



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **RILEM PHARMA CORPORATION**
 Address : 2711 P. Zamora St., Brgy. 097, Pasay City

P.O. No. : **24-04-1232**
 Date : **04/29/2024**
 Mode of Procurement: NP - TWO FAILED BIDDINGS

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

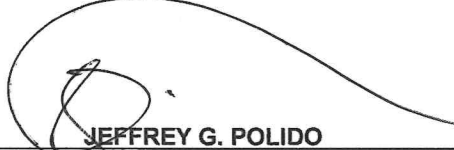
ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
			PCGH		
4	bottle	75	Chlorhexidine Gluconate 0.12% Soln. 120ml, ORAHX	134.69	10,101.75
5	ampule	25	Clonidine 150mcg/ml, 1ml amp., CLONISAPH	122.58	3,064.50
6	tube	25	Clotrimazole 1% cream, 10g (20g), CLOZOL	28.34	708.50
11	pack	416	Lynesterol 500mcg tablet, 28's, DAPHNE	149.07	62,013.12
12	vial	400	Medroxyprogesterone 150mg/ml, 1ml vial, LYNDAVEL	87.46	34,984.00
16	tube	500	Mupirocin ointment, 2%, 5g, MUCIN	41.89	20,945.00
26	vial	580	Tinzaparin Sodium 10000 anti-XA IU, 2ml, INNOHEP	850.00	493,000.00
28	bottle	16	Tobramycin 0.3% + Dexamethasone 0.1% eye drops, 5ml, TOBRASON	120.74	1,931.84
			Sub Total :		626,748.71
			PCCH		
4	bottle	300	Chlorhexidine Gluconate 0.12% Soln. 120ml, ORAHX	134.69	40,407.00

Control No. 5513 **SUBTOTAL : Php 667,155.71**

Total Amount in Words *Six Hundred Sixty-seven Thousand One Hundred Fifty-five Pesos And 71/100 Only.*


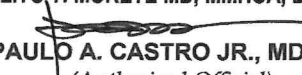
In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184.

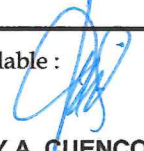
Conforme :


JEFFREY G. POLIDO
(Signature over printed name of Supplier)
5-9-24
 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 : 701,055.15
 100-2024-01-0016-4421
 OBR No. : 100-2024-01-0022-4421



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ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
6	tube	16	Clotrimazole 1% cream, 10g (20g), CLOZOL	28.34	453.44
9	tube	25	Hydrocortisone 1% cream 10g (15g), KURT	55.44	1,386.00
16	tube	416	Mupirocin ointment, 2%, 5g, MUCIN	41.89	17,426.24
19	bottle	4	Ofloxacin ear drops 0.3%, 5ml bottle, OFLOBIZ	141.68	566.72
25	tube	166	Silver Sulfadiazine (micronized) 1% cream, 25g tube, BURNSIL	67.76	11,248.16
27	bottle	8	Tobramycin 0.3% eye drops, 5ml, NEOCON	110.88	887.04
28	bottle	16	Tobramycin 0.3% + Dexamethasone 0.1% eye drops, 5ml, TOBRASON	120.74	1,931.84
				Sub Total :	74,306.44

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

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


Control No. 5513

GRAND TOTAL : Php 701,055.15

Total Amount in Words *Seven Hundred One Thousand Fifty-five Pesos And 15/100 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.


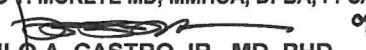
Conforme :


JEFFREY G. POLIDO
(Signature over printed name of Supplier)
5-9-24
Date

Very truly yours,


VICTOR M. 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 : 701,055.15
100-2024-01-0016-442
OBR No. : 100-2024-01-0032-44