

## **PURCHASE ORDER** CITY GOVERNMENT OF PASIG

			Agency N	iame				
Supplier	pplier: PHILCARE PHARMA INC. P.O. 1					. No. : <b>24-04-1162</b>		
Address	: #3 Maho	gany St., Agap	ito Subd., Santolan, Pasig City	ate:	0 8 APR 2024 Procurement: DIRECT CONTRACTING			
Gentlemen:		ırnish this of	fice the following articles subject to the	e terms and con	ditions cor	ntained herein:		
Place of D	Pelivery :		ms of Reference	D	elivery Tei	m: Refer to Terr	ms of Reference	
ITEM					ij ment Tel	UNIT	s apon completion of de	
NO.	UNIT	QTY	DESCRIPTION	J		COST	AMOUNT	
			PCGH ITEM NO. 1	sonderg Punchas	20 000 - 0	DSA SEE AND		
1	amp	1,900		Trinitrate (Nitroglycerin) 1mg/ml, 10ml IV		660.00	1,254,000.00	
						Sub Total :	1,254,000.00	
							,	
2	amp	PCGH ITEM NO. 2  300 Vasopressin 20IU/ml, 1ml solution for injection, PRESSON				1,790.00	537,000.00	
						0-1-7-4-1	505.000.00	
						Sub Total :	537,000.00	
			PCCH ITEM NO. 1					
1	amp	100	Glyceryl Trinitrate (Nitroglycerin) 1m Infusion, NITROSAN	ig/ml, 10ml IV		660.00	66,000.00	
						Sub Total :	66,000.00	
Control No		6/1	which the focal Sangiousians with aver-	Nurl Iber yaget	TOUR IN THE	SUBTOTAL:	Php 1,857,000.00	
Total Amo			illion Eight Hundred Fifty-seven Thousan		, muancor	Dirt 20s and J		
for every	day of dela	y shall be impo	the full delivery within the time specified above as provided for by the, 2016 IRR of RA  SAKAI  Tamir of Supplier)	9184.	Very	or truly yours,  OR MA REGIS  (Authorized O	N. SOTTO	
Requisitio	oning Office	e/Dept.:		Funds Available	e :			
JO	DSELITO T	There	MD, MMHOA, DPBA,FPS		CUENCO ccountant		nt: 2,036,000.00 100-2024-02-0069	



## **PURCHASE ORDER** CITY GOVERNMENT OF PASIG

Agency Name

Address: #B Mehogany St. Agapito Subd., Santolan Pasig City  Date: Node of Procurement: BRECT CORTINACTRIS  Flease furnish this office the following articles subject to the terms and conditions contained herein.  Please furnish this office the following articles subject to the terms and conditions contained herein.  Please furnish this office the following articles subject to the terms and conditions contained herein.  Please furnish this office the following articles subject to the terms and conditions contained herein.  Please furnish this office the following articles subject to the terms and conditions contained herein.  Please furnish this office the following articles subject to the terms and conditions contained herein.  Please furnish this office the following articles subject to the terms and conditions contained herein.  Please furnish this office the following articles subject to the terms and conditions contained herein.  Please furnish this office the following articles subject to the terms and conditions contained herein.  Please furnish this office the following articles subject to the terms and conditions contained herein.  Please furnish this office the following articles subject to the terms and conditions contained herein.  Please furnish this office the following articles subject to the terms and conditions.  Policy of the use of PocH Terms of Reference.  Payment Term: Refer to Terms of Reference.  Payment Term: Refer to Terms of Reference.  Payment Term: Verbin 150 days upon completion of the items found in the articles of Reference.  Provided in the articles of Reference.  Provided in the items found in the articles of Reference.  Provided in the items found in the articles of Reference.  Provided in the items found in the articles of Reference.  Provided in the items found in the articles of Reference.  Provided in the items found in the articles of Reference.  Provided in the items found in the articles of Reference.  Provided in the items found in the articles of Reference.  Provided in	Supplier :	PHILCA	RE PHARM	P.O. No. :	No.: 24-04-1162			
Please furnish this office the following articles subject to the terms and conditions contained herein:	Address: #3 Mahogany St., Agapito Subd., Santolan, Pasig City Date:				Date:	0 8 APR 2024		
