

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier	: JASS PHARMACY	P.O. No.	: 24020440
Address	: J. Lukban Street, Brgy. V	Date	: 7/5/2024
	: Daet, Camarines Norte, Region V, Philippines	Mode of Procurement	: Negotiated Procurement
Telephone No.	:	TWO FAILED BIDDING UNDER SECTION 53.1, RULE XVI of RA 9184	
TIN	: 426-894-740-000		

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

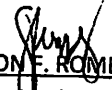
Place of Delivery	: G.O (USSAP)	Delivery Term	: 60 CD
Date of Delivery	: 9/9/2024	Payment Term	: FULL

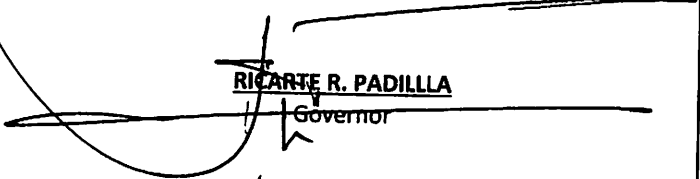
Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	8,750	bottle	Ascorbic Acid 100mg/ml drops 15ml	33.00	288,750.00
2	4,250	bottle	Cefalexin 100mg/ml drops 10ml	26.00	110,500.00
3	4,250	bottle	Cetirizine 2.5 mg/mL, 10 mL Oral Drops	90.00	382,500.00
4	8,000	bottle	Paracetamol 100mg/ml drops 15ml	19.00	152,000.00
5	11,750	bottle	Multivitamins drops 15ml	27.00	317,250.00
6	20,000	sachet	Acetylcysteine 200mg sachet	9.00	180,000.00
7	4,000	bottle	Aluminum Magnesium+OH 225mg+200mg 60ml	51.00	204,000.00
8	9,500	bottle	Amoxicillin 250mg/5ml suspension 60ml	26.00	247,000.00
9	11,000	bottle	Ascorbic Acid 100mg/5ml syrup, 60 ml	32.00	352,000.00
10	5,500	bottle	Cefalexin 250mg/5ml suspension 60ml	34.00	187,000.00
11	7,500	bottle	Cetirizine syrup 1mg/ml sol. 60 ml	41.00	307,500.00
12	5,750	bottle	Co-Amoxiclav 457mg/5ml suspension 70ml	173.00	994,750.00
13	8,500	bottle	Diphenhydramine 12.5mg/5ml syrup 60ml	22.00	187,000.00
14	5,000	bottle	Dicycloverine 10mg/5ml syrup 60ml	18.00	90,000.00
15	20,500	bottle	Lagundi(Vitex negundo) 300mg/5ml syrup 60ml	53.00	1,086,500.00
16	22,510	bottle	Multivitamins 60ml	34.00	765,340.00
17	22,500	bottle	Paracetamol 250mg/5ml suspension 60ml	22.00	495,000.00
18	4,250	sachet	Oral Rehydration Salts sachet	5.00	21,250.00
19	4,500	tablet	Allopurinol 100 mg tablet	2.00	9,000.00
20	7,000	tablet	Aluminum Magnesium+OH tablet	2.00	14,000.00
21	59,500	tablet	Amlodipine 5 mg tablet	1.00	59,500.00
22	17,750	tablet	Amlodipine 10 mg tablet	1.00	17,750.00
23	55,000	capsule	Amoxicillin 500mg capsule	2.00	110,000.00
24	8,250	tablet	Aspirin 80mg tablet	1.00	8,250.00
25	57,500	tablet	Ascorbic Acid 500mg tablet	1.00	57,500.00
26	30,000	tablet	Atorvastatin 20mg tablet	4.00	120,000.00
27	4,250	tube	Betamethasone 0.05% ointment 5 grams	42.00	178,500.00
28	12,500	tablet	Calcium Carbonate 500 mg tablet	3.00	37,500.00

Total amount in words: **SIX MILLION NINE HUNDRED EIGHTY THOUSAND THREE HUNDRED FORTY PESOS** **6,980,340.00**

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

Conforme:

SHARON F. ROMERO
Signature over printed name of Supplier
7/12/2024
Date


RICARTE R. PADILLA
Governor

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : **JASS PHARMACY** P.O. No. : **24020440**
 Address : **J. Lukban Street, Brgy. V** Date : **7/5/2024**
Daet, Camarines Norte, Region V, Philippines Mode of Procurement : **Negotiated Procurement**
 Telephone No. : _____ TWO FAILED BIDDING UNDER SECTION 53.1, RULE
 TIN : **426-894-740-000** XVI of RA 9184

