



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **CGMP MEDICAL DISTRIBUTORS**
 Address : 51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal

P.O. No. : 24-03-1129
 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. 11 | | | | | |
| 72 | vial | 100 | Azithromycin 500mg vial, IMAZ/AZITHRX | 43.55 | 4,355.00 |
| 73 | tab | 11,000 | Azithromycin, 500mg tablet (base/dihydrate), AZIBIAL-500/AZITOBACT 500 | 19.51 | 214,610.00 |
| 75 | tablet | 1,500 | Digoxin 250mcg tablet, INOXIN | 3.37 | 5,055.00 |
| 76 | ampule | 980 | Digoxin 250mcg/ml, 2ml, amp., DIXIN | 122.85 | 120,393.00 |
| 77 | capsule | 200 | Diphenhydramine HCL 50mg capsule, HISTAMOX | 0.74 | 148.00 |
| 78 | ampule | 3,700 | Diphenhydramine, 50mg/ml, 1 ml ampule, RABAPHEN/ALLERIGHT | 18.46 | 68,302.00 |
| 79 | amp/vial | 1,100 | Dobutamine HCL 50mg/ml, 5ml (12.5mg/ml, 20ml) amp/vial, DOBURIS/DOBUMEAN | 61.10 | 67,210.00 |
| 81 | ampule | 700 | Dopamine HCl 40mg/ml, 5ml (200mg) amp., DOPTREX | 44.20 | 30,940.00 |




Control No. 5414 SUBTOTAL : **Php 511,013.00**

Total Amount in Words Five Hundred Eleven Thousand Thirteen 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 : 
MILAGROS KALONG
 (Signature over printed name of Supplier)
03-03-24
 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 : <u>5,357,509.50</u> <u>106-2024-01-0016-412</u> OBR No. : <u>106-2024-01-0032-412</u> |
|--|--|--|



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **CGMP MEDICAL DISTRIBUTORS**
 Address : 51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal

P.O. No. : 24-03-1129
 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 : _____

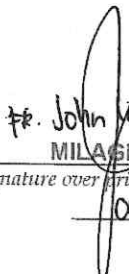
Delivery Term : see Terms of Reference
 Payment Term : see Terms of Reference

| ITEM NO. | UNIT | QTY | DESCRIPTION | UNIT COST | AMOUNT |
|----------|---------|--------|---|-----------|------------|
| 82 | amp | 8,400 | Epinephrine (Adrenaline) 1mg/ml, 1ml ampule, GRAND PHARMACEUTICAL | 13.91 | 116,844.00 |
| 83 | amp | 24,400 | Furosemide 10mg/ml, 2mL (20mg) amp, LAZIMED | 5.33 | 130,052.00 |
| 84 | tablet | 1,000 | Furosemide, 20mg tablet, DRUGMAKER'S LABORATORIES INC. | 0.42 | 420.00 |
| 86 | amp | 530 | Hydralazine 20mg/ml, 1ml Ampule, ZACZIN | 19.24 | 10,197.20 |
| 87 | amp | 11,530 | Hyoscine N-Butylbromide 20mg/ml, 1ml amp. (IM/IV/SC), HYOPHIL | 13.91 | 160,382.30 |
| 89 | capsule | 200 | Phenytoin 100mg capsule, SRIPHEN-100 | 8.15 | 1,630.00 |
| 90 | ampule | 430 | Phenytoin 50mg/ml, 2ml (100mg) amp., SAPHENYTOIN | 260.00 | 111,800.00 |
| 91 | ampule | 2,210 | Phytomenadione, (Vit. K) 10mg/ml, 1ml amp., AMBIVIT K | 12.03 | 26,586.30 |


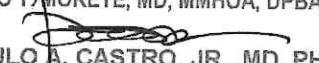

Control No. 5414 SUBTOTAL : **Php 1,068,924.80**

Total Amount in Words One Million Sixty-eight Thousand Nine Hundred Twenty-four Pesos And 80/100 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 : 
MILAGROS KALONG
 (Signature over printed name of Supplier)
04-03-24
 Date

