

**PURCHASE ORDER**  
Province of Zamboanga del Norte

Supplier : <b>DUC-Z PHARMACEUTICAL PRODUCTS TRADING</b>	P.O. No.: <b>2023-11-0436(PB)</b>
Address : <b>Estaka, Dipolog City</b>	Date : <b>11/14/2023</b>
TIN: <b>766 008 140 000</b>	Mode of Procurement: <b>Public Bidding</b>
	PR No./s <b>200(01)23-10-022(V)</b>

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

Place of Delivery : <b>PGSO Warehouse, Back Capitol Building, Malvar St., Estaka, Dipolog City, Zamboanga del Norte</b>	Delivery Term: 30 calender days upon receipt of Notice of Proceed (NTP)
Date of Delivery :	Payment Term: 30 Days after full delivery

Item No.	Unit	Quantity	Description	Unit Cost	Amount
1	PCS	300	AMPICILLIN 250G I.V	50.00	15,000.00
2	PCS	200	AMPICILLIN +SULBACTAN 750g I.V	85.00	17,000.00
3	BOX	6	AMIKACIN 10g AMP.	1,100.00	6,600.00
4	PCS	300	AZITHROMYCIN 50g TAB.	60.00	18,000.00
5	AMP	100	A T S 3000 I.V	255.00	25,500.00
6	BOX	5	BUDESONIDE RESP.	2,800.00	14,000.00
7	BOX	15	CEFUROXIME 500g TAB.	500.00	7,500.00
8	BOX	18	CEFTRIAZONE 1gm I.V	800.00	14,400.00
9	BOX	5	CELECOXIB 200g TABLET	1,500.00	7,500.00
10	PCS	250	CEFUROXIME 750g I.V	105.00	26,250.00
11	BOT	100	CETIRIZINE DROPS	90.00	9,000.00
12	BOT	100	CETIRIZINE SYRUP	95.00	9,500.00
13	BOX	10	CETIRIZINE TABLET	450.00	4,500.00
14	BOX	2	CIFROFLOXACIN 500g TABLET	800.00	1,600.00
15	PCS	80	CIFROFLOXACIN 200g I.V	100.00	8,000.00
16	BOX	15	CO-AMOXICLAV 625g TABLET	450.00	6,750.00
17	BOT	30	CLARITHROMYCIN 125g SUSP.	275.00	8,250.00
18	BOX	5	DIPHENHYDRAMINE 50g AMP.	800.00	4,000.00
19	BOX	7	GENTAMYCIN 40g / 2ml AMP.	400.00	2,800.00
20	BOX	15	HYDROCORTISONE 100g I.V	1,000.00	15,000.00
21	BOX	15	HYDROCORTISONE 250g I.V	1,950.00	29,250.00
22	BOX	10	HYOSCINE AMP.	420.00	4,200.00
23	BOX	15	KETOROLAC AMP.	400.00	6,000.00
24	BOX	20	LIDOCAINE HCl 20g / ml 2% RESP.	500.00	10,000.00
25	BOX	12	LOSARTAN 50g TABLET	400.00	4,800.00
26	BOX	5	LOSARTAN 100g TABLET	550.00	2,750.00
27	BOX	5	MEFENAMIC ACID 50g TABLET	350.00	1,750.00
28	BOX	10	METOCLOPRAMIDE 5g / AMP.	400.00	4,000.00
29	BOX	10	METRONIDAZOLE 50g TABLET	450.00	4,500.00
30	BOT	200	METRONIDAZOLE I.V	55.00	11,000.00
31	BOX	5	MULTIVITAMINS + IRON CAPSULE	400.00	2,000.00
32	BOX	5	OMEPRAZOLE 40g CAPSULE	1,200.00	6,000.00
33	BOX	20	OMEPRAZOLE 40g I.V	900.00	18,000.00
34	BOX	25	PARACETAMOL AMP.	500.00	12,500.00
35	BOX	10	ORS (SACHET)	200.00	2,000.00
36	BOX	20	RANITIDINE AMP.	300.00	6,000.00
37	BOX	14	SALBUTAMOL NEBS.	1,050.00	14,700.00
38	BOX	10	SALBUTAMOL+IPRATROPIUM NEB.	1,400.00	14,000.00
39	BOT	24	SALBUTAMOL SYRUP+GUAIFENESIN	50.00	1,200.00
40	BOX	10	TETANUS TOXOID AMP.	1,300.00	13,000.00
41	BOX	5	VITAMIN B COMPLEX AMP.	550.00	2,750.00
42	BOT	30	VITAMIN C SYRUP	40.00	1,200.00
43	BOT	50	ZINC SULFATE SYRUP	115.00	5,750.00
			*****NothingFollows*****		
			Purpose:		
			For the use of Piñan District Hospital,		
			Piñan, Zamboanga del Norte.		
<b>Total</b>			<b>Three Hundred Ninety Eight Thousand Five Hundred Pesos Only</b>		<b>398,500.00</b>

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