



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : SEAMMED PHARMA
 Address : 784 Maria Clara St., Brgy. Plainview, Mandaluyong

P.O. No. : 24-03-1093
 Date : 03/05/2024
 Mode of Procurement: PUBLIC BIDDING

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

Place of Delivery : As per attached Terms of Reference Delivery Term : see Terms of Reference
 Date of Delivery : _____ Payment Term : see Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
2	pcs	700	LOT NO. 1 - PCGH Acetylcysteine, 200mg sachet, FLUCYSTEINE 200	16.00	11,200.00
3	tablet	10,000	Acetylcysteine, 600mg effervescent (individually packed), ACTEINSAPH-600	15.00	150,000.00
4	piece	1,600	Budesonide, 250mcg / ml, 2ml Resp. Soln., RESPI-SAPH	18.00	28,800.00
5	tablet	1,600	RITAMIRATE, CITRATE, 50MG TABLET, SAPHMIRATE-T50	6.00	9,600.00
6	nebule	58,710	Ipratropium Br, 500mcg + Salbutamol 2.5mg, RELAXSAPH	14.00	821,940.00
8	nebule	10,000	Salbutamol Respiratory Solution, 2mg/ml, 2.5ml, HIVENT DS	9.00	90,000.00
				Sub Total :	1,110,940.00

Control No. 5368 SUBTOTAL : **Php 1,110,940.00**

Total Amount in Words One Million One Hundred Ten Thousand Nine Hundred Forty Pesos Only.

In case of the 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 as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

VICTOR MA REGIS N. SOTTO
 (Authorized Official)
 City Mayor

Conforme :

HEROLD C. HERNANDEZ
 (Signature over printed name of Supplier)
03/15/24
 Date

Requisitioning Office/Dept. :
JOSELITO T. MORETE MD, MMHOA, DPBA, FPSA
PAULO A. CASTRO JR., MD, PHD
 (Authorized Official)

Funds Available :
JUVY A. CUENCO
 Chief Accountant

Amount : 5,048,570.00
 100-2024-01-0032-4131
 OBR No. : 100-2024-01-0016-4121



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : SEAMMED PHARMA
 Address : 784 Maria Clara St., Brgy. Plainview, Mandaluyong

P.O. No. : 24-03-1093
 Date : 03/05/2024
 Mode of Procurement: PUBLIC BIDDING

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

Place of Delivery : As per attached Terms of Reference
 Date of Delivery : _____

Delivery Term : see Terms of Reference
 Payment Term : see Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
24	amp	18,400	LOT NO. 5 -PCGH Anti-Tetanus Serum (ATS-Equine) 1,500 IU/0.7ml amp., SHARJVAX	111.75	2,056,200.00
26	amp	10,900	Tetanus Toxoid 0.5ml ampule, ABHAY-TOX	55.70	607,130.00
Sub Total :					2,663,330.00
118	tablet	4,800	LOT NO. 16 - PCGH Atorvastatin, 40mg tablet, RANVAST	2.70	12,960.00
119	tab	11,000	Atorvastatin, 80mg tablet, ATORSAPH 80	3.25	35,750.00
120	tablet	1,000	Cilostazol 50mg tablet, CLOSCIZOL	7.00	7,000.00
121	tablet	23,400	Clopidogrel, 75mg tablet, CLOPINOVA	1.10	25,740.00
123	tab	12,900	Rosuvastatin 10mg tablet, ROSUSAPH-10	3.15	40,635.00
125	tab	400	Simvastatin, 20mg tablet, DIASTATIN	1.10	440.00
126	tab	700	Simvastatin 40mg tablet, DIASTATIN	2.20	1,540.00

Control No. 5368 **SUBTOTAL :** **Php 3,898,335.00**

Total Amount in Words Three Million Eight Hundred Ninety-eight Thousand Three Hundred Thirty-five Pesos Only.

In case of the 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 as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

VICTOR MA REGIS N. SOTTO
(Authorized Official)
 City Mayor

Conforme :

HEROLD C. HERNANDEZ
(Signature over printed name of Supplier)
03/15/24
 Date

Requisitioning Office/Dept. Food
JOSELITO T. MORETE MD, MMHOA, DPBA, FPSA
PAULO A. CASTRO JR., MD, PHD
(Authorized Official)

Funds Available:
JUVY A. CUENCO
 Chief Accountant

Amount : 5,048,570.00
100-2024-01-0032-443
 OBR No. : 100-2024-01-0016-142



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : <u>SEAMMED PHARMA</u>	P.O. No. : <u>24-03-1093</u>
Address : <u>784 Maria Clara St., Brgy. Plainview, Mandaluyong</u>	Date : <u>03/05/2024</u>
	Mode of Procurement: <u>PUBLIC BIDDING</u>

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

Place of Delivery : <u>As per attached Terms of Reference</u>	Delivery Term : <u>see Terms of Reference</u>
Date of Delivery : _____	Payment Term : <u>see Terms of Reference</u>

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
127	tab	7,400	Trimetazidine 35mg tablet, TRIMENOVA	2.50	18,500.00
Sub Total :					142,565.00
1	pcs	500	LOT NO. 1 - PCCH Acetylcysteine 100mg sachet, FLUIMUCIL	11.00	5,500.00
2	pcs	600	Acetylcysteine, 200mg sachet, FLUCYSTEINE 200	16.00	9,600.00
3	tablet	7,300	Acetylcysteine, 600mg effervescent (individually packed), ACTEINSAPH-600	15.00	109,500.00
4	piece	3,000	Budesonide, 250mcg / ml, 2ml Resp. Soln., RESPI-SAPH	18.00	54,000.00
6	nebule	23,100	Ipratropium Br, 500mcg + Salbutamol 2.5mg, RELAXSAPH	14.00	323,400.00
7	tab	300	Montelukast 5mg chewable tablet, AUROHEX	4.00	1,200.00

Control No. <u>5368</u>	SUBTOTAL : <u>Php 4,420,035.00</u>
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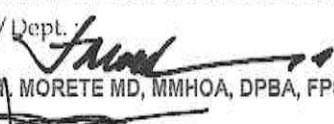
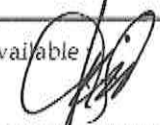
Total Amount in Words Four Million Four Hundred Twenty Thousand Thirty-five Pesos Only.

