

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier	: SALVECI ENTERPRISES INC.	P.O. No.	: 20040951
Address	: Lucena City, Quezon	Date	: April 23, 2020
Telephone No.		Mode of Procurement	: Negotiated Procurement
TIN	: 009-728-782-000	Emergency Cases under Section 53 2 of RA9184	

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

Place of Delivery	: CNPH	Delivery Term	: <u>7 CD</u>
Date of Delivery	: <u>05-01-2020</u>	Payment Term	: <u>FULL</u>

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	100	pc	Salbutamol metered dose inhaler	210.00	21,000.00
2	60	box	Omeprazole 40mg cap, 20's	700.00	42,000.00
3	200	amp	Dopamine 40mg/ml	110.00	22,000.00
4	100	amp	Dobutamine 250mg/ml	285.00	28,500.00
5	50	vial	Ceftazidime 1g with diluent	65.00	3,250.00
6	20	box	Cefixime 100mg, 10's	850.00	17,000.00
7	50	box	acetylcysteine 600mg, 10's	210.00	10,500.00
8	300	box	Azithromycin 500mg, 3's	265.00	79,500.00
9	100	box	Oral rehydration solution, 25's	95.00	9,500.00
10	30	box	clopidogrel 75mg, 100's	850.00	25,500.00
11	50	amp	nicardipine 10mg	750.00	37,500.00
12	30	box	Diphenhydramine 50mg, 100's	205.00	6,150.00
13	20	box	Diphenhydramine 50mg amp, 10's	405.00	8,100.00
14	20	box	Montelukast 10mg, 100's	485.00	9,700.00
15	20	box	Montelukast 5mg, 30's	205.00	4,100.00
16	20	box	Montelukast 4mg, 30's	185.00	3,700.00
17	100	amp	Influenza Polyvalent Vaccine 0.5 amp	1,300.00	130,000.00

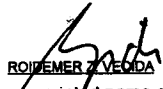
Total amount in words: **FOUR HUNDRED FIFTY EIGHT THOUSAND PESOS ONLY** **458,000.00**

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

RACHELLE O. DIEZMO, MD, FPCP
 Acting PHO

Conforme:


 ROSEMERY VECIDA
 Signature over printed name of Supplier
04-24-2020
 Date

SUPPORTING PAPERS