR 21-180 Simvastatin 40mg tablet, blister pack Generic Name: Simvastatin Brand Name: Zimvast Dosage Strength & Form: 40 mg Film-Coated Tablet Manufacturer: Centurion Laboratories Country of Origin: India | 30,000 | 2.46 | 73,800.00 |
| <p>STANDARD REQUIREMENTS:</p> <p>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.</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 stickered with non-removable or permanent sticker or label that is binding, and with residue and tearing, if removed:</p> <p>Purpose: Procurement of drugs and medicines for Botika ng Bayan and Botika ng Bayan Launching. For augmentation to Health Facilities in CAR</p> | | | | | |
| FS, SAA 21-02-0651, PHM NCD | | Page 2 of 3 | | 75,400.00 | |
| <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-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 in 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> | | | | | |
| Conforme: | |  Signature over Printed Name of Supplier Date: <u>Aug 20, 2021</u> | | Very truly yours,  RUBY C. CONSTANTINO, MD, MPH, CESO IV Director IV | |
| Fund Cluster : 01 | | ORS/BURS No. : 02-101101-21-08-3425 / 08-3426 | | Date of the ORS/BURS: 8/16/21 | |
| Funds Available : 75,400.00 | |  ELAIZA J. LAGERA Accountant III | | Amount : 75,400.00 | |



PURCHASE ORDER
DOH-CAR
 Entity Name

| Supplier : SGS HEALTHCARE CO. | | P.O. No. : 21-795 | | | |
|--|------|--|----------|--|-------------------|
| Address : B28 L1 P.2 St. Jude Village San Agustin, San Fernando, Pampanga | | Date : 4-Aug-21 | | | |
| TTN : 009-674-508-000 VAT | | 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 |
| | | PR 21-180, 21-425 Philippine Government Property-Department of Health NOT FOR SALE 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: Philippine Government Property-Department of Health NOT FOR SALE Date of Manufacture: _____ Date of Expiry: _____ Batch/Lot No. _____ 4. RECALL AND DISPOSAL: 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 RHU/HC/BHSs based on the Guidelines of Product Recall, FDA Circular No. 2016-12 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 | | | |
| | | Sub-total (Page 1 of 3) | | | 224,651.49 |
| | | Sub-total (Page 2 of 3) | | | 75,400.00 |
| | | Purpose: Procurement of drugs and medicines for Botika ng Bayan and Botika ng Bayan Launching; For augmentation to Health Facilities in CAR | | | |
| PS SAA 21-02-0651, PHM NCD | | | | | |
| TOTAL | | Three Hundred Thousand Fifty One Pesos and 49/100 | | | 300,051.49 |
| <ol style="list-style-type: none"> 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. <p>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.</p> | | | | | |
| Conforme: | |  Signature over Printed Name of Supplier Date: Aug 20, 2021 | | Very truly yours,  RUBY C. CONSTANTINO, MD, MPH, CESO IV Director IV | |
| Fund Cluster : 01 | | ORS/BURS No. : 02-101101-21-09-3425 | | | |
| Funds Available : 300,051.49 | | Date of the ORS/BURS: 8-16-21 | | | |
| | | Amount : 300,051.49 | | | |
| | |  ELAIZA J. LAGERY Accountant III | | | |

21-08-3426