



PURCHASE ORDER

Supplier: MYCHER PHARMACEUTICAL & MEDICAL SUPPLY	PO NO. 16-01-013
Address: Dr. # 3 Star Party Sales Building, DMSF Road, Bajada, Davao City	PO Date: January 22, 2016
Contact No. 221-9615	Terms of Payment: 15 days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 106-106-277	Mode of Procurement: Local Shopping

Please Deliver to this Office within 15 days from Receipt hereof the following:

PR NO.	Item No.	Qty	Unit	Item Description	Unit Cost	Total Cost
1601-06-11	1	20	tabs	Captopril, 25 mg	1.00	20.00
	2	20	tabs	Ranitidine, 150 mg	1.35	27.00
	3	20	tabs	Loperamide, 2 mg	0.75	15.00
	4	1	box	Diphenhydramine, Benadryl ampule	152.00	152.00
	5	20	tabs	Paracetamol, 500 mg	0.35	7.00
	6	20	tabs	Domperidone, 10 mg	2.45	49.00
	7	15	tabs	Plaster, hypoallergenic	15.00	225.00
	8	40	tabs	Ibuprofen, 500 mg	0.90	36.00
	9	20	tabs	Hyoscine-n Butylbromide, 10 mg	2.00	40.00
	10	1	piece	Mupirocin Ointment / Cream, 5 g	207.00	207.00
1601-06-12	11	1	box	Drugs & medicines for PRO XI		
				Plaster (Band Aid), 100 pieces per box	60.00	60.00
	12	9	bottles	Disinfectant Cleaner	50.31	452.79
	13	14	bottles	Hand Sanitizer, 500 ml	91.00	1,274.00
	14	361	pieces	Surgical Mask, disposable	2.00	722.00
	15	16	pieces	Trash Bin with Cover	84.50	1,352.00
Medical supplies for PRO XI Posted on GEPS: January 8, 2016 ***** nothing follows ***** <div style="text-align: center; font-size: 1.2em;"> loss: 12x 5% </div>						<div style="text-align: right;"> 207.09 <u>\$4,431.70</u> </div>

Conditions:

- 1 The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages
- 2 Render your bills in triplicate copies including the original.
- 3 If the date of the receipt of the P.O. by the dealer is not indicated, it is deemed received on the 10th working day of the approval of the P.O.
- 4 For imported items, IMPORTANT DOCUMENTS SPECIFICALLY showing the condition(s) and serial numbers of the equipment must be presented upon delivery.

Very truly yours, GARY S. VELAYO Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MBDE</u> Exp. Code <u>779-00</u> Amount <u>P. 978.00</u> <u>778-00</u> <u>7,860.79</u>	Recommending Approval: ARNEIL B. SUBIBI Division Chief IV, MSD	Approved by: DENNIS B. ADRE Regional Vice President
Received copy of P.O. on _____ Received by: _____		Conformed Supplier/Representative <div style="text-align: right;"> <u>2/3/15</u> Date </div>	