



ACCOUNTING

DATE: 8/11
TIME: 12:09
RECEIVED BY: [Signature]

PURCHASE ORDER
DOH- CAR
Entity Name

Supplier: PHIL PHARMAWEALTH INC. Suite 3001 East Tower, Philippine Stock Exchange Center, Ortigas Center TIN: 002-304-673-000 VAT	P.O. No.: 21-799 Date: 6-Aug-21 Mode of Procurement: Public Bidding
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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 21-178, 21-183, 21-681 Amlodipine 5mg tablet, blister pack Generic Name: Amlodipine (as besilate) Brand Name: Amdipine Dosage Strength & Form: 5 mg tablet Manufacturer: Mercury Laboratories Ltd. Country of Origin: India	3,000	0.32	960.00
	tube	PR 21-183 Ketoconazole 2%, 15g aluminum, tube Generic Name: Ketoconazole Brand Name: Ketozol Dosage Strength & Form: 20mg/g (2% w/w) Cream Manufacturer: Bal Pharma Limited Country of Origin: India	50	71.45	3,572.50
	tube	Mupirocin cream 2%, 5grams tube Generic Name: Mupirocin Brand Name: Bactri Derm Dosage Strength & Form: 20mg/g (2% w/w) Topical Ointment Manufacturer: U Square Lifescience Pvt. Ltd Country of Origin: India	100	40.34	4,034.00
	tube	PR 21-183 (50); 21-681 (210) Silver sulfadiazine 1% cream, 25g/tube Generic Name: Silver Sulfadiazine Brand Name: Flamizin Dosage Strength & Form: 10mg/g (1% w/w) Topical Cream Manufacturer: Bal Pharma Limited Country of Origin: India	260	67.25	17,485.00
	tablet	PR 21-681 Ciprofloxacin 500 mg tablet, blister pack Generic Name: Ciprofloxacin (as Hydrochloride) Brand Name: Provex Dosage Strength & Form: 500 mg Film-Coated Tablet Purpose: For use of HEM Unit/Operation Center during disasters and emergencies	10,000	1.29	12,900.00
TOTAL					38,951.50

FS: PHM, CONAP SAA 2020-05-0764,
CONAP SAA 2020-03-0488

Page 1 of 2

- 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.
- 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: 8/26/21

Very truly yours,

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

Fund Cluster: 01
Funds Available: 38,951.50
ELAIZA J. LAGERA
Accountant III
Page 1 of 2

ORS/BURS No.: 02-101101-21-OR-3980-3989
Date of the ORS/BURS: 8/11/21
Amount: 38,951.50

PD emailed
PS emailed back to me 8/26/21

FE 0119 4:42
AUG 16 2021



PURCHASE ORDER
DOH- CAR
 Entity Name

Supplier : PHIL PHARMAWEALTH INC.		P.O. No : 21-799			
Address : Suite 3001 East Tower, Philippine Stock Exchange Center, Ortigas Center		Date : 6-Aug-21			
TIN : 002-304-673-000 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, 21-183, 21-681 Manufacturer: Reyoung 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 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 2)			38,951.50
FS PHM CONAP SAA 2020-05-0764 CONAP SAA 2020-05-0488		Purpose: For use of HEM Unit/Operation Center during disasters and emergencies			
TOTAL		Thirty-Eight Thousand Nine Hundred Fifty-One Pesos and 50/100			38,951.50
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. 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. 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. 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. 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 over Printed Name of Supplier Date: 8/26/21		Very truly yours, _____ RUBY C. CONSTANTINO, MD, MPH, CESO IV Director IV			
Fund Cluster : 01 Funds Available : 38,951.50		ORS/BURS No. : 02-101101-21-OR-3179 Date of the ORS/BURS: 8/11/21 Amount : 38,951.50			
ELAIZA J. LAGERA Accountant III		Page 2 of 2			

no amount
 PO returned to RT 8/26/21
 21/1/21