



# PURCHASE ORDER

## CITY GOVERNMENT OF PASIG

*Agency Name*

Supplier : **GLOBAL PHARMA ENTERPRISE**  
 Address : Unit 2, 3rd Floor Promenade Bldg., 198 Wilson St. San Juan City

P.O. No. : 24-03-0001  
 Date : 07 MAR 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
<b>LOT NO. 8 - PCGH</b>					
45	vial	2,640	Ciprofloxacin 2mg/ml, 100ml (100mg/50ml) IV Infusion, ACIPRO/PROLAXA	29.60	78,144.00
46	tablet	1,900	Ciprofloxacin, 500mg tablet, CYFROX	2.05	3,895.00
47	tablet	900	Levofloxacin, 500mg tablet, LEVOSAPH/LEVONOVA 500	3.53	3,177.00
48	vial	660	Levofloxacin, 5mg/ml solution for IV Infusion, 100ml vial, LAXIN	91.80	60,588.00
49	tab	900	Levofloxacin 750mg tablet, PRIME-FLOX	9.32	8,388.00
<b>Sub Total :</b>					<b>154,192.00</b>
<b>LOT NO. 8 - PCCH</b>					
45	vial	1,500	Ciprofloxacin 2mg/ml, 100ml (100mg/50ml) IV Infusion, ACIPRO/PROLAXA	29.60	44,400.00
46	tablet	1,000	Ciprofloxacin, 500mg tablet, CYFROX	2.05	2,050.00

Control No. 5386 **SUBTOTAL :** Php 200,642.00

**Total Amount in Words** Two Hundred Thousand Six Hundred Forty-two 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 :

**EDUARDO V. BUTIAL**

*(Signature over printed name of Supplier)*

03/21/24  
 Date

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

Funds Available :  
  
**JUVY A. GUENCO**  
 Chief Accountant

Amount : 221,106.00  
 100-2024-01-0092-0031  
 OBR No. : 100-2024-01-0016-4421



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ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
47	tablet	200	Levofloxacin, 500mg tablet, LEVOSAPH/LEVONOVA 500	3.53	706.00
48	vial	200	Levofloxacin, 5mg/ml solution for IV infusion, 100ml vial, LAXIN	91.80	18,360.00
49	tab	150	Levofloxacin 750mg tablet, PRIME-FLOX	9.32	1,398.00
				<b>Sub Total :</b>	<b>66,914.00</b>
***** Nothing Follows *****					


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

Control No. 5386 GRAND TOTAL : **Php 221,106.00**

Total Amount in Words Two Hundred Twenty-one Thousand One Hundred Six 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.

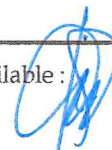
Conforme :

  
\_\_\_\_\_  
**EDUARDO V. BUTIAL**  
*(Signature over printed name of Supplier)*  
03/21/24  
Date

Very truly yours,

  
\_\_\_\_\_  
**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 : 221,106.00  
100-2024-01-0032-4431  
OBR No. : 100-2024-01-0016-4421