



Republic of the Philippines
PROCUREMENT DEPARTMENT
 Quezon City Government



PO Number **2012295**

Purchase Order Date: **DEC 14 2020**

Procuring Unit : **ROSARIO MACLANG BAUTISTA GENERAL HOSPITAL**
 Company Name : **GJK PHARMA DISTRIBUTORS**
 Address : **#173 J.P. Rizal St. Dulong Bayan, Poblacion, Sta. Maria, Bulacan**
 Business Type : **Sole Proprietorship Registration #05428273**

PR Number : **GF-20-07-01122**
 Mode of Procurement : **Negotiated 53.2**
 Resolution No. : **20-A-698**
 TIN Number : **142-001-081-000**
 Contact Number : **0925-553-5820**

Sir/Madam:
 Please furnish this office the following articles subject to the terms and conditions contained here

Place of Delivery : **Rosario Maclang Bautista General Hospital** Delivery Schedule : **Thirty (30) Calendar Days**
 Payment Term : **Credit**

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
284	Neomycin + Polymyxin B + Fluocinolone Acetonide Ear Drops 3.5 mg neomycin + 10,000 units polymyxin B + 0.025% floucinolone acetamide/mL, 5 mL Bottle	BOTTLE	50	236.00	11,800.00
285	Lipid 10% 500ml bot DERMATOLOGICAL AND MUCUOUS MEMBRANE AGENTS (TOPICAL)	BOTTLE	50	800.00	40,000.00
286	Mupirocin Cream 2%, 5 g Sachet	SACHET	200	250.00	50,000.00
287	Hydrocortisone cream 1%, 5g tube	TUBE	200	198.00	39,600.00
288	Silver Sulfadiazine 1% cream 500g jar	JAR	10	2,500.00	25,000.00
289	Silver Sulfadiazine Cream 1%, 25g tube RADIO CONTRAST MEDIA	TUBE	100	270.00	27,000.00
290	Iohexol 300 mg iodine/mL, 50 mL Vial	BOTTLE	70	2,471.00	172,970.00
291	Iopamidol 612 mg/mL equiv. to 300 mg Iodine, 50 mL	BOTTLE	50	1,127.00	56,350.00
292	Iopamidol 755 mg/mL equiv. to 370 mg Iodine, 50 mL	BOTTLE	50	2,400.00	120,000.00
293	Iopamidol 612 mg/mL equiv. to 300 mg Iodine, 100 mL ***** Nothing Follows *****	BOTTLE	50	2,100.00	105,000.00

Total Amount : 192,290,185.50

Total Amount In Words (Pesos): **One Hundred Ninety Two Million Two Hundred Ninety Thousand One Hundred Eighty Five Pesos and 50/100 Only**

MA. JOSEFINA G. BELMONTE
 City Mayor

ROBERTO BIGNIO 12-17-2020
 Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
 City Accountant



OBR : **100-2020-12-10404**
 PR Amount : **192,447,961.00**



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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	DRUGS AND MEDICINES				
	DRUGS ACTING ON THE NERVOUS SYSTEM				
1	Betahistine 16mg tablet	TAB	2,000	45.00	90,000.00
2	Betahistine 24mg tablet	TAB	2,000	59.00	118,000.00
3	Betahistine 8mg tablet	TAB	2,000	16.00	32,000.00
4	Bupivacaine HCl Heavy 0.5% 4ml amp WITH 8% DEXTROSE	AMP	10,000	650.00	6,500,000.00
5	Bupivacaine HCl isobaric 0.5% 10ml	AMP	3,000	501.00	1,503,000.00
6	Butorphanol (as Tartrate) 2mg/mL, 1mL ampule	AMP	500	479.00	239,500.00
7	Diazepam 5mg tab	TAB	500	14.00	7,000.00
8	Diazepam 10mg /2ml amp	AMP	8,000	105.00	840,000.00
9	Ephedrine Sulfate 50mg/ml, 1ml (IM/IV)	AMP	8,000	101.00	808,000.00
10	Fentanyl citrate 50mcg./ml x 2ml amp	AMP	6,000	220.00	1,320,000.00
11	Isoflurane 100mL Bottle	BOTTLE	1,000	2,900.00	2,900,000.00
12	Haloperidol 50mg/ml, 1ml, ampule	AMP	100	330.00	33,000.00
13	Ketamine HCl 50mg/ml, 10ml vial	VIAL	1,000	1,500.00	1,500,000.00
14	Ketorolac 30mg/ml, 1ml ampule	AMP	8,000	76.75	614,000.00
15	Lidocaine 2% 50ml	VIAL	500	72.00	36,000.00
16	Lidocaine HCl Spray 10%, 50mL	BOTTLE	20	2,900.00	58,000.00
17	Magnesium SO4 250mg/ ml,20ml vial	VIAL	8,000	61.00	488,000.00
18	Midazolam 15mg/tablet	TAB	500	29.00	14,500.00
19	Midazolam 5mg/ml, 1ml amp	AMP	10,000	159.00	1,590,000.00
20	Morphine Sulfate 10mg/ml	AMP	500	82.00	41,000.00
21	Nalbuphine HCl 10mg/ml amp.	AMP	8,000	120.00	960,000.00
22	Naloxone Hydrochloride 400mcg/ml, 1ml amp.	AMP	300	380.00	114,000.00
23	Paracetamol 125mg suppository	SUP	3,000	20.00	60,000.00
24	Paracetamol 250mg suppository	SUP	2,000	25.00	50,000.00

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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
25	Paracetamol 250mg/5ml,suspension,60mL	BOTTLE	500	104.00	52,000.00
26	Paracetamol 500mg/tab.	TAB	6,000	3.00	18,000.00
27	Paracetamol 100mg/ml drops,15ml	BOTTLE	500	55.00	27,500.00
28	Paracetamol 120mg/5ml, 60ml	BOTTLE	500	80.00	40,000.00
29	Paracetamol 150mg/ml, 2mL Ampule	AMP	10,000	43.00	430,000.00
30	Paracetamol 10mg/mL, 100mL vial	VIAL	2,000	390.00	780,000.00
31	Phenytoin 100mg cap	CAPSULE	100	28.00	2,800.00
32	Phenytoin 50mg/mL,2mL ampule	AMP	50	3,200.00	160,000.00
33	Propofol 10mg/ml, 20ml, vial	VIAL	5,000	560.00	2,800,000.00
34	Sevoflurane 250mL	BOTTLE	1,000	14,448.00	14,448,000.00
35	Tramadol 50mg capsule	CAPSULE	200	9.00	1,800.00
36	Tramadol HCl 50mg/mL,2ml ampule	AMP	8,000	70.00	560,000.00
DRUGS ACTING ON THE MUSKULO-SKELETAL SYSTEM					
37	Allopurinol 300mg tablet	TAB	100	3.00	300.00
38	Atracurium besylate 10mg/ml, 2.5ml amp.	AMP	5,000	300.00	1,500,000.00
39	Celecoxib 200mg capsule	CAPSULE	5,000	21.90	109,500.00
40	Celecoxib 400mg capsule	CAPSULE	1,000	41.00	41,000.00
41	Diclofenac Na 25mg/mL, 3mL ampule	AMP	100	48.00	4,800.00
42	Eperisone HCl 50mg tablet	TAB	5,000	27.00	135,000.00
43	Ibuprofen 100mg/5ml syr 60ml	SYR	100	76.00	7,600.00
44	Ibuprofen 200mg/5ml syr 60ml	SYR	200	106.00	21,200.00
45	Ibuprofen 400mg tablet	TAB	300	11.00	3,300.00
46	Ibuprofen 200mg tablet	TAB	300	9.00	2,700.00
47	Mefenamic acid 250mg capsule	CAPSULE	300	11.00	3,300.00
48	Mefenamic acid 500mg capsule	CAPSULE	10,000	13.00	130,000.00
49	Rocuronium 10 mg/mL, 5 mL vial	VIAL	500	540.00	270,000.00