Very truly yours,
VICTOR MA REGIS N. SOTTO
 (Authorized Official)
 City Mayor

| | | |
|--|---|--|
| Requisitioning Office/Dep. :  JOSELITO T. MORETE, MD, MMHOA, DPBA, FPSA  PAULO A. CASTRO, JR., MD, PHD (Authorized Official) | Funds Available :  JUVY A. CUENCO Chief Accountant | Amount : <u>5,357,509.50</u> OBR No. : <u>100-2024-01-0016-442</u> <u>100-2024-01-0032-443</u> |
|--|---|--|



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **CGMP MEDICAL DISTRIBUTORS**
 Address : 51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal

P.O. No. : 24-03-1129
 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 |
|--------------------------|----------|--------|--|-----------|---------------------|
| 92 | amp/vial | 17,180 | Tranexamic Acid 100mg/ml, 5ml (500mg) injection, TRANCE | 28.60 | 491,348.00 |
| 93 | tab/cap | 800 | Tranexamic Acid 500mg tab/cap, TRANXSAPH | 4.62 | 3,696.00 |
| 94 | ampule | 600 | Vitamin B Complex, (100mg B1+100mg B6+1mg B12) 3ml ampule (IV), NEUROBE/VITACORE | 11.57 | 6,942.00 |
| 95 | tab/cap | 9,400 | Vitamin B Complex, (100mg B1+5mg B6+50mcg B12) tab/cap, RAMAVIT/REVITAPLEX | 1.13 | 10,622.00 |
| <i>Sub Total :</i> | | | | | 1,581,532.80 |
| PCGH - LOT NO. 12 | | | | | |
| 96 | vial | 2,010 | Cefazolin, 1 gm vial, PHIZOLIN | 21.90 | 44,019.00 |
| <i>Sub Total :</i> | | | | | 44,019.00 |
| PCGH - LOT NO. 14 | | | | | |
| 103 | tablet | 200 | Aciclovir 400mg tablet, XYCLOVIRAX | 2.28 | 456.00 |
| 104 | cap | 2,000 | Amoxicillin, 500mg cap, AMBIMOX | 2.09 | 4,180.00 |

Control No. 5414 **SUBTOTAL : Php 1,630,187.80**

Total Amount in Words One Million Six Hundred Thirty Thousand One Hundred Eighty-seven Pesos And 80/100 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 :

FR. JOHN VINCE E. BESC
MILAGROS KALONG
 (Signature over printed name of Supplier)
04-03-24
 Date

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

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

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

Amount : 5,357,509.50
 OBR No. : 100-2024-01-0016-4421
100-2024-01-0032-4451



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **CGMP MEDICAL DISTRIBUTORS**
 Address : 51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal

P.O. No. : 24-03-1129
 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 |
|--------------------|---------|--------|---|-----------|-------------------|
| 106 | cap | 1,100 | Cefixime 200mg capsule, SUPRAPHIL 20 | 5.63 | 6,193.00 |
| 107 | tab | 21,300 | CEFUROXIME 500MG TABLET, AEROX | 11.25 | 239,625.00 |
| 108 | cap | 3,200 | Clindamycin, 300mg capsule, CLIN-GEN/CLINDAGOLD | 4.50 | 14,400.00 |
| 110 | tab | 4,600 | Co-Amoxiclav 500mg + 125mg (625mg) tablet, RANICLAV | 10.08 | 46,368.00 |
| 111 | tab | 2,500 | CO-AMOXICLAV 875MG/125MG (1G) TABLET, RAPICLAV | 20.06 | 50,150.00 |
| 112 | tablet | 1,500 | Cotrimoxazole, 800mg+ 160mg tablet, ZOLBACH | 1.70 | 2,550.00 |
| 113 | capsule | 1,900 | Doxycycline, 100mg capsule, DOXYPERL | 1.38 | 2,622.00 |
| 114 | tablet | 5,300 | Metronidazole 500mg tablet, MEDIZOLE/FLAGEX | 1.14 | 6,042.00 |
| Sub Total : | | | | | 372,586.00 |

Control No. 5414 SUBTOTAL : **Php 1,998,137.80**

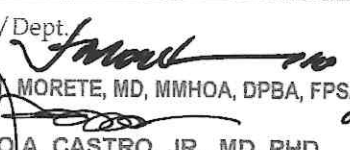
Total Amount in Words One Million Nine Hundred Ninety-eight Thousand One Hundred Thirty-seven Pesos And 80/100 Only


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 : 
MILAGROS KALONG
 (Signature over printed name of Supplier)
04-03-24
 Date

