

(Anthorized Official)

PURCHASE ORDER CITY GOVERNMENT OF PASIG

Agency Name

| Sunnlie | or · 797 | DLIADSSA SAE | | ····· | P.O. No. : | 23- 12-08 | ○ }. | |
|--|--|----------------------------------|---|---|--------------------------------|---|--|--|
| i | Supplier: Z&ZPHARMAMED DISTRIBUTOR DRUGSTORE P.O. No. Address: Unit 8 Alpa Centrum, Brgy. Subangdaku, Mandaue City Date: | | | | | በ ፣ በሮሮ ኃስኃላ | | |
| Aumes | ss. <u>Unito F</u> | upa Centrum, E | ordy. Subangdaku, Mandaue City | | Mode of Pro | | PUBLIC BIDDING | |
| Gentleme | | | | | <u> </u> | *************************************** | 1 OOLIO DIDURGO | |
| | Please (| furnish this o | ffice the following articles subject to the | terms and | conditions c | ontained herein: | | |
| | Delivery: | see Terms | of Reference | Deli | iverv Term : t | ı : thírty (30) calendar days | | |
| ************************************** | Delivery: | *** | | Payı | ment Term : v | vithin 45 days upon | completion of delivery | |
| ITEM NO. | | OTV | | | | UNIT | | |
| 140. | UNIT | <u> </u> | DESCRIPTION | 245000000000000000000000000000000000000 | | COST | AMOUNT | |
| 2 | pcs | 500 | LOT 2 Pulse Oximeters, KINGMED (Specs: Light weight / LED color so graph perfusion is lower than <0.2% power off after 8s idling / Accuracy: +-2% / PR (308PM-2508PM): +01E sound / Dimension & weight: appro. cm x 59 cm/ Battery: AA) | % / automa : SPO2 (70 3PM or +-1 | itically 0%-99%) 1% Beep | 270.00 | 135,000.00 | |
| 3 | set | 500 | Blood pressure apparatus for adult w stethoscope, PRO HEALTH CARE Manual arm type cuff size 22-32 cm circumference | | headed | 545.00 | 272,500.00 | |
| 4 | pcs | 1,000 | Infrared Forehead Thermometer, PHI -Infrared Forehead Thermometer (S Second Measurement -50 Reading Memory / Infrared Te Color Backlight /Battery: 2X 1.5V AAA Batteries / Di approximately 136mm x 86mm x 39 | Switchable echnology imension : | /3 | 500.00 | 500,000.00 | |
| 5 | pack | 2,000 | Double AA Battery, EVEREADY -Extra Heavy Duty Battery-AA 4pcs/ | | | 103.00 | 206,000.00 | |
| | | | -leakage-proof packing, shelf-time u -Mercury, Cadmium, lead free | p to 2 year | rs | | | |
| 6 | bottle | 1,000 | Povidone lodine 10%, 120ml solution, -Antiseptic | , J.CHEMI | E | 100.00 | 100,000.00 | |
| : | | | | | | | | |
| Control N | o. 5098 | 77.7 TORON | 7770774 | | | SUBTOTAL : | Php 1,213,500.00 | |
| lotal Am | ount in Wo | rds One Mi | llion Two Hundred Thirteen Thousand Five | e Hundred . | Pesos Only. | Control of the second | Filp 1,213,300.00 | |
| in for every | case of the fa day of delay | illure to make shall be impos | the full delivery within the time specified above sed as provided for by the, 2016 IRR of RA 91 | e, a penalty (| of one tenth (1/ | 10) of one (1) perce | en e | |
| | | | | Very tru | ly yours, | | | |
| Confo | rme : | | | | | | | |
| | | Ň | 3 'X | | VICTO | R MA REGIS | N. SOTTO | |
| | (5 | NICHOB | mates TRADO printed name of Supplier) 12 - 13 - 23 Date | | R | (Authorized Off City Mayor | îcial) | |
| ₹equisitio | ning Office | /Dept. ;/ | Funds . | Available ; | | | | |
| | Jos | EPH R. HANAI | 4 | JUVY A. Œ | | Amount : | 1,172,700.00 | |
| | | 11/11 | log in | Chief Acco | nıntant 🗸 | OBR No. ; | 100 - 2025 - 12 | |



(Authorized Official)