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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
50	Sugammadex 100mg/ml	VIAL	492	5,668.00	2,788,656.00
51	Suxamethonium (Succinylcholine) 20mg/ml, 10ml vial ANTI INFECTIVES	VIAL	2,000	334.00	668,000.00
52	Amikacin Sulfate 125mg/mL, 2mL	AMP	2,000	119.00	238,000.00
53	Amikacin Sulfate 50mg/ml, 2ml	AMP	1,000	119.00	119,000.00
54	Amikacin Sulfate 250mg/mL, 2mL vial	VIAL	1,000	86.00	86,000.00
55	Amoxicillin 250mg capsule	CAPSULE	500	4.00	2,000.00
56	Amoxicillin 500mg capsule	CAPSULE	10,000	6.00	60,000.00
57	Amoxicillin 100mg/ml, 15 ml gfs drops	BOTTLE	500	39.00	19,500.00
58	Amoxicillin 250mg/5ml 60ml gfs susp	BOTTLE	500	93.00	46,500.00
59	Ampicillin + Sulbactam 1000mg + 500 mg vial	VIAL	5,000	1,390.00	6,950,000.00
60	Ampicillin + Sulbactam 500mg + 250 mg vial	VIAL	5,000	497.99	2,489,950.00
61	Ampicillin 1g vial	VIAL	8,000	141.95	1,135,600.00
62	Ampicillin 250mg vial	VIAL	10,000	67.00	670,000.00
63	Ampicillin 500mg vial	VIAL	2,000	105.00	210,000.00
64	Azithromycin 500mg tablet	TABLET	5,000	88.00	440,000.00
65	Cefalexin 500mg capsule	CAPSULE	10,000	11.00	110,000.00
66	Cefalexin 100 mg/mL, 10 mL Drops	BOTTLE	500	40.00	20,000.00
67	Cefalexin 250 mg/5 mL, 60 ML	BOTTLE	500	68.00	34,000.00
68	Cefepime 500mg vial	VIAL	500	1,230.00	615,000.00
69	Cefepime 1g vial	VIAL	500	1,635.00	817,500.00
70	Cefazolin 1g vial	VIAL	3,000	139.00	417,000.00
71	Cefixime 100mg/5ml 60ml.suspension	BOTTLE	300	290.00	87,000.00
72	Cefixime 200mg capsule	CAPSULE	500	35.00	17,500.00
73	Cefotaxime Na 500mg vial	VIAL	1,000	639.00	639,000.00
74	Cefoxitin 1g vial	VIAL	5,000	673.00	3,365,000.00

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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
75	Ceftazadime 1 g vial	VIAL	3,000	165.00	495,000.00
76	Ceftriaxone Na 1 g vial + 10 mL diluent	VIAL	33,137	113.00	3,744,481.00
77	Cefuroxime 125mg/5ml, 70ml susp	BOTTLE	500	200.00	100,000.00
78	Cefuroxime Na 750mg vial	VIAL	15,000	209.95	3,149,250.00
79	Cefuroxime 500mg tablet	TABLET	10,000	50.00	500,000.00
80	Cefuroxime 1.5g vial	VIAL	5,000	510.00	2,550,000.00
81	Chloramphenicol 1 G vial	VIAL	50	49.00	2,450.00
82	Ciprofloxacin 2mg/mL, 100mL vial	VIAL	10,000	150.00	1,500,000.00
83	Ciprofloxacin 500mg tablet	TABLET	1,000	14.00	14,000.00
84	Clarithromycin 500mg tablet	TABLET	1,000	48.00	48,000.00
85	Clindamycin phosphate 150mg/mL, 2mL ampule	AMP	500	118.00	59,000.00
86	Clindamycin phosphate 150mg/mL, 4mL ampule	AMP	5,000	125.00	625,000.00
87	Clindamycin HCL 300mg capsule	CAPSULE	500	12.50	6,250.00
88	Clindamycin HCL 75mg/5ml 60ml	BOTTLE	200	284.00	56,800.00
89	Cloxacillin (as sodium salt) 250mg/5ml 60ml susp	BOTTLE	50	53.00	2,650.00
90	Cloxacillin (as sodium salt) 500mg capsule	CAPSULE	500	5.85	2,925.00
91	Co-amoxiclav 200 mg + 28.5 mg/5 mL, 70 mL Suspension	BOTTLE	500	187.50	93,750.00
92	Co-amoxiclav 400 mg + 57 mg/5 mL, 70 mL Suspension	BOTTLE	500	354.00	177,000.00
93	Co-amoxiclav 500 mg + 125 mg Tablet	TABLET	6,000	34.00	204,000.00
94	Doxycycline (as Hyclate)100mg capsule	CAPSULE	500	20.00	10,000.00
95	Erythromycin 500mg tablet	TABLET	100	49.50	4,950.00
96	Erythromycin 200 mg/5 mL , 60ml suspension	BOTTLE	50	64.80	3,240.00
97	Ertapenem(as sodium) 1g vial	VIAL	50	2,563.00	128,150.00
98	Fluconazole 2mg/ml, 100ml	VIAL	50	2,100.00	105,000.00
99	Fluconazole 50mg capsule	CAPSULE	100	194.00	19,400.00
100	Fluconazole 200mg capsule	CAPSULE	100	757.00	75,700.00