Place of Delivery: Place of Delivery: Place of Delivery: Place of Delivery: Refer to Terms of Reference Delivery Term: Refer to Terms of Reference Playment Term: Within 45 days upon completion of de Populate of Delivery: Place of Delivery: Place of Delivery: Refer to Terms of Reference Playment Term: Refer to Terms of Reference Playment Term: Within 45 days upon completion of de Populate of Delivery: Place of Delivery: Place of Delivery: Place of Delivery: Refer to Terms of Reference Playment Term: Reference Terms of Reference Playment Term: Reference Terms of Reference Playment Terms: Place of Delivery: Place of Reference Playment Terms: Refer to Terms of Reference Playment Term: Reference Terms of Reference Playment Terms: Refer to Terms of Reference Playment Term: Reference Terms of Reference Playment Terms: Refer to Terms of Reference Playment Terms of Reference Pla				TIS TIS	Mode of P	rocurement: DIRECT COI	NTRACTING	
Place of Delivery: Date of Delivery: Date of Delivery: Payment Term: Refer to Terms of Reference Payment Term: writin 45 days upon completion of days not depend on the delivery of delivers of Payment Term: writin 45 days upon completion of delivers of Payment Term: writin 45 days upon completion of the delivery terms of Reference Payment Term: writin 45 days upon completion of terms of Reference Payment Term: writin 45 days upon completion of the days upon completion of the delivery terms of Reference Payment Term: writin 45 days upon completion of terms of Reference Payment Term: writin 45 days upon completion of the days upon completion of the days upon completion of terms of Reference Payment Term: writin 45 days upon completion of the days upon completion of terms of Reference Payment Term: writin 45 days upon completion of the days upon completion of terms	Gentlemen:	Please fu	rnish this off	ice the following articles subject to the terms and	oonditions.	anatained bearing		
Date of Delivery:  Payment Term: within 45 days usen completion of de  TIEM NO. UNIT QTY DESCRIPTION UNIT COST AMOUNT  PCCH ITEM NO. 2  2 amp 100 Vasopressin 20iUmi, 1ml solution for injection, 1,790.00 179,000.00  *Purchase Order shall cover all the items found in the attached Request for Quotation, Terms of Reference, Technical Specification and Bid Bellulinins if any.  Sub Total: 179,000.00  For the use of PCGH/ PCCH (DC) for the use of Pasig City General Hospital  Control No. 3432  Control No. 3432  Control No. 3442  Control No. 3442  Control No. 3452  Control				to the following articles subject to the terms and	Conditions	contained nerein:		
PCCH ITEM NO. 2  2 amp 100 PRESSON 179,000.00 179,000.0			Refer to Terr	ms of Reference				
PCCH ITEM NO. 2  2 amp 100 Vasopressin 20IU/ml, 1ml solution for injection, 1,790.00 179,000.00  PRESSON 179,000.00 179,000.00 179,000.00  * Purchase Order shall cover all the items found in the attached Request for Quotation, Terms of Reference, Technical Specification and Bid Bulletin's if any.  **Sub Total: 179,000.00  **Total Amount in Words Two Million Thirty-six Thousand Peos Only.  In oase 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: **United Amount In Words Two Million Thirty-six Thousand Peos Only.**  **Conforme Conforme Conformation Provided For Basic City General Hospital City Mayor Conformation Provided For Basic City General Hospital City Mayor City Mayor City Mayor Date  **Purchase Order shall cover all the items found in the attached Requisitioning Office / Dept.: Palucha Castro UR, Mo, PHD.  **John Conformation City Mayor Date Conformation City Mayor C	ITEM							
PRESSON  179,000.00  179,000.0	NO.	UNIT	QTY	DESCRIPTION		COST	AMOUNT	
PRESSON  * Purchase Order shall cover all the items found in the attached Request for Guotation, Terms of Reference, Technical Specification and Bid Bulletin's if any.  **Nothing Follows***  **Php 2,036,000.00  **Total Amount in Words**  **Total Amount in Words**  **Total Amount in Words**  **Total Amount in Words**  **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 dailay shall be imposed as provided for by the, 2016 IRR of RA 9184.  **Conforme:**  **CLARK A. SAKA  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR MA REGIS N. SOTTO (Authorized Official) City Mayor  **Very truly yours, VICTOR				PCCH ITEM NO. 2				
