



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **OXFORD DISTRIBUTIONS, INC.**
 Address : Unit 1408 East Tower, PSEC Exchange Road Ortigas Center, Brgy. San Antonio, Pasig City

P.O. No. : 24-03-1128
 Date : 03/19/2024
 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
PCGH - LOT NO. 9					
50	vial	3,230	Albumin Human 20%, 50ml, ZENALB 20	2,280.00	7,364,400.00
52	pfs	3,580	Enoxaparin 60mg/0.6ml prefilled syringe (SC), LOMOH-60	340.00	1,217,200.00
53	pfs	6,186	Epoetin 4,000 IU/0.4ml, pre-filled syringe, REPOITIN 4000	410.50	2,539,353.00
54	vial	3,810	HEPARIN (UNFRACTIONATED) 1,000 IU/ML, 5ML VIAL, SAKARIN 5000	200.00	762,000.00
55	pcs	260	Hydroxyethyl Starch, 6% 500ml, SANBE HEST 200	650.00	169,000.00
57	tab	1,300	Potassium Citrate 1080 (10meq) tablet, POSITATE	8.00	10,400.00
Sub Total :					12,062,353.00
PCCH - LOT NO. 9					
50	vial	1,200	Albumin Human 20%, 50ml, ZENALB 20	2,280.00	2,736,000.00

Control No. 5413 **SUBTOTAL : Php 14,798,353.00**

Total Amount in Words *Fourteen Million Seven Hundred Ninety-eight Thousand Three Hundred Fifty-three 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 :

MA. ALAYSSA B. ENRIQUEZ
 (Signature over printed name of Supplier)

Date 4/1/24

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

Funds Available : [Signature]
JUVY A. CUENCO
 Chief Accountant

Amount : 17,670,203.00
 100-2024-01-0016-442
 OBR No. : 100-2024-01-0022-143



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Gentlemen:
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Date of Delivery : _____

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

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
51	pfs	1,200	Enoxaparin 40mg/0.4ml prefilled syringe (SC), LOMOH-40	260.00	312,000.00
53	pfs	3,510	Epoetin 4,000 IU/0.4ml, pre-filled syringe, REPOITIN 4000	410.50	1,440,855.00
54	vial	5,000	HEPARIN (UNFRACTIONATED) 1,000 IU/ML, 5ML VIAL, SAKARIN 5000	200.00	1,000,000.00
55	pcs	100	Hydroxyethyl Starch, 6% 500ml, SANBE HEST 200	650.00	65,000.00
56	amp	500	Iron Sucrose 20mg/mL, 5mL ampule, IRSUC	100.00	50,000.00
57	tab	500	Potassium Citrate 1080 (10meq) tablet, POSITATE	8.00	4,000.00
				Sub Total :	5,607,855.00
***** Nothing Follows *****					

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

Control No. 5413 GRAND TOTAL : **Php 17,670,208.00**

Total Amount in Words Seventeen Million Six Hundred Seventy Thousand Two Hundred Eight 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 :

MA. ALAYSSA B. ENRIQUEZ
(Signature over printed name of Supplier)
Date 4/1/24

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

Funds Available :
JUVY A. CUENCO
Chief Accountant

Amount : 17,670,208.00
OBR No. : 100-2024-01-0016-4421
100-2024-01-0032-4421