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City Mayor

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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
101	Gentamicin 40mg/mL, 2ml ampule	AMP	5,000	32.00	160,000.00
102	Levofloxacin 5mg/ml, 100ml vial	VIAL	5,000	1,250.00	6,250,000.00
103	Levofloxacin 750mg tablet	TABLET	1,000	96.00	96,000.00
104	Levofloxacin 500mg tablet	TABLET	1,000	58.00	58,000.00
105	Meropenem 500mg vial	VIAL	2,000	965.00	1,930,000.00
106	Meropenem 1 g vial	VIAL	2,000	1,636.00	3,272,000.00
107	Metronidazole 125mg/5ml, 60ml suspension	BOTTLE	100	34.00	3,400.00
108	Metronidazole 500mg/tab	TABLET	3,000	5.00	15,000.00
109	Metronidazole 5mg/mL,100mL bottle	BOTTLE	5,342	77.00	411,334.00
110	Oxacillin Na 500mg vial	VIAL	500	192.00	96,000.00
111	Penicillin G1,000,000 units vial	VIAL	500	16.00	8,000.00
112	Piperacillin +Tazobactam 2g+250mg vial	VIAL	5,000	489.75	2,448,750.00
113	Piperacillin +Tazobactam 4g+500mg vial	VIAL	10,000	803.50	8,035,000.00
114	Vancomycin 1g vial	VIAL	100	262.00	26,200.00
IMMUNOLOGICALS					
115	Anti-Tetanus 1500iu amp	AMP	15,000	70.00	1,050,000.00
116	BCG Vaccine 100mcg/ml, 1ml freeze-dried powder + 1 ml diluent	AMP	1,500	520.00	780,000.00
117	Hepatitis B vaccine 10 mcg/0.5 ml (pedia), vial	VIAL	25,000	344.00	8,600,000.00
118	Immunoglobulin, Normal, Human (IGIV) 50 mg/mL, 10 mL Vial	VIAL	50	1,500.00	75,000.00
119	Tetanus Toxoid, 0.5 ml amp	AMP	10,000	119.00	1,190,000.00
CARDIOVASCULAR DRUGS					
120	Adenosine 3mg/mL, 2mL vial	VIAL	500	195.00	97,500.00
121	Amiodarone 50 mg/mL, 3 mL Ampule	AMP	5,000	190.00	950,000.00
122	Amlodipine Besylate 5mg tablet	TABLET	6,000	5.00	30,000.00
123	Amlodipine Besylate 10mg tablet	TABLET	6,000	7.00	42,000.00
124	Aspirin 80mg tablet	TABLET	500	3.00	1,500.00

MA. JOSEFINA G. BELMONTE
 City Mayor
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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
125	Atorvastatin Calcium 20mg tab	TABLET	500	16.00	8,000.00
126	Atorvastatin Calcium 40mg tab	TABLET	500	20.75	10,375.00
127	Captopril 50mg tablet	TABLET	300	3.95	1,185.00
128	Carvedilol 25mg tablet	TABLET	500	19.00	9,500.00
129	Carvedilol 6.25mg tablet	TABLET	1,000	11.00	11,000.00
130	Cilostazol 50mg tablet	TABLET	100	16.00	1,600.00
131	Clopidogrel 75mg tablet	TABLET	3,000	23.00	69,000.00
132	Clonidine 75mcg/tab.	TABLET	2,000	17.00	34,000.00
133	Clonidine 150mcg tablet	TABLET	500	18.00	9,000.00
134	Clonidine HCl 150mcg/ml, 1 mL ampule	AMP	300	212.00	63,600.00
135	Digoxin 50mcg/ml elixir 60ml bot	BOTTLE	30	742.00	22,260.00
136	Digoxin 250mcg tablet	TABLET	500	5.80	2,900.00
137	Digoxin 250mcg/ml, 2ml ampule	AMP	5,000	161.00	805,000.00
138	Dobutamine 50mg/mL, 5ml ampule	AMP	7,000	338.00	2,366,000.00
139	Dopamine HCl 40mg/mL, 5mL ampule	AMP	10,000	95.00	950,000.00
140	Enalapril 5mg tablet	TABLET	500	9.00	4,500.00
141	Enoxaparin sodium 100mg/ml, 0.4 ml pre-filled syringe	SYRINGE	500	572.00	286,000.00
142	Enoxaparin sodium 100mg/ml, 0.6 ml, pre-filled syringe	SYRINGE	500	798.00	399,000.00
143	Epinephrine 1mg/ml, 1mL ampule	AMP	40,000	60.00	2,400,000.00
144	Hydralazine 20mg/mL, 1mL ampule	AMP	5,000	210.00	1,050,000.00
145	Irbersartan 150mg tablet	TABLET	1,000	18.00	18,000.00
146	Isosorbide Dinitrate 1mg/mL, 10mL ampule	AMP	3,000	720.00	2,160,000.00
147	Isosorbide Dinitrate 5mg(sublingual)tab.	TABLET	500	10.00	5,000.00
148	Isosorbide 5 Mononitrate 60mg MR tablet	TABLET	200	53.50	10,700.00
149	Isosorbide 5-Mononitrate 30mg MR tablet	TABLET	200	32.70	6,540.00
150	Losartan 100mg tablet	TABLET	3,000	14.00	42,000.00

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Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
151	Losartan 50mg tablet	TABLET	8,000	9.00	72,000.00
152	Losartan 50mg+Hydrochlorthiazide 12.5mg tablet	TABLET	500	15.00	7,500.00
153	Methyldopa 250mg tablet	TABLET	1,000	20.00	20,000.00
154	Metoprolol (as Tartrate) 50mg tablet	TABLET	200	2.90	580.00
155	Metoprolol (as Tartrate) 100mg tablet	TABLET	200	5.80	1,160.00
156	Nicardipine 1mg/ml, 10mL ampule	AMP	10,000	798.00	7,980,000.00
157	Nifedipine 10mg cap.	CAPSULE	500	4.90	2,450.00
158	Norepinephrine 1mg/mL, 4mL ampule	AMP	1,000	814.00	814,000.00
159	Norepinephrine 1mg/mL, 10mL ampule	AMP	1,000	1,932.00	1,932,000.00
160	Rosuvastatin (as Calcium) 10mg tablet	TABLET	500	23.00	11,500.00
161	Rosuvastatin (as Calcium) 20mg tablet	TABLET	500	34.00	17,000.00
162	Simvastatin 20 mg tablet	TABLET	1,000	14.00	14,000.00
163	Simvastatin 40mg tab	TABLET	1,000	20.00	20,000.00
164	Telmisartan 40mg tablet	TABLET	1,000	25.00	25,000.00
165	Telmisartan 80mg tablet	TABLET	1,000	37.00	37,000.00
166	Trimetazidine HCl 35mg tablet	TABLET	1,500	18.00	27,000.00
167	Verapamil 2.5mg/mL.2mL Ampule	AMP	500	204.00	102,000.00
	DIURETICS				
168	Furosemide 10mg/mL ,2mL ampule	AMP	8,000	130.00	1,040,000.00
169	Furosemide 20mg tablet	TABLET	300	2.00	600.00
170	Furosemide 40mg tablet	TABLET	500	3.00	1,500.00
171	Mannitol 500 mL, 20%	BOTTLE	3,000	180.00	540,000.00
172	Aminophylline 25mg/mL, 10mL ampule	AMP	200	38.00	7,600.00
173	Acetylcysteine 100mg sachet	SACHET	1,000	14.00	14,000.00
174	Acetylcysteine 200 mg sachet	SACHET	3,000	18.00	54,000.00
175	Acetylcysteine 600mg tablet	TABLET	5,000	39.00	195,000.00