*Purchase Order shall cover all the Items found in the attached Request for Quotation, Terms of Reference, Technical Specification and Bid Bulletin/s if any.  **Sub Total:**  **Interval Section 179,000.00  **Sub Total:**  **Sub Total:**  **Interval Section 179,000.00  **Sub Total:**  **Interval Section 179,000.00  **Total Amount in Words   Two Million Thirty-six Thousand 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:**  **CLARK A. SAKAI**  **CLARK A. SAKAI**  **(Signature over family symptor)**  **Date**  **Purchase Order shall cover all the Items found in the attached Requisitioning Office/Dept.:**  **Purchase Order shall cover all the Items of Quotal Interval Supplies (Authorized Official) City Mayor  **Purchase Order shall cover all the Items of Quotal Interval Supplies (Authorized Official) City Mayor  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Purchase Order shall be Imposed as provided for by the 2016 IRR of RA 9184.  **Pur	2	amp	100		solution for injection,		179,000.00	
For the use of PCGH/ PCCH (DC) for the use of Pasig City General Hospital    Control No. 5452				PRESSON				
For the use of PCGH/ PCCH (DC) for the use of Pasig City General Hospital    Control No. 5452								
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For the use of PCGH/ PCCH (DC) for the use of Pasig City General Hospital  Control No. 5452  GRAND TOTAL: Php 2,036,000.00  Total Amount in Words Two Million Thirty-six Thousand 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  CLARK A. SAKAI  (Signature over finite) summer peopler)  Date  PAULCA CASTRO JR., MD, PHD.  JOSELITO T. MORRETE, MD, MMHOA, DPBA, FPB.  (Authorized Official)  JUVY A. CUENCO  Chief Accountant PA				attached Request for Quotation, Terms of Refe	erence,			
For the use of PCGH/ PCCH (DC) for the use of Pasig City General Hospital  Control No. 5452  Control No. 5452  Total Amount in Words   Two Million Thirty-six Thousand 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:  CLARK A. SAKAI  (Signature over printing summer of pupplier)  Date  Paulus A. CASTRO JR., MD, PHD.  JOSELITO T. MORETE, MD, MMHOA, DPBA, FPB (Authorized Official)  Cliff Accountant page 100-7624-03-2014  Amount: 2, 036, 006, 00-7624-03-2014  OBR No.: 100-7624-03-2014  OBR No.: 100-7624-03-2014  OBR No.: 100-7624-03-2014				Technical Specification and Bid Bulletin/s if any	у.			
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Control No. 5452  Total Amount in Words   Two Million Thirty-six Thousand 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:  CLARK A. SAKAI  (Signature over frinte-hume of pupplier)  Date  Requisitioning Office / Dept.:  PAUL GA. CASTRO JR, MD, PHD.  JOSELITO T. MORETE, MD, MMHOA, DPBA,FPS (Authorized Official)  Clief Accountant Photo OBR No.: 100 2024 02-001-004 (Authorized Official)  Clief Accountant Photo OBR No.: 100 2024 02-001-004 (Authorized Official)								
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Control No. 5452  Two Million Thirty-six Thousand 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  Requisitioning Office/Lept.:  PAULOA CASTRO JR., MD, PHD.  JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS (Authorized Official)  JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS (Authorized Official)  Amount: 2,036,006.00  100-2224-02-0016  OBR No.: 100-2224-02-0016								
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Conforme:  CLARK A. SAKAI  (Signature over reintest name of Supplier)  Date  Requisitioning Office/ Dept.:  PAULCA. CASTRO JR., MD, PHD.  JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS (Authorized Official)  (Authorized Official)  JUVY A. CUENCO  Chief Accountant (Authorized Official)	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND PE				line yhuny	Parall Addition		
Conforme:  CLARK A. SAKAI  (Signature over trinted summe of Supplier)  Date  Requisitioning Office/ Dept.:  PAULCA. CASTRO JR., MD, PHD.  JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS. (Authorized Official)  JUVY A. CUENCO Chief Accountant (Authorized Official)  OBR No.: 100-2624-02-004-0	for every	ase of the fa	ilure to make	the full delivery within the time specified above, a penalty	of one tenth	(1/10) of one (1) percer	nt	
Conforme:  CLARK A. SAKAI  (Signature over reinted same of supplier)  Date  Requisitioning Office/Dept.:  PAULO A. CASTRO JR., MD, PHD.  JOSELITO T. MORETE, MD, MMHOA, DPBA,FPS (Authorized Official)  Amount: 2,036,006.00  100-2624-02-006-0  OBR No.: 100-2624-02-006-0  OBR No.: 100-2624-02-006-0	TOT CVCTY	day of delay	Silali be impo	sed as provided for by the, 2010 IRR of RA 9104.				