PURCHASE ORDER CITY GOVERNMENT OF PASIG

| AND THE PROPERTY OF THE PROPER | THE STATE OF THE S | COMPANIES AND | . 12-1-12 | 120 | | | |
|--|--|--|--|--|--|---|---|
| Supplier | . 2821 | PHARMAMED DISTRIBUTOR DRUGSTORE | | | P.O. No. : | | |
| Address | | lpa Centrum, Brgy, Subangdaku, Mandaue City | | | Date: | 0 4 DEC 202 | |
| - 5 to 100 to 10 | ************************************** | MINI PROVIDENZA MANDA (PROVIDENZA MANDA (PROVIDE | | The second secon | Mode of P | Procurement: | PUBLIC BIDDING |
| Gentlemen | | urnish this o | office the following articles subject to the t | erms and | conditions | contained herein: | ACCUPATION OF THE STATE OF THE |
| Place of I Date of I | | see Terms | of Reference | _ Deliv | very Term : | : thirty (30) calendar d | ays |
| ITEM | - | | The state of the s | | CSE INAME | UNIT | Collibleroll of Activity |
| NO. | UNIT | QTY | DESCRIPTION | | | COST | AMOUNT |
| 7 | bottle | 500 | Alcohol Isoprophyl 70%, ST. RAPAHE -250ml/bottle | | | 70.00 | 35,000.00 |
| 8 | pcs | 500 | Triangular bandage (reuseable;white of -Size: 96cm x 96cm x 136 cm -White First aid supplies | oloth), OR | EX | 45.00 | 22,500.00 |
| 9 | box | 500 | plastic strips, MEDIPLAST -Medicated with acrinol -Skin Tone -PVC material -12 strip/ box | | | 25.00 | 12,500.00 |
| 10 | box | 200 | Sterile gauze pad 4x4 100pcs (box), P CARE -(4x4 inches) 8ply Sterile Single Page | | | 325.00 | 65,000.00 |
| 11 ; | roll | 100 | -(4x4 inches) 8ply Sterile Single Pack Gauze roll, SUREGUARD -unsterile, 24x28 inches mesh,2ply, h | | | 1,100.00 | 110,000.00 |
| 12 | pair | 500 | Bandage Scissors, SECHERON GERN -Length: approximately 5 1/2" -Tip Configuration: Blunt -Curvature: Angled | | | 95.00 | 47,500.00 |
| 13 | box | 30 | Surgical Tape, PRO HEALTH CARE -Width: 1 inch, 10yards/ roll -Gentle adhesion -Hypoallergenic and not made with na latex -Paper, hypoallergenic tape -12 rolls / box | atural rubb | Der : | 290.00 | 8,700.00 |
| Control No. | 5098 | Michigan pomyzowy w washing | | TOWN TO THE PARTY OF THE PARTY | TOTAL TOTAL PORTON CONTROL CON | | |
| *************************************** | berown restriction or the second | rde One M | illion Five Hundred Fourteen Thousand Seve | · I Tarra data d | * B | SUBTOTAL: | Php 1,514,700.00 |
| in ca | ase of the fai | ilure to make t | the full delivery within the time specified above, sed as provided for by the, 2016 IRR of RA 918 | a nenaity o | THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN A RESIDENCE OF THE PERSON NAMED IN THE PE | CONTRACTOR | not |
| | | | | Very truly | y yours, | | |
| Confort | ne: | .}/ | b~ | _ | VICT | OR MA REGIS N | |
| | (Si | ———— <i>[</i> | . MAES (RADO printed name of Supplier) 2-13-23 Date | / | \mathcal{M} | (Authorized Offi City Mayor | cial) |
| Requisition | ing Office/ | · 4 | Funds A | vailable | | Amount · 7 | 2.172 7ch 60 |
| | JOSE | PH.R. PANAL | | JVY A. Cù Chief Accor | | OBR No. : 10 | 2,172,706_66 1-2023 - 12 |

OBR No.: 161 - 2023 - 12 6472 - 4411 Page - 2



PURCHASE ORDER CITY GOVERNMENT OF PASIG

Agency Name

| Address: Unit 8 Alpa Centrum, Brgy. Subangdaku, Mandaue City | | | | | P.O. No. : | 23-12-0384 | |
|--|--|--------------|--|--|-----------------------------|--|---|
| | | | | | Date : | U 4 DEC 2023 | } |
| | | | | | Mode of P | Mode of Procurement: PUBLIC BIDDING | |
| Gentiemen | | umish this o | ffice the following articles subjec | ct to the terms and | d conditions | contained herein: | |
| Place of I | | | 100 | - Transport | ~_~~ | | |
| | Delivery : | ACS LSUMB | of Reference | Pav | ivery Term : ment Term : | thirty (30) calendar da within 45 days upon c | ays |
| ITEM | - | | And the second s | The second secon | AMERIC I CARA | UNIT | SOUTHERDII OI GARACIÀ |
| NO. | UNIT | QTY | DESCRIE | PTION | | COST | AMOUNT |
| 14 | unit | 42 | Medical Oxygen Tank (50lbs) -50lbs with full content of 10 |), RIM GAS 00% medical grad | de oxygen | 7,500.00 | 315,000.00 |
| 15 | unit | 42 | Medical Oxygen Tank Trolley - Stainless steel -chain lock to secure oxyger -4pcs 2-4 inches heavy duty lock | 4,200.00 | 176,400.00 | | |
| 16 | pcs | 42 | Medical Oxygen Regulator, W -compatible with all oxygen Liter/min, pressure range 3. humidifier and nipple | tank, flow range 1 | 1-10 | 600.00 | 25,200.00 |
| 17 | unit | 84 | Nebulizer, SURRLIFE -Power: 220V 60Hz -Current: 1A -Medication Capacity: appro -Particle Size: 2 to 6 um -Average Nebulization Rate: ml/min | | 25 | 1,350.00 | 113,400.00 |
| 18 | pc | 200 | Nasal Cannula Adult (for Oxyg -Non-Toxic -Non-Pyronemic -Single use | gen use), SURGIT | FECH | 70.00 | 14,000.00 |
| Control No. | OVERED 78-200-14 | | | | | SUBTOTAL : | Php 2,158,700.00 |
| In c | case of the fa day of delay ome: | NICKOB. | illion One Hundred Fifty-eight Tho the full delivery within the time specifi sed as provided for by the, 2016 IRR MAESTRADO errited name of Supplier) 2-13-23 Date | fied above, a penalty of RA 9184. | of one tenth (| THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE OWNER, THE PERSON NAMED IN THE OWNER, T | nt N. SOTTO |
| equisition | ning Office, J os i | 7 | LIGAN MD, MHA | Funds Available JUVY A. Chief Acc | CUENCO (| <u> </u> | 21.172, 766.06 10 · 2023 - 12 2472 - 4411 |