Very truly yours,

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

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

Funds Available : 
JUVY A. CUENCO
 Chief Accountant

Amount : 5,357,509.50
 OBR No. : 100-2024-C1-0016-4421
100-2024-01-0032-4421



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : CGMP MEDICAL DISTRIBUTORS
 Address : 51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal

P.O. No. : 24-03-1129
 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 |
|----------|---------|--------|--|-----------|------------|
| 192 | tab | 200 | PCGH - LOT NO. 19 Metoclopramide, 10mg tablet, METO | 2.00 | 400.00 |
| 193 | amp | 6,300 | Metoclopramide 5mg/ml, 2ml (10mg) amp., METOCLOSIL | 22.00 | 138,600.00 |
| 194 | capsule | 1,200 | Omeprazole 20mg capsule, OMEPHIL/ML-GACID | 8.00 | 9,600.00 |
| 195 | capsule | 5,000 | Omeprazole 40mg Capsule, INHIBITA | 3.97 | 19,850.00 |
| 196 | vial | 18,600 | Omeprazole 40mg powder vial+ 10ml solvent ampule/vial (IV), OMCARE/ZYOM | 45.00 | 837,000.00 |
| 197 | amp | 140 | Ondasetron 2mg/ml, 4ml ampule, ONDI | 300.00 | 42,000.00 |
| 198 | pcs | 100 | Oral Rehydration Salt (ORS 75 replacement) powder for oral soln., AMBILYTE | 2.29 | 229.00 |
| 199 | tablet | 19,000 | Potassium Chloride, 600 mg tablet, ELECTAB/KALIUSAPHRIDE | 15.60 | 296,400.00 |


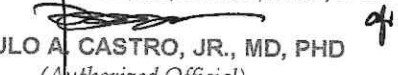
Control No. 5414 SUBTOTAL : **Php 3,342,216.80**


Total Amount in Words Three Million Three Hundred Forty-two Thousand Two Hundred Sixteen Pesos And 80/100 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 : 
MILAGROS KALONG
 (Signature over printed name of Supplier)
04-03-24
 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 : 5,357,509.50
100-2024-01-0016-4121
 OBR No. : 100-2024-01-0032-4131



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **CGMP MEDICAL DISTRIBUTORS**
 Address : 51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal

P.O. No. : 24-03-1129
 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 |
|--------------------|--------|-------|---|-----------|---------------------|
| 200 | tab | 1,300 | Potassium Chloride 750mg (equiv. to 10meq potassium) SR tablet, ELECTAB/KALIGEN/ALKALINSE | 29.00 | 37,700.00 |
| 201 | amp | 2,900 | Ranitidine 25mg/ml, 2ml ampule, ZENTEK | 32.00 | 92,800.00 |
| Sub Total : | | | | | 1,474,579.00 |
| 72 | vial | 100 | PCCH - LOT NO. 11 Azithromycin 500mg vial, IMAZ/AZITHRX | 43.55 | 4,355.00 |
| 73 | tab | 1,500 | Azithromycin, 500mg tablet (base/dihydrate), AZIBIAL-500/AZITOBACT 500 | 19.51 | 29,265.00 |
| 74 | amp | 1,000 | Gentamicin 40mg/ml, 2ml (80mg) Ampule, GENTAM/GENTACARE | 5.46 | 5,460.00 |
| 75 | tablet | 500 | Digoxin 250mcg tablet, INOXIN | 3.37 | 1,685.00 |
| 76 | ampule | 500 | Digoxin 250mcg/ml, 2ml, amp., DIXIN | 122.85 | 61,425.00 |

Control No. 5414 SUBTOTAL : **Php 3,574,906.80**

Total Amount in Words Three Million Five Hundred Seventy-four Thousand Nine Hundred Six Pesos And 80/100 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 :


MILAGROS KALONG
 (Signature over printed name of Supplier)
04-03-24
 Date

Very truly yours,

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

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

Funds Available : 
JUVY A. CUENCO
 Chief Accountant

Amount : 5,357,509.56
 OBR No. : 100-2024-01-0016447
100-2024-01-00324431



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **CGMP MEDICAL DISTRIBUTORS**
 Address : 51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal

P.O. No. : 24-03-1129
 Date : 03/19/2024
 Mode of Procurement: PUBLIC BIDDING

Gentlemen:
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 Payment Term : see Terms of Reference

| ITEM NO. | UNIT | QTY | DESCRIPTION | UNIT COST | AMOUNT |
|----------|----------|--------|--|-----------|-----------|
| 77 | capsule | 200 | Diphenhydramine HCL 50mg capsule, HISTAMOX | 0.74 | 148.00 |
| 78 | ampule | 2,000 | Diphenhydramine, 50mg/ml, 1 ml ampule, RABAPHEN/ALLERIGHT | 18.46 | 36,920.00 |
| 79 | amp/vial | 1,200 | Dobutamine HCL 50mg/ml, 5ml (12.5mg/ml, 20ml) amp/vial, DOBURIS/DOBUMEAN | 61.10 | 73,320.00 |
| 80 | tablet | 500 | Domperidone, 10mg tablet, DOMPEDONE | 0.59 | 295.00 |
| 81 | ampule | 800 | Dopamine HCl 40mg/ml, 5ml (200mg) amp., DOPTREX | 44.20 | 35,360.00 |
| 82 | amp | 5,000 | Epinephrine (Adrenaline) 1mg/ml, 1ml ampule, GRAND PHARMACEUTICAL | 13.91 | 69,550.00 |
| 83 | amp | 11,200 | Furosemide 10mg/ml, 2mL (20mg) amp, LAZIMED | 5.33 | 59,696.00 |
| 84 | tablet | 500 | Furosemide, 20mg tablet, DRUGMAKER'S LABORATORIES INC. | 0.42 | 210.00 |

Control No. 5414 SUBTOTAL : **Php 3,850,405.80**

Total Amount in Words Three Million Eight Hundred Fifty Thousand Four Hundred Five Pesos And 80/100 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 : *Milagros Kalong*
MILAGROS KALONG
 (Signature over printed name of Supplier)
04-03-24
 Date

Very truly yours,

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

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

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

Amount : 5,357,509.50
 OBR No. : 100-2024-01-0022-442



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **CGMP MEDICAL DISTRIBUTORS**
 Address : 51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal

P.O. No. : **24-03-1129**
 Date : **03/19/2024**
 Mode of Procurement: **PUBLIC BIDDING**

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 |
|----------|----------|-------|--|-----------|------------|
| 85 | tablet | 1,000 | Furosemide 40mg tablet, UROMID/FUSEDEX | 0.56 | 560.00 |
| 86 | amp | 200 | Hydralazine 20mg/ml, 1ml Ampule, ZACZIN | 19.24 | 3,848.00 |
| 87 | amp | 500 | Hyoscine N-Butylbromide 20mg/ml, 1ml amp. (IM/IV/SC), HYOPHIL | 13.91 | 6,955.00 |
| 88 | tab | 200 | Hyoscine N-Butylbromide 10mg tablet, HYOPAN | 2.18 | 436.00 |
| 90 | ampule | 500 | Phenytoin 50mg/ml, 2ml (100mg) amp., SAPHENYTOIN | 260.00 | 130,000.00 |
| 91 | ampule | 1,000 | Phytomenadione, (Vit. K) 10mg/ml, 1ml amp., AMBIVIT K | 12.03 | 12,030.00 |
| 92 | amp/vial | 1,000 | Tranexamic Acid 100mg/ml, 5ml (500mg) injection, TRANCE | 28.60 | 28,600.00 |
| 93 | tab/cap | 500 | Tranexamic Acid 500mg tab/cap, TRANXSAPH | 4.62 | 2,310.00 |
| 94 | ampule | 100 | Vitamin B Complex, (100mg B1+100mg B6+1mg B12) 3ml ampule (IV), NEUROBE/VITACORE | 11.57 | 1,157.00 |

Control No. **5414** SUBTOTAL : **Php 4,036,301.80**

Total Amount in Words *Four Million Thirty-six Thousand Three Hundred One Pesos And 80/100 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 : *Dr. John Nigk E. Bosa*
MILAVROS KALONG
(Signature over printed name of Supplier)
04-03-24
Date

Very truly yours,

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

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

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

Amount : *5,357,509.50*
100-2024-CI-0016-4471
 OBR No. : *100-2024-01-0032-114*



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : CGMP MEDICAL DISTRIBUTORS
 Address : 51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal

P.O. No. : 24-03-1129
 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 |
|--------------------|---------|--------|--|-----------|-------------------|
| 95 | tab/cap | 10,000 | Vitamin B Complex, (100mg B1+5mg B6+50mcg B12) tab/cap, RAMAVIT/REVITAPLEX | 1.13 | 11,300.00 |
| <i>Sub Total :</i> | | | | | 574,885.00 |
| | | | PCCH - LOT NO. 12 | | |
| 96 | vial | 1,000 | Cefazolin, 1 gm vial, PHIZOLIN | 21.90 | 21,900.00 |
| 97 | vial | 1,000 | Cefoxitin Sodium 1g (IM,IV) vial, SANOXIN-1000 | 132.75 | 132,750.00 |
| 98 | vial | 5,300 | Cefuroxime 750mg vial, EROXIME/CUOXIM | 23.25 | 123,225.00 |
| 99 | vial | 500 | Cefuroxime 1.5g vial, ZINACARE/EXECORE | 67.50 | 33,750.00 |
| <i>Sub Total :</i> | | | | | 311,625.00 |
| | | | PCCH - LOT NO. 14 | | |
| 104 | cap | 1,200 | Amoxicillin, 500mg cap, AMBIMOX | 2.09 | 2,508.00 |
| 105 | cap | 300 | Cefalexin, 500mg capsule, EXEL | 3.21 | 963.00 |
| 106 | cap | 500 | Cefixime 200mg capsule, SUPRAPHIL 20 | 5.63 | 2,815.00 |

Control No. 5414 SUBTOTAL : **Php 4,365,512.80**

Total Amount in Words Four Million Three Hundred Sixty-five Thousand Five Hundred Twelve Pesos And 80/100 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 : *[Signature]*
MILAVROS KALONG
(Signature over printed name of Supplier)
04-03-24
Date

Very truly yours,

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

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

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

Amount : 5,357,509.50
100-2024-01-0016-4121
 OBR No. : 100-2024-01-0032-4131



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **CGMP MEDICAL DISTRIBUTORS**
 Address : 51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal

P.O. No. : 24-03-1129
 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 |
|--------------------|---------|-------|---|-----------|------------------|
| 107 | tab | 2,500 | CEFUROXIME 500MG TABLET, AEROX | 11.25 | 28,125.00 |
| 108 | cap | 2,000 | Clindamycin, 300mg capsule, CLIN-GEN/CLINDAGOLD | 4.50 | 9,000.00 |
| 109 | cap | 500 | Cloxacillin 500mg capsule, PHILCLOX | 2.84 | 1,420.00 |
| 110 | tab | 2,240 | Co-Amoxiclav 500mg + 125mg (625mg) tablet, RANICLAV | 10.08 | 22,579.20 |
| 111 | tab | 200 | CO-AMOXICLAV 875MG/125MG (1G) TABLET, RAPICLAV | 20.06 | 4,012.00 |
| 112 | tablet | 1,500 | Cotrimoxazole, 800mg+ 160mg tablet, ZOLBACH | 1.70 | 2,550.00 |
| 113 | capsule | 100 | Doxycycline, 100mg capsule, DOXYPERL | 1.38 | 138.00 |
| 114 | tablet | 1,200 | Metronidazole 500mg tablet, MEDIZOLE/FLAGEX | 1.14 | 1,368.00 |
| Sub Total : | | | | | 75,478.20 |


Control No. 5414

SUBTOTAL : Php 4,434,705.00

Total Amount in Words *Four Million Four Hundred Thirty-four Thousand Seven Hundred 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.

Conforme :


MILAVEROS KALONG
 (Signature over printed name of Supplier)
04-03-24
 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 : 5,357,509.50
 100-2024-01-0016-4421
 OBR No. : 100-2024-01-0032-4431



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **CGMP MEDICAL DISTRIBUTORS**
 Address : 51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal

P.O. No. : **24-03-1129**
 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 |
|----------|---------|--------|---|-----------|------------|
| 190 | tablet | 300 | PCCH - LOT NO. 19 Aluminum Hydroxide 200mg+Magnesium Hydroxide 100mg tablet, ZILGAM | 5.94 | 1,782.00 |
| 191 | bottle | 50 | Aluminum hydroxide, 225mg + Magnesium hydroxide 200mg/5ml suspension, 60ml, MONNAX | 70.00 | 3,500.00 |
| 193 | amp | 1,000 | Metoclopramide 5mg/ml, 2ml (10mg) amp., METOCLOSIL | 22.00 | 22,000.00 |
| 194 | capsule | 1,000 | Omeprazole 20mg capsule, OMEPHIL/ML-GACID | 8.00 | 8,000.00 |
| 195 | capsule | 4,000 | Omeprazole 40mg Capsule, INHIBITA | 3.97 | 15,880.00 |
| 196 | vial | 10,500 | Omeprazole 40mg powder vial+ 10ml solvent ampule/vial (IV), OMCARE/ZYOM | 45.00 | 472,500.00 |
| 197 | amp | 500 | Ondasetron 2mg/ml, 4ml ampule, ONDI | 300.00 | 150,000.00 |

Control No. **5414** SUBTOTAL : **Php 5,108,367.00**

Total Amount in Words *Five Million One Hundred Eight Thousand Three Hundred Sixty-seven 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 : *Dr. John Link E. Besa*
MILAGROS KALONG
 (Signature over printed name of Supplier)
04-03-24
 Date

Very truly yours,
VICTOR MA REGIS N. SOTTO
 (Authorized Official)
 City Mayor

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

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

Amount : **5,347,509.50**
 100-2024-01-0016-4471
 OBR No. : **100-2024-01-0072-4471**



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **CGMP MEDICAL DISTRIBUTORS**
 Address : **51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal**

P.O. No. : **24-03-1129**
 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 |
|----------|--------|-------|---|-----------|------------|
| 198 | pcs | 500 | Oral Rehydration Salt (ORS 75 replacement) powder for oral soln., AMBILYTE | 2.29 | 1,145.00 |
| 199 | tablet | 6,000 | Potassium Chloride, 600 mg tablet, ELECTAB/KALIUSAPHRIDE | 15.60 | 93,600.00 |
| 200 | tab | 4,000 | Potassium Chloride 750mg (equiv. to 10meq potassium) SR tablet, ELECTAB/KALIGEN/ALKALINSE | 29.00 | 116,000.00 |

Control No. **5414** SUBTOTAL : **Php 5,319,112.00**

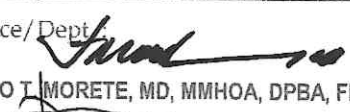
Total Amount in Words *Five Million Three Hundred Nineteen Thousand One Hundred Twelve Pesos Only.*

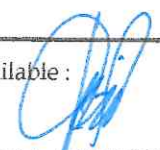
In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184.

Conforme : 
MILAGROS KALONG
 (Signature over printed name of Supplier)
09-03-24
 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 : **5,357,509.50**
 OBR No. : **100-2024-01-0032-1131**



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : CGMP MEDICAL DISTRIBUTORS
Address : 51 San Miguel Drive, Cortijos De San Rafael, Rodriguez, Montalban, Rizal

P.O. No. : 24-03-1129
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 |
|----------|------|-----|-------------|-----------|--------|
|----------|------|-----|-------------|-----------|--------|

| | | | | | |
|-----|-----|-------|--|-------|-----------|
| 201 | amp | 1,200 | Ranitidine 25mg/ml, 2ml ampule, ZENTEK | 32.00 | 38,400.00 |
|-----|-----|-------|--|-------|-----------|

NOTE: Unit price of Item 80 has been rounded off to the nearest two decimal places since the current system cannot accomodate more than two (2) decimal places for the unit price of the item. The correct details and amount are as follows:

Item No. 80
QTY: 500
Description: Domperidone, 10mg
Unit Cost: 0.585
Amount = 292.50

Reconciling the true price of Item No. 80, the correct GRAND TOTAL of the Purchase Order is Php5,357,509.50

Sub Total : **922,807.00**

***** Nothing Follows *****

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

Control No. 5414 GRAND TOTAL : **Php 5,357,512.00**

Total Amount in Words Five Million Three Hundred Fifty-seven Thousand Five Hundred Twelve 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 :

MILAGROS KALONG
(Signature over printed name of Supplier)
04-03-24
Date

Very truly yours,

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

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 : 5,357,509.50
100-2024-01-0016-4421
OBR No. : 100-2024-01-0032-4421