MA. JOSEFINA G. BELMONTE
 City Mayor

ROBERTO BICENIO 12-17-2020
 Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
 City Accountant

OBR : 100-2020-12-10404
 PR Amount : 192,447,961.00



Republic of the Philippines
PROCUREMENT DEPARTMENT
 Quezon City Government



PO Number **2012295**

Purchase Order Date: **DEC 14 2020**

Procuring Unit : **ROSARIO MACLANG BAUTISTA GENERAL HOSPITAL**
 Company Name : **GJK PHARMA DISTRIBUTORS**
 Address : **#173 J.P. Rizal St. Dulong Bayan, Poblacion, Sta. Maria, Bulacan**
 Business Type : **Sole Proprietorship Registration #05428273**

PR Number : **GF-20-07-01122**
 Mode of Procurement : **Negotiated 53.2**
 Resolution No. : **20-A-698**
 TIN Number : **142-001-081-000**
 Contact Number : **0925-553-5820**

Sir/Madam:
 Please furnish this office the following articles subject to the terms and conditions contained here

Place of Delivery : **Rosario Maclang Bautista General Hospital** Delivery Schedule : **Thirty (30) Calendar Days**
 Payment Term : **Credit**

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
176	Budesonide + Formoterol 160 mcg + 4.5 mcg x 60 doses Dry Powder Inhaler	INHALER	100	923.00	92,300.00
177	Budesonide 250mcg/ml, 2ml respiratory solution nebule	NEBULE	3,000	50.00	150,000.00
178	Butamirate Citrate 50mg MR	TABLET	1,000	15.00	15,000.00
179	Fluticasone 0.05% x 120doses nasal aqueous inhalation spray	SPRAY	100	976.00	97,600.00
180	Ipratropium 500mcg+Salbutamol 2.5mg,2.5ml unit dose Respiration Solution	NEBULE	15,000	31.75	476,250.00
181	Montelukast Na 4mg tablet	TABLET	300	22.00	6,600.00
182	Montelukast Na 10mg tablet	TABLET	300	32.00	9,600.00
183	Prednisone 20mg tablet	TABLET	100	7.80	780.00
184	Methylprednisolone 16 mg Tablet	TABLET	100	34.00	3,400.00
185	Methylprednisolone 4 mg Tablet	TABLET	100	14.00	1,400.00
186	Salbutamol 100mcg/dose x 200 doses MDI	INHALER	300	257.00	77,100.00
187	Salbutamol 1mg/mL, 2.5ml (unit dose)nebule	NEBULE	10,000	13.00	130,000.00
188	Fluticasone + Salmeterol 250 mcg + 25 mcg x 120 doses Metered Dose Inhaler	BOTTLE /INHALER	100	586.00	58,600.00
189	Fluticasone + Salmeterol 50mcg + 25mcg x 120 doses Metered Dose Inhaler	BOTTLE /INHALER	100	261.00	26,100.00
190	Fluticasone + Salmeterol 250 mcg + 50 mcg x 60 doses Dry Powder Inhaler	BOTTLE /INHALER	100	773.00	77,300.00
191	Terbutaline SO4 500mcg/mL, 1mL Ampule ANTI-ALLERGICS	AMP	1,000	128.00	128,000.00
192	Cetirizine 10mg tablet	TABLET	1,500	19.00	28,500.00
193	Cetirizine 1 mg/mL, 60 mL Bottle	BOTTLE	300	259.00	77,700.00
194	Cetirizine 10mg/mL, 10mL oral drops	BOTTLE	300	131.00	39,300.00
195	Diphenhydramine Diphenhydramine (as Hydrochloride) 12.5 mg/ 5 mL, 60 mL Syrup	BOTTLE	100	235.00	23,500.00

MA. JOSEFINA G. BELMONTE
 City Mayor

ROBERTO EUGENIO 12-17-2020
 Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
 City Accountant

OBR : 100-2020-12-10404
 PR Amount : 192,447,961.00



Procuring Unit : **ROSARIO MACLANG BAUTISTA GENERAL HOSPITAL** PR Number : **GF-20-07-01122**
 Company Name : **GJK PHARMA DISTRIBUTORS** Mode of Procurement : **Negotiated 53.2**
 Address : **#173 J.P. Rizal St. Dulong Bayan, Poblacion, Sta. Maria, Bulacan** Resolution No. : **20-A-698**
 Business Type : **Sole Proprietorship Registration #05428273** TIN Number : **142-001-081-000**
 Contact Number : **0925-553-5820**

Sir/Madam:
 Please furnish this office the following articles subject to the terms and conditions contained here

Place of Delivery : Rosario Maclang Bautista General Hospital **Delivery Schedule :** Thirty (30) Calendar Days

Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
196	Diphenhydramine (as Hydrochloride) 50 mg Capsule	CAPSULE	1,000	3.00	3,000.00
197	Diphenhydramine HCl 50mg/ml, 1mL Ampule	AMP	7,000	233.50	1,634,500.00
198	Loratadine 5 mg/5 mL, 30 mL Syrup	BOTTLE	100	127.00	12,700.00
199	Loratidine 10mg/tablet	TABLET	500	18.00	9,000.00
DRUGS AFFECTING THE BLOOD					
200	Tranexamic acid 100mg/mL, 5mL Ampule	AMP	5,000	282.00	1,410,000.00
201	Tranexamic acid 500mg capsule	CAPSULE	3,000	24.00	72,000.00
BLOOD PRODUCTS AND BLOOD SUBSTITUTES					
202	Albumin, Human 25%, 50 mL Bottle	BOTTLE	100	4,035.00	403,500.00
203	Hydroxyethyl Starch 6% 500mL Bottle	BOTTLE	300	900.00	270,000.00
ANTIDOTES					
204	Phytomenadione 10mg/ml, 1ml Ampule	AMP	10,000	42.00	420,000.00
GASTROINTESTINAL DRUGS					
205	Heparin sodium 1000iu vial	VIAL	300	115.00	34,500.00
206	Heparin sodium 5000iu vial	VIAL	300	130.00	39,000.00
207	Atropine Sulfate 1mg/ml amp.,1ml	AMP	1,000	41.00	41,000.00
208	Bisacodyl suppository 10mg suppository	SUPP	500	42.00	21,000.00
209	Domperidone 10mg tablet	TABLET	1,000	9.00	9,000.00
210	Hyoscine(as N-butyl bromide) 10mg tablet	TABLET	300	7.00	2,100.00
211	Hyoscine N-Butyl Bromide 20mg/ml, 1ml ampule	AMP	3,000	164.50	493,500.00
212	Metoclopramide 5mg/mL, 2mL Ampule	AMP	4,000	65.00	260,000.00
213	Omeprazole 40mg powder vial+10mL solvent ampule	AMP	25,000	224.90	5,622,500.00
214	Omeprazole 40mg capsule	CAPSULE	5,000	38.00	190,000.00
215	Omeprazole 20mg tablet	TABLET	500	25.00	12,500.00
216	Ranitidine HCl 25mg/mL, 2ml amp.	AMP	5,000	130.00	650,000.00
217	Ranitidine 150mg tablet	TABLET	300	18.00	5,400.00