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

Place of Delivery : **G.O (USSAP)** Delivery Term : **60 CD**
 Date of Delivery : **9/9/2024** Payment Term : **FULL**

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
			Balance forwarded ----- P		6,980,340.00
29	11,000	tablet	Captopril 25mg tablet	2.00	22,000.00
30	25,500	capsule	Cefalexin 500mg capsule	4.00	102,000.00
31	14,000	tablet	Cefuroxime 500mg	10.00	140,000.00
32	25,000	capsule	Celecoxib 200mg capsule	4.00	100,000.00
33	30,000	tablet	Cetirizine 10mg tablet	1.00	30,000.00
34	25,000	tablet	Cinnarizine 25mg tablet	2.00	50,000.00
35	12,500	tablet	Ciprofloxacin 500mg tablet	3.00	37,500.00
36	19,250	tablet	Clopidogrel 75mg tablet	2.00	38,500.00
37	10,500	tablet	Cloxacillin 500mg capsule	3.75	39,375.00
38	16,000	tablet	Cotrimoxazole 800 mg/ 160 mg tablet	3.00	48,000.00
39	32,500	tablet	Diclofenac 50mg tablet	2.00	65,000.00
40	18,500	tablet	Dicycloverine 10 mg tablet	1.00	18,500.00
41	10,500	tablet	Ferrous Salt + Folic Acid 60 mg elemental iron + 400 mcg Tablet	1.00	10,500.00
42	9,000	tablet	Furosemide 20mg tablet	2.00	18,000.00
43	12,500	tablet	Ibuprofen 200 mg tablet	2.00	25,000.00
44	18,500	capsule	Diphenhydramine 25mg capsule	3.00	55,500.00
45	41,000	tablet	Lagundi(Vitex negundo) 600 mg tablet	3.00	123,000.00
46	54,500	tablet	Losartan 50mg tablet	1.00	54,500.00
47	16,000	tablet	Losartan 100mg tablet	3.00	48,000.00
48	10,000	Vial	Lidocaine HCL 50 ml 2%	38.00	380,000.00
49	10,000	carpule	Lidocaine+epineprine 2%,1.8ml carpule	28.00	280,000.00
50	35,005	tablet	Mefenamic Acid 500mg tablet	2.00	70,010.00
51	14,250	tablet	Metformin 500mg tablet	1.00	14,250.00
52	50,750	capsule	Multivitamins capsule	2.00	101,500.00
53	7,500	tablet	Montelukast 10mg tablet	7.00	52,500.00
54	14,500	capsule	Omeprazole 40mg capsule	5.00	72,500.00
55	61,500	tablet	Paracetamol 500mg tablet	1.00	61,500.00
56	4,750	tablet	Prednisone 10 mg tablet	3.00	14,250.00

Total amount in words: **NINE MILLION FIFTY TWO THOUSAND TWO HUNDRED TWENTY FIVE PESOS** **9,052,225.00**

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

Conforme:

SHARON F. ROMERO

Signature over printed name of Supplier

7/12/2024
Date

RICARTE R. PADILLA

Governor

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : JASS PHARMACY	P.O. No. : 24020440
Address : J. Lukban Street, Brgy. V	Date : 7/5/2024
Daet, Camarines Norte, Region V, Philippines	Mode of Procurement : Negotiated Procurement
Telephone No. : _____	TWO FAILED BIDDING UNDER SECTION 53.1, RULE
TIN : 426-894-740-000	XVI of RA 9184

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

Place of Delivery : G.O (USSAP)	Delivery Term : 60 CD
Date of Delivery : 9/9/2024	Payment Term : FULL

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
			Balance forwarded ----- P		9,052,225.00
57	5,000	tablet	Propranolol (as hydrochloride) 10 mg tablet	5.75	28,750.00
58	6,500	tablet	Ranitidine 150mg tablet	2.00	13,000.00
59	7,250	tablet	Rosuvastatin 20 mg tablet	5.00	36,250.00
60	10,500	tablet	Simvastatin 20mg table	2.00	21,000.00
61	5,700	capsule	Tranexamic Acid 500mg capsule	6.75	38,475.00
x-x-x					
<i>For Governor's Office-Caravan Use</i>					

Total amount in words: **NINE MILLION ONE HUNDRED EIGHTY NINE THOUSAND SEVEN HUNDRED PESOS ONLY** **9,189,700.00**

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

Conforme:

Sharon F. Romero
SHARON F. ROMERO
Signature over printed name of Supplier
7/12/2024
Date

Ricarte R. Padilla
RICARTE R. PADILLA
Governor