



Appendix C.1

ACCOUNTING

PURCHASE ORDER
DOH-CAR
 Entity Name

DATE: 8/11
 TIME: 9:28
 RECEIVED BY: K.

| Supplier: SGS HEALTHCARE CO. | | P.O. No.: 21-796 | | | |
|--|-----------|---|------------------------------------|-----------|-----------|
| 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 |
| | capsule | PR 21-681 Amoxicillin trihydrate 500mg capsule Generic Name: Amoxicillin (as Trihydrate) Brand Name: Droxy1 Dosage Strength & Form: 500mg capsule Manufacturer: Drugmaker's Laboratories, Inc Country of Origin: Philippines | 6,300 | 1.27 | 8,001.00 |
| | tablet | Cetirizine 10mg tablet, blister pack Generic Name: Cetirizine dihydrochloride Brand Name: Cetici Dosage Strength & Form: 10mg Film-coated tablet Manufacturer: Fredon Pharmaceuticals Ltd Country of Origin: India | 2,100 | 0.37 | 777.00 |
| | capsule | Doxycycline HCL 100mg capsule, blister pack Generic Name: Doxycycline (as Hydrochloride) Brand Name: Pidelin Dosage Strength & Form: 100mg Capsule Manufacturer: Drugmaker's Laboratories, Inc Country of Origin: Philippines | 10,000 | 1.30 | 13,000.00 |
| | tablet | PR 21-681 (6,300); 21-183 (11,800) Lagundi 600 mg tablet, foil strip/blister pack Generic Name: Vitex negundo L. (Lagundi Leaf) Brand Name: Asflem Dosage Strength & Form: 600mg tablet Manufacturer: Northfield Laboratories, Inc Country of Origin: Philippines Purpose: For use of HEM Unit/Operation Center during disasters and emergencies | 18,100 | 2.21 | 40,001.00 |
| TOTAL | | | | | 61,779.00 |
| <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 item/s.</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 Date: Aug 20, 2021 | | RUBY C. CONSTANTINO, MD, MPH, CESO IV Director IV | | | |
| Fund Cluster: | 01 | ORS/BURS No.: | 21-06-3431 02-101101-21-00-3430 | | |
| Funds Available: | 61,779.00 | Date of the ORS/BURS: | 8/06/21 | | |
| ELAIZA J. LAGERA Accountant III | | Amount: | 61,779.00 | | |

AUG 2021

FE 8/23
2:52



PURCHASE ORDER

DOH- CAR

Entity Name

| Supplier: SGS HEALTHCARE CO. | | P.O. No.: 21-796 | | | |
|--|--------|--|----------|-----------|----------|
| 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 21-681 Mefenamic Acid 500mg tablet, blister pack Generic Name: Mefenamic Acid Brand Name: Myrefen Dosage Strength & Form: 500mg capsule Manufacturer: New Myrex Laboratories, Inc. Country of Origin: Philippines | 6,300 | 0.73 | 4,599.00 |
| | tablet | PR 21-681 (6,300); 21-183 (1,170); 21-178 (12,485) 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 | 19,955 | 0.32 | 6,385.60 |
| | tablet | PR 21-178 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. Country of Origin: Philippines | 16,000 | 0.54 | 8,640.00 |
| PS DPM, CONAP SAA 2020-05-0764, CONAP SAA 2020-01-0488 | | Purpose: For use of HEM Unit/Operation Center during disasters and emergencies | | | |
| TOTAL | | Page 2 of 4 | | 19,624.60 | |
| <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. 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 Date: <u>Aug 20, 2021</u> | | RUBY C. CONSTANTINO, MD, MPH, CESO-IV Director IV | | | |
| Fund Cluster: 01 | | ORS/BURS No.: 02-101101-21-08-3431 | | | |
| Funds Available: 19,624.60 | | Date of the ORS/BURS: 8/06/21 | | | |
| ELAIZA J. LAGERA Accountant II | | Amount: 19,624.60 | | | |



PURCHASE ORDER
DOH- CAR
 Entity Name

| Supplier : SGS HEALTHCARE CO. | | P.O. No. : 21-796 | | | |
|--|--------|--|----------|-----------|------------------|
| Address : B38 Lt 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 |
| | tube | PR 21-183 Fusidate Sodium/Fusidic Acid Cream 2%, 5 g Tube Generic Name: Fusidic Acid Brand Name: Fuson Dosage Strength & Form: 20mg/g (2% w/w) cream Manufacturer: Agio Pharmaceuticals Ltd Country of Origin: India | 50 | 61.50 | 3,075.00 |
| | tablet | Vitamin B1 B6 B12 100 mg + 5 mg + 50 mcg, blister pack Generic Name: Thiamine Mononitrate (Vitamin B1) + Pyridoxine Hydrochloride (Vitamin B6) + Cyanocobalamin (Vitamin B12) Brand Name: Amcovit-B Dosage Strength & Form: 100mg/10mg/50 mcg tablet Manufacturer: Jiangxi Xierkangtai Pharmaceutical Co., Ltd. Country of Origin: China STANDARD REQUIREMENTS: 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 manufacturer LABELLING INSTRUCTION: 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. Purpose: For use of HEM Unit/Operation Center during disasters and emergencies | 10,000 | 0.71 | 7,100.00 |
| TOTAL | | | | | 10,175.00 |
| <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 item/s.</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 Date: Aug 20, 2021 | | RUBY C. CONSTANTINO, MD, MPH, CESO IV Director IV | | | |
| Fund Cluster : 01 | | ORS/BURS No. : 02-101101-21-08-3431 | | | |
| Funds Available : 10,175.00 | | Date of the ORS/BURS: 8/20/21 | | | |
| ELAIZA J. LAGURA Accountant III | | Amount : 10,175.00 | | | |



PURCHASE ORDER
DOH- CAR
Entity Name

| Supplier : SGS HEALTHCARE CO. | | P.O No. : 21-796 | | | |
|--|--------------------------|---|-----------------------------|-----------|------------------|
| 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 |
| | | .PR 21-178, 183, 68! | | | |
| | | 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 4) | | | 61,779.00 |
| | | Sub-total (Page 2 of 4) | | | 19,624.60 |
| | | Sub-total (Page 3 of 4) | | | 10,175.00 |
| | | Purpose: For use of HEM Unit/Operation Center during disasters and emergencies | | | |
| | | TOTAL | | | 91,578.60 |
| | | Ninety-One Thousand Five Hundred Seventy-Eight Pesos and 60/100 | | | |
| <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. 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, | | | |
| <p><i>Joseph R. Sinamban</i> Signature over Printed Name of Supplier</p> <p>Date: Aug 20, 2021</p> | | <p><i>Ruby C. Constantino</i> RUBY C. CONSTANTINO, MD, MPH, CESO IV Director IV <i>8/19</i></p> | | | |
| Fund Cluster : | 01 | ORS/BURS No. : | 02-101101-21-08-3431 | | |
| Funds Available : | 91,578.60 | Date of the ORS/BURS: | 8/16/21 | | |
| | | Amount : | 91,578.60 | | |
| | ELAIZA J. LACERDA | | | | |
| | Accountant III | | | | |