In case of the 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 as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

VICTOR MA REGIS N. SOTTO
(Authorized Official)
City Mayor

Conforme : 
HEROLD C. HERNANDEZ
(Signature over printed name of Supplier)
03/15/24
Date

Requisitioning Office/Dept. :  JOSELITO T. MORETE MD, MMHOA, DPBA, FPS PAULO A. CASTRO JR., MD, PHD <i>(Authorized Official)</i>	Funds Available :  JUVY A. CUENCO Chief Accountant	Amount : <u>5,048,970.00</u> <u>100-2024-01-0032-1471</u> OBR No. : <u>100-2024-01-0016-1421</u>
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PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : SEAMMED PHARMA
 Address : 784 Maria Clara St., Brgy. Plainview, Mandaluyong

P.O. No. : 24-03-1093
 Date : 03/05/2024
 Mode of Procurement: PUBLIC BIDDING

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

Place of Delivery : As per attached Terms of Reference
 Date of Delivery : _____

Delivery Term : see Terms of Reference
 Payment Term : see Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
8	nebule	24,000	Salbutamol Respiratory Solution, 2mg/ml, 2.5ml, HIVENT DS	9.00	216,000.00
9	amp	1,000	Terbutaline, 500mcg/ml, 1ml (0.5mg) amp., BRICALIN	97.75	97,750.00
Sub Total :					816,950.00
24	amp	1,500	LOT NO. 5 - PCCH Anti-Tetanus Serum (ATS-Equine) 1,500 IU/0.7ml amp., SHARJVAX	111.75	167,625.00
25	pfs	20	Tetanus Immune Globulin 250IU/ml, 1ml pre-filled syringe, TETAGAM P	1,319.00	26,380.00
26	amp	500	Tetanus Toxoid 0.5ml ampule, ABHAY-TOX	55.70	27,850.00
Sub Total :					221,855.00
117	tablet	5,000	LOT NO. 16 - PCCH Atorvastatin, 20mg tablet, RANVAST	1.60	8,000.00

Control No. 5368 **SUBTOTAL :** **Php 4,963,640.00**

Total Amount in Words *Four Million Nine Hundred Sixty-three Thousand Six Hundred Forty Pesos Only.*

In case of the 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 as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

Conforme :

HEROLD C. HERNANDEZ
(Signature over printed name of Supplier)
03/15/24
Date

VICTOR MA REGIS N. SOTTO
(Authorized Official)
 City Mayor

Requisitioning Office/Dept.
 JOSELITO T. MORETE MD, MMHOA, DPBA, FPS
 PAULO A. CASTRO JR., MD, PHD
(Authorized Official)

Funds Available:
 JUVY A. CUENCO
 Chief Accountant

Amount : 5,042,570.00
 100-2024-07-0032-471
 OBR No. : 100-2024-01-0016-4121



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : SEAMMED PHARMA
 Address : 784 Maria Clara St., Brgy. Plainview, Mandaluyong

P.O. No. : 24-03-1093
 Date : 03/05/2024
 Mode of Procurement: PUBLIC BIDDING

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

Place of Delivery : As per attached Terms of Reference
 Date of Delivery : _____

Delivery Term : see Terms of Reference
 Payment Term : see Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
118	tablet	10,000	Atorvastatin, 40mg tablet, RANVAST	2.70	27,000.00
119	tab	5,000	Atorvastatin, 80mg tablet, ATORSAPH 80	3.25	16,250.00
120	tablet	400	Cilostazol 50mg tablet, CLOSCIZOL	7.00	2,800.00
121	tablet	5,000	Clopidogrel, 75mg tablet, CLOPINOVA	1.10	5,500.00
122	capsule	200	Fenofibrate, 200mg capsule, FENOSAPH-200	2.75	550.00
123	tab	1,000	Rosuvastatin 10mg tablet, ROSUSAPH-10	3.15	3,150.00
124	tab	1,200	Rosuvastatin 20mg tablet, ROSUSAPH-20	3.90	4,680.00
127	tab	10,000	Trimetazidine 35mg tablet, TRIMENOVA	2.50	25,000.00
Sub Total :					92,930.00
***** Nothing Follows *****					

Purchase Order shall cover all the items found in the attached Terms of Reference.

Control No. 5368 GRAND TOTAL : Php 5,048,570.00

Total Amount in Words Five Million Forty-eight Thousand Five Hundred Seventy Pesos Only.

In case of the 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 as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

Conforme :

HEROLD C. HERNANDEZ
(Signature over printed name of Supplier)
03/15/24
Date

VICTOR MA REGIS N. SOTTO
(Authorized Official)
 City Mayor

Requisitioning Office/Dept

 JOSELITO T. MORETE MD, MMHOA, DPBA, FPSA

 PAULO A. CASTRO JR., MD, PHD
(Authorized Official)

Funds Available :

 JUVY A. CUENCO
 Chief Accountant

Amount : 5,048,570.00
 100-24-01-0032-1171
 OBR No. : 100-2024-01-0016-11421