PURCHASE ORDER CITY GOVERNMENT OF PASIG

Agency Name

| Supplier : | Z & Z P | HARMAME | D DISTRIBUTOR DRUGSTORE | | P.O. No. : | 23-12-08 | SC4 | |
|------------------------|---|----------------|--|---------------------------------------|--|--|--|--|
| Address : | Unit 8 Alpa Centrum, Brgy, Subangdaku, Mandaue City | | | | Date: | 0.4 DEC 2 | | |
| l l | | | | | Mode of P | rocurement: | PUBLIC BIDDING | |
| Gentlemen: | Please fu | mich thic o | fire the following extintes which the | 1 h _ 1 | | | The second secon | |
| | | | ffice the following articles subject to | ine terms and | conditions | contained herein: | | |
| Place of De | | _see Terms_ | of Reference | Deli | ivery Term : | thirty (30) calendar d | avs | |
| Date of De | elivery : | Mercan Control | | Payı | ment Term : | : within 45 days upon completion of delivery | | |
| ITEM | # 1 % 1 ¥**** | | | V V V V V V V V V V V V V V V V V V V | | UNIT | | |
| NO. | UNIT | QTY | DESCRIPTIO |)N | 9 014-barrary - 190-190-190-1 | COST | AMOUNT | |
| 19 | kit | 100 | Nebulizer Adult Kit, SUREGUARE |) " | ** * * * * *. | 50.00 | 5,000.00 | |
| | | : : : | -Mask :15ccm-clear , soft, non toxic medical g | rade pvc | : | | | |
| : | | | -low noise nebulizer chamber wi | th a capacity | of 8 cc | | : | |
| : | | | -provided with 2 mtr long star lui -adjustable elastic and nose clip | nen tube | | | | |
| 20 | kit | 100 | Nebulizer Pedia Kit, SUREGUARI | o | • • • • | 90.00 | 9,000.00 | |
| : | | | -Mask: 13cm, clear,soft, non tox | ic medical gra | ade pvc | 30.00 | 9,000.00 | |
| | : | | -low noise nebulizer chamber wi with adjustable elastic and nose | tn a capacity clip | of 8 cc | | • | |
| : | : | | -star lumen tube | • | | | | |
| ! | | | *********************** Nothing Follows * | ************ | . 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. | Sub Total: | 2,172,700.00 | |
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| Note : | Purchase | Order shall | cover all the items found in the atta- | ched Terms c | of Reference | | | |
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| : | | | | | | | | |
| T-12-10-10-201-10-12-1 | 1000-1000-1000-1000-1 | | | | | | | |
| Control No. | 5098 | | | | | RAND TOTAL : | Php 2,172,700.00 | |
| lotal Amou | nt in Wor | ds Two Mi | llion One Hundred Seventy-two Thousa | nd Seven Hun | dred Pesos C | only. | THE RESERVE OF THE PARTY OF THE | |
| In cas | e of the fail | ure to make t | he full delivery within the time specified ab ed as provided for by the, 2016 IRR of RA | ove, a penalty | of one tenth (1 | /10) of one (1) perce | nt | |
| ioi every da | y or delay a | man De mipos | ed as provided for by the, 2016 IRR of RA | 19184. | | | | |
| | | | | Very tru | ly voure | | | |
| | | | | reig inu. | iy yours, | | | |
| Conform | e: | | _ / | | | | _ | |
| | | 1 | | | VICT | OR WA REGIS A | Г. SOTTO | |
| _ | *************************************** | NICKO B. | MAESTRADO | | | (Authorized Offi | cial) | |
| | (Sig | mature oper p | rinted name of Supplier) | | | City Mayor | | |
| | | | 2-18-23 | | | | | |
| | | | Date | | \mathcal{M} | | | |
| 28935 świti a mi- | 200 C3CC = - 1 | Daniel | | | H.) | | | |
| lequisitionir | ig Omce/ | Dept.:/ | A i | ds Available | | A-marent - 6 | 2, 172, 700 00 | |
| | JOSE | PH R. PANAL | JGAN MD, MA | JUVY A. C | UENCO A | _ | | |
| Authorized Official) | | | | Chief Acco | nıntant 🔽 | OBR No. : | 10 -4017 - 12 | |