MA. JOSEFINA G. BELMONTE
 City Mayor

ROBERTO EUGENIO 12-17-2020
 Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
 City Accountant

OBR : 100-2020-12-10404
 PR Amount : 192,447,961.00



Republic of the Philippines
PROCUREMENT DEPARTMENT
 Quezon City Government



PO Number **2012295**

Purchase Order Date: **DEC 14 2020**

Procuring Unit : **ROSARIO MACLANG BAUTISTA GENERAL HOSPITAL** PR Number : **GF-20-07-01122**
 Company Name : **GJK PHARMA DISTRIBUTORS** Mode of Procurement : **Negotiated 53.2**
 Address : **#173 J.P. Rizal St. Dulong Bayan, Poblacion, Sta. Maria, Bulacan** Resolution No. : **20-A-698**
 Business Type : **Sole Proprietorship Registration #05428273** TIN Number : **142-001-081-000**
 Contact Number : **0925-553-5820**

Sir/Madam:
 Please furnish this office the following articles subject to the terms and conditions contained here

Place of Delivery : Rosario Maclang Bautista General Hospital **Delivery Schedule :** Thirty (30) Calendar Days

Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
218	Somatostatin 250 mcg Vial	VIAL	100	945.00	94,500.00
219	Lactulose 3.35g/5ml syrup, 120ml	BOTTLE	200	237.00	47,400.00
220	Lansoprazole 30mg capsule	CAPSULE	500	25.00	12,500.00
	HORMONES AND HORMONE ANTAGONIST				
221	Dexamethasone sodium phosphate 4 mg/mL, 2mL vial	VIAL	3,000	104.00	312,000.00
222	Gliclazide 30mg MR tablet	TABLET	1,000	9.00	9,000.00
223	Gliclazide 60mg MR tablet	TABLET	1,000	28.00	28,000.00
224	Hydrocortisone 100mg powder, mix-o-vial	VIAL	2,000	378.90	757,800.00
225	Hydrocortisone 250mg powder, mix-o-Vial	VIAL	3,000	680.00	2,040,000.00
226	Insulin, Regular (recombinant DNA, human) 10ml vial	VIAL	1,500	665.00	997,500.00
227	Insulin, Biphasic Isophane Human 70/30, 70% Isophane Suspension + 30% soluble insulin in 100IU/ml, 10ml Vial	VIAL	300	1,250.00	375,000.00
228	Levothyroxine sodium 50mcg/tablet	TABLET	100	9.00	900.00
229	Metformin 500mg tab.	TABLET	8,000	4.80	38,400.00
230	Neostigmine 500mcg/ml, 1ml ampule	AMP	1,000	143.00	143,000.00
231	Prednisolone 5 tab	TABLET	100	3.00	300.00
232	Prednisolone 10 tab	TABLET	100	4.50	450.00
233	Prednisone 10mg/5ml suspension, 60ml bot	BOTTLE	50	119.00	5,950.00
	DRUGS ACTING ON THE UTERUS				
234	Carboprost trometamol 125 mcg/0.5 mL, 0.5 mL ampule	AMP	2,500	288.00	720,000.00
235	Carboprost Trometamol 250mcg/mL ampule	AMP	2,500	391.00	977,500.00
236	Carbetocin 100mcg/ml	AMP	2,000	1,200.00	2,400,000.00
237	Isoxsuprine 5mg/mL, 2mL Ampule	AMP	1,500	182.00	273,000.00
238	Isoxsuprine 10mg tablet	TABLET	500	23.00	11,500.00
239	Methylethergometrine 200mcg/mL, 1 ml Ampule	AMP	1,000	378.00	378,000.00
240	Oxytocin (Synthetic) 10iu/ml, 1ml amp	AMP	10,000	276.00	2,760,000.00

MA. JOSEFINA G. BELMONTE
 City Mayor

ROBERTO ENCALADO 12-17-2020
 Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
 City Accountant

OBR : 100-2020-12-10404
 PR Amount : 192,447,961.00



Republic of the Philippines
PROCUREMENT DEPARTMENT
 Quezon City Government



PO Number **2012295**

Purchase Order Date: **DEC 14 2020**

Procuring Unit : **ROSARIO MACLANG BAUTISTA GENERAL HOSPITAL** PR Number : **GF-20-07-01122**
 Company Name : **GJK PHARMA DISTRIBUTORS** Mode of Procurement : **Negotiated 53.2**
 Address : **#173 J.P. Rizal St. Dulong Bayan, Poblacion, Sta. Maria, Bulacan** Resolution No. : **20-A-698**
 Business Type : **Sole Proprietorship Registration #05428273** TIN Number : **142-001-081-000**
 Contact Number : **0925-553-5820**

Sir/Madam:
 Please furnish this office the following articles subject to the terms and conditions contained here

Place of Delivery : **Rosario Maclang Bautista General Hospital** Delivery Schedule : **Thirty (30) Calendar Days**

Payment Term : **Credit**

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	VITAMINS AND MINERALS				
241	Ascorbic Acid 500mg tablet	TABLET	28,918	5.00	144,590.00
242	Ferrous Sulfate(equiv.to 15mg elemental iron/0.6mL drops, 15mL	BOTTLE	50	41.00	2,050.00
243	Ferrous Sulfate equiv. to 60mg elemental iron tablet	TABLET	2,000	4.00	8,000.00
244	Ferrous Sulfate 60mg elemental iron + 400mcg folic acid	CAPSULE	2,000	4.00	8,000.00
245	Iron Sucrose 20 mg/mL, 5 mL Ampule	AMP	300	387.00	116,100.00
246	Vitamin B1 B6 B12 100 mg + 100 mg + 1 mg, 3 mL Ampule	AMP	1,000	58.00	58,000.00
247	Vit B1 100mg+B6 5mg+B12 tab 50mcg TAB	TABLET	5,005	3.90	19,519.50
248	Zinc 55mg/5mL (Equiv.to 20mg Elemental Zinc),60mL	BOTTLE	1,000	77.00	77,000.00
	OPHTHALMOLOGICAL PREPARATION				
249	Erythromycin Eye Ointment 0.5%, 3.5g	TUBE	4,000	205.00	820,000.00
250	Hypromellose Ophthalmic Solution 0.3%, 10mL bottle	BOTTLE	50	120.00	6,000.00
	OPHTHALMIC PREPARATION				
251	Levofloxacin 5 mg/ml ophthalmic solution	BOTTLE	50	691.00	34,550.00
252	Tobramycin 0.3% eye drops solution, 5ml bot	BOTTLE	200	246.00	49,200.00
253	Tobramycin 0.3%+Dexamethasone 0.1%, 5ml eye drops bot	BOTTLE	50	322.00	16,100.00
	SOLUTION CORRECTING WATER ELECTROLYTE, ACID BASE AND CALORIC DISTURBANCES				
254	I.V. Fluids, Balanced Multiple Maintenance Solution with 5% Dextrose for Adult 1 L Bottle	BOTTLE	6,000	75.00	450,000.00
255	I.V. Fluids, 0.9% Sodium Chloride 500 mL Bottle	BOTTLE	9,000	75.00	675,000.00
256	I.V. Fluids, 0.9% Sodium Chloride 1L Bottle	BOTTLE	60,000	75.00	4,500,000.00
257	I.V. Fluids, 10% Dextrose in Water 500 mL Bottle	BOTTLE	24,000	75.00	1,800,000.00
258	I.V. Fluids, 5% Dextrose in 0.3% Sodium Chloride 500 mL Bottle	BOTTLE	24,000	75.00	1,800,000.00
259	I.V. Fluids, 5% Dextrose in 0.3% Sodium Chloride 1 L Bottle	BOTTLE	2,400	75.00	180,000.00
260	I.V. Fluids, 5% Dextrose in 0.9% Sodium Chloride 1 L Bottle	BOTTLE	24,000	75.00	1,800,000.00
261	I.V. Fluids, 5% Dextrose in Lactated Ringer's 1 L Bottle	BOTTLE	48,000	75.00	3,600,000.00