Conforme:  CLARK A. SAKAI  (Signature over reinted same of supplier)  Date  Requisitioning Office/Dept.:  PAULO A. CASTRO JR., MD, PHD.  JOSELITO T. MORETE, MD, MMHOA, DPBA,FPS (Authorized Official)  Amount: 2,036,006.00  100-2624-02-006-0  OBR No.: 100-2624-02-006-0  OBR No.: 100-2624-02-006-0								
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Requisitioning Office/ Dept.:  PAULO A. CASTRO JR., MD, PHD.  JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS, (Authorized Official)  (Authorized Official)  City Mayor  Funds Available:  JUVY A. CUENCO  Chief Accountant  (Authorized Official)  Amount: 2,036,006.00  100-2624-02-0040  OBR No.: 100-2624-02-0040			$\wedge$		Value negu	/ery truly yours,		
Requisitioning Office/ Dept.:  PAULO A. CASTRO JR., MD, PHD.  JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS, (Authorized Official)  (Authorized Official)  City Mayor  Funds Available:  JUVY A. CUENCO  Chief Accountant  (Authorized Official)  Amount: 2,036,006.00  100-2624-02-0040  OBR No.: 100-2624-02-0040			() (	O C	VIC	THE MA SECIE	NEOTTO	
Requisitioning Office/ Lept.:  PAULO A. CASTRO JR., MD, PHD.  JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS (Authorized Official)  City Mayor  Funds Available:  JUVY A. CUENCO  Chief Accountant  (Authorized Official)  City Mayor  Amount: 2,036,006,00  100-2024-02-001-001-001-001-001-001-001-001-001-	Conforme		Mand	· Aaba	VIC			
Requisitioning Office/Dept.:  PAULO A. CASTRO JR., MD, PHD.  JUVY A. CUENCO  JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS  (Authorized Official)  Amount: 2,036,006,00  100-2024-02-004-01								
Requisitioning Office/Lept.:  PAULO A. CASTRO JR., MD, PHD.  JUVY A. CUENCO  Chief Accountant  (Authorized Official)  Funds Available:  JUVY A. CUENCO  Chief Accountant  OBR No.: 100-2024-02-004-0		(Signatur	e over printed	name of Supplier)				
JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS  (Authorized Official)  Amount: 2,036,006.00    DO-2024-02-004-01			Dat	e				
JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS  (Authorized Official)  Amount: 2,036,006.00    DO-2024-02-004-01					1	A		
JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS  (Authorized Official)  Amount: 2,036,006.00    DO-2024-02-004-01	Requisition	ning Office	e/Dept.:	Funds Avail	able:	/	F	
JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS  (Authorized Official)  JUVY A. CUENCO  Chief Accountant  OBR No.: 100-2024-02-004-09			1		( Wh			
JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS (Authorized Official)  Chief Accountant  Chief Accountant		PA	ULUA. CAST	/	AFILEN	Amour	it: 2,036,000.00	
(Authorized Official)	JO	SELITO T		MD, MMHOA, DPBA,FPS			100-2024-02-0067 100-2024-02-004	
Dinna 1			(Authorize	d Official)				