

PURCHASE ORDER

WESTERN VISAYAS MEDICAL CENTER

Entity

Supplier: **Genace Pharma Distributor**

P.O No : 109 DM

Address: Thru Rep., Iloilo CityDate : June 11, 2018.

TIN _____

Mode of Procurement : Emergency Purchase

Gentlemen:

Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : Pharmacy Section - WVMCDelivery Term: 7 working days

Date of Delivery : _____

Payment Term: _____

Stock No.	Unit	DESCRIPTION	Quantity	Unit Cost	Amount
		Azithromycin 200 mg/5mL powder for suspension 15 mL (as base/ as dihydrate)	25	150.00	<u>3,750.00</u>
		Co-Amoxiclav 500 mg amoxicillin + 125 mg potassium clavulanate per tablet	10,000	11.00	<u>110,000.00</u>
		Filgrastim (G-CSF) Inj. 300 mcg/0.5ml (IV,SC)	10	1,200.00	<u>12,000.00</u>
		Nystatin 100,000 units/mL suspension, 30 mL	50	100.00	<u>5,000.00</u>
		Ondansetron 8 mg (as hydrochloride)	40	70.00	<u>2,800.00</u>
		Paclitaxel 6mg/ml 17ml (with infusion set)	30	2,200.00	<u>66,000.00</u>
		Tobramycin Eye Drop Solution: 0.3% 5ml	13	70.00	<u>910.00</u>
TOTAL					<u>200,460.00</u>

AMOUNT IN WORDS

TWO HUNDRED THOUSAND FOUR HUNDRED SIXTY PESOS ONLY**200,460.00**

In case of failure to make the full delivery within the specified period above, a penalty of One-Tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Conforme:



Signature over Printed Name of Supplier

Date

6/13/18

Very truly yours,

JOSEPH DEAN L. NICOLO, MD, FPCS, FPSGS, MPA

Signature over Printed Name of Authorized Official

Medical Center Chief II

Designation

Fund Cluster

D & M 06-207-533

Funds Available: _____

MARY MAE G. PEÑAFLOIDA, CPA, MM

Signature over Printed Name of Chief Accountant/Head of Accounting Division/Unit

OBS/BURS NO: _____

Date of OBS/BURS: _____

Amount 200,460.00



Kagawaran ng Kalusugan
Panlabas na Pagpapaganap
Pampurok ng Tanggapang Pangkalusugan Blg. 6
WESTERN VISAYAS MEDICAL CENTER
Q. Abeto St., Mandurriao, Iloilo City
Trunk Line No.: 321-2841-50 Fax No.: 321-17-97
Notice of Award

Award No.: 2018 - 087 dm
Date: June 11, 2018

Genace Pharma Distributor
Thru Rep., Iloilo City

Sir/Madam:

Please be informed that in connection with our invitation for Price Quotation on Emergency Purchase dated May 23, 2018 you are found to be responsive by the Bids and Awards Committee (BAC). You are hereby directed to deliver the following items based on the specification required within Seven (7) working days upon receipt this Notice of Award.

NO.	QUANTITY	UNIT	LIST OF ARTICLES AND DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	25	bots	Azithromycin 200 mg/5mL powder for suspension 15 mL (as base/ as dihydrate)	150.00	3,750.00
2	10,000	tabs	Co-Amoxiclav 500 mg amoxicillin + 125 mg potassium clavulanate per tablet	11.00	110,000.00
3	10	vials	Filgrastim (G-CSF) Inj. 300 mcg/0.5ml (IV,SC)	1,200.00	12,000.00
4	50	bots	Nystatin 100,000 units/mL suspension, 30 mL	100.00	5,000.00
5	40	tabs	Ondansetron 8 mg (as hydrochloride)	70.00	2,800.00
6	30	vials	Paclitaxel 6mg/ml 17ml (with infusion set)	2,200.00	66,000.00
7	13	bots	Tobramycin Eye Drop Solution: 0.3% 5ml	70.00	910.00
					200,460.00

Kindly acknowledge receipt hereof and signify your concurrence by signing under the Conforme below and return the same to the Procurement Office.

Please keep one copy and submit the remaining Six (6) copies to the same office.

Please signify your acceptance of this Notice of Award by signing on the space provided below.

Very truly yours,

JOSEPH DEAN L. NICOLO, MD, FPCS, FPSGS, MPA
Medical Center Chief II

Conforme: _____
Signature Over Printed Name

Date Received: _____