MA. JOSEFINA G. BELMONTE
 City Mayor

ROBERTO EUGENIO 12-17-2020
 Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
 City Accountant

OBR : 100-2020-12-10404
 PR Amount : 192,447,961.00



Republic of the Philippines
PROCUREMENT DEPARTMENT
Quezon City Government



PO Number **2012295**

Purchase Order Date: **DEC 14 2020**

Procuring Unit : ROSARIO MACLANG BAUTISTA GENERAL HOSPITAL	PR Number : GF-20-07-01122
Company Name : GJK PHARMA DISTRIBUTORS	Mode of Procurement : Negotiated 53.2
Address : #173 J.P. Rizal St. Dulong Bayan, Poblacion, Sta. Maria, Bulacan	Resolution No. : 20-A-698
Business Type : Sole Proprietorship Registration #05428273	TIN Number : 142-001-081-000
	Contact Number : 0925-553-5820

Sir/Madam:
Please furnish this office the following articles subject to the terms and conditions contained here

Place of Delivery : Rosario Maclang Bautista General Hospital **Delivery Schedule :** Thirty (30) Calendar Days

Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
262	I.V. Fluids, 5% Dextrose in Water 1L Bottle	BOTTLE	900	75.00	67,500.00
263	Dextrose 50% 50ml/vial	VIAL	1,500	50.00	75,000.00
264	I.V. Fluids, 5% Dextrose in Water 250 mL Bottle	BOTTLE	3,000	120.00	360,000.00
265	I.V. Fluids, 5% Dextrose in Water 500 mL Bottle	BOTTLE	9,000	75.00	675,000.00
266	I.V. Fluids, 5% Dextrose in Lactated Ringer's 500 mL Bottle	BOTTLE	9,000	60.00	540,000.00
267	I.V. Fluids, Balanced Multiple Replacement Solution w/ 5% Dextrose 1L Bottle	BOTTLE	6,000	75.00	450,000.00
268	I.V. Fluids, 0.9% Sodium Chloride 1L Soln for irrigation Bottle	BOTTLE	30,000	80.00	2,400,000.00
269	I.V. Fluids, 0.9% Sodium Chloride 50 mL Bottle	VIAL	5,000	75.00	375,000.00
270	I.V. Fluids, Balanced Multiple Maintenance Solution with 5% Dextrose for Pedia 500 mL Bottle	BOTTLE	24,000	75.00	1,800,000.00
271	I.V. Fluids, Lactated Ringer's Solution 500 mL Bottle	BOTTLE	24,000	75.00	1,800,000.00
272	I.V. Fluids, Lactated Ringer's Solution 1 L Bottle	BOTTLE	48,000	78.00	3,744,000.00
273	Sterile Water For injection 50ml bottle	BOTTLE	15,000	52.00	780,000.00
274	Calcium Gluconate, 10% 10ml vial	VIAL	800	64.00	51,200.00
275	Oral Rehydradion Salts (ORS 75-replacement)5.125g sachet	SACHET	1,000	7.99	7,990.00
276	Potassium Chloride 2 mEq/ml, 20ml Vial	VIAL	1,500	61.00	91,500.00
277	Potassium Chloride 600mg tablet	TABLET	1,000	16.00	16,000.00
278	Potassium Chloride 750mg durules	TABLET	1,000	31.00	31,000.00
279	Potassium Citrate 10mEq tablet	TABLET	500	19.00	9,500.00
280	Sodium Bicarbonate 1 meq/mL, 50mL Vial	VIAL	1,000	144.00	144,000.00
281	Sodium Chloride 2.5 mEq/mL, 20 MI	VIAL	500	25.00	12,500.00
282	Sodium Bicarbonate 650mg tablet	TABLET	500	3.00	1,500.00
283	EAR, NOSE AND THROAT PREPARATIONS Chlorhexidine gluconate 0.12%, 120ml bot IV FLUIDS	BOTTLE	300	120.00	36,000.00

MA. JOSEFINA G. BELMONTE
City Mayor

Signature Over Printed Name of Supplier / Date

Funds Available:

