

Name of Procuring Entity: LGU-Province of Davao de Oro
 Standard Form No. SF-GOOD-58
 Revised: May 24, 2004
 Std. Form Title: Purchase Order

JUN 11 2024

PURCHASE ORDER

Province of Davao de Oro
 Agency/Procuring Entity

Date _____
 SMD

Supplier: CME MEDBIO MARKETING, INC. Address: DMSF DRIVE, BAJADA, DAVAO CITY E-mail Tel. 09058691236 TIN 477-224-966-000	STOCKING P-2024-0580 99-7-24	PO Number: 24050800 Date 05/31/24 Mode of Procurement PB PR No: 24-C1148
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Gentlemen
 Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: PGSO-Warehouse Delivery
 Date of Delivery: 10 days Payment

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	22566	box/s	30	Amlodipine 10mg tab 100's-with CPR	62.00	1,860.00
2	22567	box/s	30	Amlodipine 5mg tab 100's-with CPR	42.00	1,260.00
3	25124	box/s	5	Amoxicillin (as trihydrate) ,Oral: 250 mg/5 mL granules/powder for suspension,60 MI ,144's with CPR	4,032.00	20,160.00
4	25122	box/s	100	Amoxicillin (as trihydrate),Oral: 500 mg capsule ,100's with CPR	190.00	19,000.00
5	25153	box/s	5	Ascorbic Acid (vitamin C) ,Oral: 100 mg/5 mL syrup, 60 mL ,144's with CPR	3,025.00	15,125.00
6	22738	box/s	30	Ascorbic Acid 500mg tablet 100's-w/ CPR	60.00	1,800.00
7	11044	bx/s	16	Butamirate 50mg SR tab.(as citrate)100's - with CPR	697.50	11,160.00
8	25334	box/s	8	Celecoxib, Oral: 400 mg capsule, 100's with CPR	670.00	5,360.00
9	11052	bx/s	16	Cetirizine Dihydrochloride 10mg tab 100's - with CPR	56.00	896.00

PROVINCE OF DAVAO DE ORO
 TEAM 1
RECEIVED
 DATE: 6/14/24
 TIME: 2:30
 BY: *[Signature]*

Total Amount in Words:

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform KAREN T. YSOÑA Very truly
 Signature over printed name of
6-11-24 Date

DOROTHY M. GONZAGA
 Governor
 Authorized Official *[Signature]*

GENERAL
 OBR No.: 0104-06-24-105
 Responsibility Center:
 Amount: 403,163.40

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be
 Approved per Sanggunian Resolution _____ Date _____
 Certified _____

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 Date of Delivery: 10 days Payment

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
10	22597	box/s	5	Cetirizine Dihydrochloride 10mg/ml drops, 10ml 144's-with CPR	3,023.00	15,115.00
11	22764	btl/s	300	Cetirizine dihydrochloride 5mg/5ml 30ml syrup 1's-with CPR	23.85	7,155.00
12	25419	box/s	15	60ml Co-Amoxiclav (amoxicillin + potassium clavulanate), Oral: 400 mg amoxicillin (as trihydrate) + 57 mg potassium clavulanate per 5 mL granules/powder for suspension, 70 mL, 50's with CPR	7,900.00	118,500.00
13	22962	box/s	30	Co-Amoxiclav tab 500mg +125mg 100's with CPR	131.50	3,945.00
14	10823	box/s	5	14's Hyoscine N-butylbromide 10mg tab 100's - with CPR	250.00	1,250.00
15	25787	box/s	10	Ibuprofen, Oral: 400 mg tablet, 100's with CPR	144.00	1,440.00
16	10841	box/s	30	Lagundi (Vitex negundo L.) 300mg tab 100's - with CPR	125.00	3,750.00
17	11210	bx/s	5	Lagundi(vitex negundo) 300mg/5ml 60ml syrup 72's - with CPR	2,317.50	11,587.50

COMMISSION ON AUDIT DAVAO DE ORO
 TEAM 1
RECEIVED
 DATE: 6/11/24
 TIME: 11:10
 BY: [Signature]

Total Amount in Words: _____

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform KAREN J. YGOÑA Very truly
 Signature over printed name of _____
 Date 6-11-24

DOROTHY M. GONZAGA
 Governor
 Authorized Official

GENERAL
 OBR No.: 0104-00-24-105
 Responsibility Center:
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Gentlemen
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Place of Delivery: PGSO-Warehouse Delivery
 Date of Delivery: 10 days Payment

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
26	22777	box/s	3	Paracetamol 100mg/ml 15ml drops 144's-with CPR	2,600.00	7,800.00
27	22664	box/s	8	Paracetamol 250mg/5ml 60ml syrup 144's-with CPR	2,990.00	23,920.00
28	11084	bx/s	60	Paracetamol 500mg tab 100's - with CPR	65.00	3,900.00
29	26178	box/s	30	Paracetamol, Oral: 500 mg tablet, 100's with CPR	65.00	1,950.00
30	15839	box/	5	Phenylpropranolamine HCL 12.5mg/5ml, 60ml syr. 144's/box - with CPR	2,741.00	13,705.00
31	22676	box/s	5	Salbutamol 2mg/5ml syrup 60ml 144's-with CPR	2,525.00	12,625.00
32	10446	bx/s	50	Vitamin B1 100mg + B6 5mg + B12 50mcg tab.100's - with CPR	72.00	3,600.00
33	12723	box/s	5	Zinc 10mg elemental zinc/ml, 15ml drops - with CPR 144's	2,800.00	14,000.00
34	11249	box/s	5	Zinc 20mg elemental zinc/5ml, 60ml syrup - with CPR 144's	3,400.00	17,000.00

COMMISSION ON AUDIT DAVAO DE ORO
 TEAM 1
RECEIVED
 DATE: 06/14/24
 TIME: 9:00
 BY: [Signature]

Total Amount in Words: _____

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform KAREN T. YGOÑA Very truly
 Signature over printed name of _____
 Date 6-11-24

DOROTHY M. GONZAGA
 Governor
 Authorized Official [Signature]

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 OBR No.: 2104-06-24-105
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