RUBY G. MANANGU
City Accountant

OBR : **100-2020-12-10404**
PR Amount : **192,447,961.00**

TERMS AND CONDITIONS

1. ALL PRICES INDICATED HEREIN ARE VALID, BINDING AND EFFECTIVE AT LEAST WITHIN THIRTY (30) CALENDAR DAYS FROM DATE OF RECEIPT.
2. AWARDEE shall be responsible for the source(s) of its supplies/materials/equipment and shall make deliveries in accordance with the schedule, quality and specification of the award and purchase order. Failure by the AWARDEE to comply with the same shall be a ground for cancellation of the award and purchase order issued to that AWARDEE and for re-awarding the item(s) to the ALTERNATE AWARDEE.
3. AWARDEE shall pick up purchase order(s) issued in its favor within three (3) days after receipt of notice to that effect. A telephone call, fax transmission or electronic mail (e-mail) shall constitute an official notice to the AWARDEE. Thereafter, if the purchase order(s) remains unclaimed, the said purchase order(s) shall be sent by mailing or courier, messengerial service to the AWARDEE. To avoid delay in the delivery of the requesting end-user's requirement, all DEFAULTING AWARDEES shall be precluded from proposing or submitting a substitute sample.
4. Subject to the provisions of the preceding paragraph, where AWARDEE has accepted a purchase order but fails to deliver the required product(s) within the time called for in the same order, the delivery period may be extended a maximum of fifteen (15) calendar days under liquidated damages to make good the delivery. Thereafter, if AWARDEE has not completed the
5. delivery within the extended period, the subject purchase order shall be cancelled and the award for the undelivered balance, withdrawn from that AWARDEE. The BAC-Goods and Services shall then purchase the required item(s) from such other source(s) as it may determine, with the difference in price to be charged against the DEFAULTING AWARDEE. Refusal by the DEFAULTING AWARDEE to shoulder the price difference shall be ground for its disqualification from future bids of the same items, without prejudice to the imposition of other sanction as prescribed under RA 9184 and its RIRR.
6. When the supplier fails to satisfactorily deliver goods/services under the contract within the specified delivery schedule, inclusive of duly granted time extensions, if any, the supplier shall be liable for damages for the delay and shall pay the procuring entity liquidated damages, not by way of penalty, an amount equal to one-tenth (1/10) of one percent (1%) of the cost of the delayed goods/services scheduled for delivery for everyday of delay until such goods/services are finally delivered and accepted by the procuring entity concerned.
7. Rejected deliveries shall be construed as non-delivery of product(s)/item(s) so ordered and shall be subject to liquidated damages, subject to the terms and conditions prescribed under paragraph 4 hereof.
8. Supplier shall guarantee its deliveries to be free from defects. Any defective item(s)/product(s), therefore that maybe discovered by the **Quezon City Government** within three (3) months after acceptance of the same, shall be replaced by the supplier within seven (7) calendar days upon receipt of a written notice to that effect.
9. All duties, excise and other taxes and revenue charges, if any, shall be for the supplier's account.
10. As a pre-condition to payment, IMPORTANT DOCUMENTS specifically showing the condition and serial numbers of the imported equipment purchased should be submitted by the supplier to the **Quezon City Government**.
11. All transactions are subject to applicable withholding taxes in accordance with existing BIR rules and regulations.
12. Supplier shall furnish the End-user through the City General Services Department stockroom, the articles, described above;
13. The **Quezon City Government** reserves the right to accept or reject delivered articles if found not in conformity to the specifications, terms and conditions stipulated.
14. Provisions contained in Title VI, Book IV of the Civil Code of the Philippines on Sales are hereby incorporated and made as an Integral part hereof.
15. This contract shall also serve as **Notice to Proceed**, to take effect on DEC 17 2020 and to expire on -

JAN 16 2021

CONFORME:

ROBERTO H. ENGENO

SINGLE PROPRIETORSHIP

12-17-2020

SIGNATURE OVER PRINTED NAME

IN THE CAPACITY OF

DATE

Duly authorized to sign this Purchase Order for and on behalf of GJK PHARMA DISTRIBUTORS
COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of ___, ___ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

*****This Purchase Order shall be deemed invalid without Notary Seal (for project amounting to Php2,500,000.00 and above only)**

TERMS AND CONDITIONS

1. ALL PRICES INDICATED HEREIN ARE VALID, BINDING AND EFFECTIVE AT LEAST WITHIN THIRTY (30) CALENDAR DAYS FROM DATE OF RECEIPT.
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3. AWARDEE shall pick up purchase order(s) issued in its favor within three (3) days after receipt of notice to that effect. A telephone call, fax transmission or electronic mail (e-mail) shall constitute an official notice to the AWARDEE. Thereafter, if the purchase order(s) remains unclaimed, the said purchase order(s) shall be sent by mailing or courier, messengerial service to the AWARDEE. To avoid delay in the delivery of the requesting end-user's requirement, all DEFAULTING AWARDEES shall be precluded from proposing or submitting a substitute sample.
4. Subject to the provisions of the preceding paragraph, where AWARDEE has accepted a purchase order but fails to deliver the required product(s) within the time called for in the same order, the delivery period may be extended a maximum of fifteen (15) calendar days under liquidated damages to make good the delivery. Thereafter, if AWARDEE has not completed the
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6. When the supplier fails to satisfactorily deliver goods/services under the contract within the specified delivery schedule, inclusive of duly granted time extensions, if any, the supplier shall be liable for damages for the delay and shall pay the procuring entity liquidated damages, not by way of penalty, an amount equal to one-tenth (1/10) of one percent (1%) of the cost of the delayed goods/services scheduled for delivery for everyday of delay until such goods/services are finally delivered and accepted by the procuring entity concerned.
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10. As a pre-condition to payment, IMPORTANT DOCUMENTS specifically showing the condition and serial numbers of the imported equipment purchased should be submitted by the supplier to the **Quezon City Government**.
11. All transactions are subject to applicable withholding taxes in accordance with existing BIR rules and regulations.
12. Supplier shall furnish the End-user through the City General Services Department stockroom, the articles, described above;
13. The **Quezon City Government** reserves the right to accept or reject delivered articles if found not in conformity to the specifications, terms and conditions stipulated.
14. Provisions contained in Title VI, Book IV of the Civil Code of the Philippines on Sales are hereby incorporated and made as an Integral part hereof.
15. This contract shall also serve as **Notice to Proceed**, to take effect on DEC 1 / 2020 and to expire on - JAN 16 2021

CONFORME:

RODOLFO H. EUGENIO

SIGNATURE OVER PRINTED NAME

SINGLE PROPRIETORSHIP

IN THE CAPACITY OF

12-17-2020

DATE

Duly authorized to sign this Purchase Order for and on behalf of _____

GJK PHARMA DISTRIBUTORS

COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of _____, _____ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

Doc. No. _____

Page No. _____

Book No. _____

Series of _____

*****This Purchase Order shall be deemed invalid without Notary Seal (for project amounting to Php2,500,000.00 and above only)**

TERMS AND CONDITIONS

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2. AWARDEE shall be responsible for the source(s) of its supplies/materials/equipment and shall make deliveries in accordance with the schedule, quality and specification of the award and purchase order. Failure by the AWARDEE to comply with the same shall be a ground for cancellation of the award and purchase order issued to that AWARDEE and for re-awarding the item(s) to the ALTERNATE AWARDEE.
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15. This contract shall also serve as **Notice to Proceed**, to take effect on DEC 17 2020 and to expire on -

CONFORME: JAN 16 2021
ROBERTO H. ENGENO
 SIGNATURE OVER PRINTED NAME

SINGLE PROPRIETORSHIP
 IN THE CAPACITY OF

12-17-2020
 DATE

Duly authorized to sign this Purchase Order for and on behalf of CIK PHARMA DISTRIBUTORS
 COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of ___, ___ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

Doc. No. _____
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CONFORME: ROBERTO H. SUGENIO SINGLE PROPRIETORSHIP 12-17-2020
 SIGNATURE OVER PRINTED NAME IN THE CAPACITY OF DATE
 Duly authorized to sign this Purchase Order for and on behalf of GJK PHARMA DISTRIBUTORS
 COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of _____, _____ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

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CONFORME:

ROBERTO U. BAGUN

SIGNATURE OVER PRINTED NAME

SINGLE PROPRIETORSHIP

IN THE CAPACITY OF

12-17-2020

DATE

Duly authorized to sign this Purchase Order for and on behalf of _____

GJK PHARMA DISTRIBUTORS

COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of _____, _____ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

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CONFORME:

ROBERTO H. DUGAYNO

SIGNATURE OVER PRINTED NAME

SINGLE PROPRIETORSHIP

IN THE CAPACITY OF

12-17-2020

DATE

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GJK PHARMA DISTRIBUTORS

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JAN 16 2021
CONFORME.

ROBERT H. EUGENIO
SIGNATURE OVER PRINTED NAME

SINGLE PROPRIETORSHIP
IN THE CAPACITY OF

12-17-2020
DATE

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CONFORME:

ROBERTO H. DUGENNO

SIGNATURE OVER PRINTED NAME

SINGLE PROPRIETORSHIP

IN THE CAPACITY OF

12-17-2020

DATE

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*****This Purchase Order shall be deemed invalid without Notary Seal (for project amounting to Php2,500,000.00 and above only)**

TERMS AND CONDITIONS

1. ALL PRICES INDICATED HEREIN ARE VALID, BINDING AND EFFECTIVE AT LEAST WITHIN THIRTY (30) CALENDAR DAYS FROM DATE OF RECEIPT.
2. AWARDEE shall be responsible for the source(s) of its supplies/materials/equipment and shall make deliveries in accordance with the schedule, quality and specification of the award and purchase order. Failure by the AWARDEE to comply with the same shall be a ground for cancellation of the award and purchase order issued to that AWARDEE and for re-awarding the item(s) to the ALTERNATE AWARDEE.
3. AWARDEE shall pick up purchase order(s) issued in its favor within three (3) days after receipt of notice to that effect. A telephone call, fax transmission or electronic mail (e-mail) shall constitute an official notice to the AWARDEE. Thereafter, if the purchase order(s) remains unclaimed, the said purchase order(s) shall be sent by mailing or courier, messengerial service to the AWARDEE. To avoid delay in the delivery of the requesting end-user's requirement, all DEFAULTING AWARDEES shall be precluded from proposing or submitting a substitute sample.
4. Subject to the provisions of the preceding paragraph, where AWARDEE has accepted a purchase order but fails to deliver the required product(s) within the time called for in the same order, the delivery period may be extended a maximum of fifteen (15) calendar days under liquidated damages to make good the delivery. Thereafter, if AWARDEE has not completed the
5. delivery within the extended period, the subject purchase order shall be cancelled and the award for the undelivered balance, withdrawn from that AWARDEE. The BAC-Goods and Services shall then purchase the required item(s) from such other source(s) as it may determine, with the difference in price to be charged against the DEFAULTING AWARDEE. Refusal by the DEFAULTING AWARDEE to shoulder the price difference shall be ground for its disqualification from future bids of the same items, without prejudice to the imposition of other sanction as prescribed under RA 9184 and its RIRR.
6. When the supplier fails to satisfactorily deliver goods/services under the contract within the specified delivery schedule, inclusive of duly granted time extensions, if any, the supplier shall be liable for damages for the delay and shall pay the procuring entity liquidated damages, not by way of penalty, an amount equal to one-tenth (1/10) of one percent (1%) of the cost of the delayed goods/services scheduled for delivery for everyday of delay until such goods/services are finally delivered and accepted by the procuring entity concerned.
7. Rejected deliveries shall be construed as non-delivery of product(s)/item(s) so ordered and shall be subject to liquidated damages, subject to the terms and conditions prescribed under paragraph 4 hereof.
8. Supplier shall guarantee its deliveries to be free from defects. Any defective item(s)/product(s), therefore that maybe discovered by the **Quezon City Government** within three (3) months after acceptance of the same, shall be replaced by the supplier within seven (7) calendar days upon receipt of a written notice to that effect.
9. All duties, excise and other taxes and revenue charges, if any, shall be for the supplier's account.
10. As a pre-condition to payment, IMPORTANT DOCUMENTS specifically showing the condition and serial numbers of the imported equipment purchased should be submitted by the supplier to the **Quezon City Government**.
11. All transactions are subject to applicable withholding taxes in accordance with existing BIR rules and regulations.
12. Supplier shall furnish the End-user through the City General Services Department stockroom, the articles, described above;
13. The **Quezon City Government** reserves the right to accept or reject delivered articles if found not in conformity to the specifications, terms and conditions stipulated.
14. Provisions contained in Title VI, Book IV of the Civil Code of the Philippines on Sales are hereby incorporated and made as an Integral part hereof.
15. This contract shall also serve as **Notice to Proceed**, to take effect on DEC 17 2020 and to expire on - JAN 16 2021.

CONFORME:

ROBERTO H. EUGENIO

SIGNATURE OVER PRINTED NAME

SINGLE PROPRIETORSHIP

IN THE CAPACITY OF

12-17-2020

DATE

Duly authorized to sign this Purchase Order for and on behalf of

GJK PHARMA DISTRIBUTORS

COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of ___, ___ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

Doc. No. _____

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CONFORME

ROBERTO A. EUGENIO
SIGNATURE OVER PRINTED NAME

SINGLE PROPRIETORSHIP
IN THE CAPACITY OF

12-17-2020
DATE

Duly authorized to sign this Purchase Order for and on behalf of _____

GJK PHARMA DISTRIBUTORS
COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of _____, _____ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

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CONFORME:

ROBERTO HERRERA
SIGNATURE OVER PRINTED NAME

SINGLE PROPRIETORSHIP
IN THE CAPACITY OF

12-17-2020
DATE

Duly authorized to sign this Purchase Order for and on behalf of GJK PHARMA DISTRIBUTION
COMPANY NAME

SUBSCRIBED AND SWORN to before me this ___ day of ___, ___ at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

Doc. No. _____
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CONFORME:

ROBERTO H. EUGENIO
SIGNATURE OVER PRINTED NAME

SINGLE PROPRIETORSHIP
IN THE CAPACITY OF

12-17-2020
DATE

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CONFORME:

ROBERTO H. BUCHEM

SIGNATURE OVER PRINTED NAME

SINGLE PROPRIETORSHIP

IN THE CAPACITY OF

12-17-2020

DATE

Duly authorized to sign this Purchase Order for and on behalf of

GUK PHARMA DISTRIBUTORS

COMPANY NAME

SUBSCRIBED AND SWORN to before me this 17th day of DEC, 2020 at _____, Philippines. Affiant personally known to me and were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing hereon with No. _____

ATTY. MARK JOSEFA E. MARCELO
 NOTARY PUBLIC
 ROOM 405 PM BUILDING, MATALINO ST. Q.C.
 ROLL NO. 69314 / NOTARIAL NO. 259
 UNTIL DECEMBER 31, 2020
 PTR NO. 7377353 / 1-08-10 / Q.C.
 BP NO. 0150001 ROLL NO. VI-0020095

Doc. No. 481
 Page No. 99
 Book No. 004
 Series of 2020

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