



Republic of the Philippines
QUEZON CITY GOVERNMENT



PO Number **E2501172**

Purchase Order Date: **JAN 03 2025**

Procuring Unit : QUEZON CITY HEALTH DEPARTMENT	Project Number : HEALTH-25-DM-0111
Company Name : GJK PHARMA DISTRIBUTORS	Mode of Procurement : Public Bidding
Address : #173 GJK Bldg., J.P. Rizal St., Dulong Bayan, Poblacion, Sta. Maria, Bulacan	Resolution No. : 25-GSPB-020
Business Type : Sole Proprietorship Registration #4996791	TIN Number : 142-001-081-000
	Contact Number : 09178227828

Sir/Madam:

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

Place of Delivery : Upon end-user's instruction subject to proper coordination with CGSD	Delivery Schedule	Upon request by the End-User until December 31, 2025
Payment Term : Credit		

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	<p>Delivery Schedule:</p> <p>Fifty percent (50%) of the total items, within thirty (30) calendar days upon issuance of the Notice to Proceed. Remaining items, until December 31, 2025.</p> <p>Terms of Payment: Upon every successful delivery</p>				

Total Amount : 106,382,871.86

Total Amount In Words (Pesos): One Hundred Six Million Three Hundred Eighty-Two Thousand Eight Hundred Seventy-One Pesos and 86/100 Only

Obligation Request : *100 2025-01-207*

Approved Budget for the Contract : 106,429,093.36

Funds Available:

R
RUBY G. MANANGU
City Accountant



ROBERTO H. EUGENIO 1-6-25
Signature Over Printed Name
Supplier / Date

J
MA. JOSEFINA G. BELMONTE
City Mayor

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 JAN 06 2025 and to expire on -

CONFORME

ROBERTO H. EUGENIO
SIGNATURE OVER PRINTED NAME

PROPRIETOR / CEO
IN THE CAPACITY OF

1-6-25
DATE

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

06 JAN 2025 QUEZON CITY
COMPANY NAME

SUBSCRIBED AND SWORN to before me this 06 day of JAN at QUEZON CITY, 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 CMRD ID with his/her photograph and signature appearing thereon with No. CRN-D11-0850845-6

Doc. No. 61
Page No. 14
Book No. X
Series of 2025

UNTIL DECEMBER 31, 2026
A.M. NOTARIAL NO. 012
PTR NO. 708197 / 01-05-2025 / Q.C
IBP NO. 472810 / 10-23-2024 / Q.C
ROLL NO. 25435
MCLE NO. VII-008450 / 05-07-2024

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



Republic of the Philippines
QUEZON CITY GOVERNMENT



PO Number **E2501172**

Purchase Order Date: **JAN 03 2025**

Line 6

Procuring Unit : QUEZON CITY HEALTH DEPARTMENT	Project Number : HEALTH-25-DM-0111
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Business Type : Sole Proprietorship Registration #4996791	TIN Number : 142-001-081-000
	Contact Number : 09178227828

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Payment Term : Credit	

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
	FAMILY PLANNING PROGRAM				
1	Levonorgestrel, 21 tablets each containing 150 mcg of Levonorgestrel and 30 mcg of Ethinyl estradiol and 7 tablets each containing 75 mg of ferrous fumarate - Charlize	pack	11,200	100.80	1,128,960.00
2	Lynestrenol, 28 tablets containing 500 mcg lynestrenol - Daphne	pack	1,920	216.00	414,720.00
3	Medroxyprogesterone acetate, 150 mg/ml 1 ml vial water based with 3 cc syringe, gauge 23, 1 inch needle - Lyndavel	vial	6,400	115.00	736,000.00
4	2% Lidocaine hydrochloride, 50 ml - Lidophil	vial	64	53.98	3,454.72
	MATERNAL HEALTH				
5	Ferrous Sulfate with Folic Acid equivalent to 60mg elemental iron + 400 mcg folic acid, box x 100's film coated tablet. - Ferlum Plus	tablet	400,000	5.85	2,340,000.00
6	Calcium Carbonate, 500mg per tablet - ambical	tab	67,200	20.38	1,369,536.00
7	Cefuroxime Axetil 500mg tablet - Theoroxime	tab	1,680	63.30	106,344.00
8	Mebendazole tab., 500mg tablet -	tab	320	104.50	33,440.00
9	Methyldopa, 250mg tablet - Dopamine	tab	1,152	26.30	30,297.60
10	Cefalexin capsule, 500mg - Exel	cap	1,680	21.00	35,280.00
11	Mefenamic Acid capsule, 500mg - Mecid	cap	1,997	5.00	9,985.00
12	Oxytocin amps. 10 iu/1ml/amp - Ambtocyn	amp.	320	170.50	54,560.00
13	Methylethergometrine amp, 200mcg/ml, 1ml amp - Ergomet	amp.	7	401.00	2,807.00
14	Carboprost trometamol, 250mcg/ml solution for injection ampule - Evaprost	amp.	7	384.00	2,688.00
15	Iron sucrose, 250mg/ml 5ml ampule - Iromax	amp	32	698.38	22,348.16
16	Dexamethasone amps., 4mgs/ml, 2ml/amp - Dexamax	amp	8	144.00	1,152.00
17	epineprine, 1 mg. / ml ampule x 1ml - Epicare	amp.	3	90.50	271.50
18	Vitamin K (Phytomenadione) 10mg per ampule - Phytocare	amp	40	150.00	6,000.00
19	Gentamycin, 80 mg /2ml ampule - Gentacare	amp	142	9.35	1,327.70

Obligation Request : 100-2025-01-207

Approved Budget for the Contract : 106,429,093.36

Funds Available:

ROBERTO H. EUGENIO 1-6-25
Signature Over Printed Name
Supplier / Date

RUBY G. MANANGU
City Accountant

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15. This contract shall also serve as **Notice to Proceed**, to take effect on JAN 06 2025 and to expire on -

DEC 31 2025

CONFORME:

ROBERTO A. EUGENIO

SIGNATURE OVER PRINTED NAME

PROPRIETOR / CEO

IN THE CAPACITY OF

1-6-25

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)



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Business Type	: Sole Proprietorship Registration #4996791	TIN Number	: 142-001-081-000
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Payment Term :	Credit		

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
20	ampicillin, 250mg/vial - Liferzin	vial	661	67.00	44,287.00
21	Erythromycine eye ointment 0.5% x 5 gms per tube - Eroxene	tube	40	304.00	12,160.00
22	Lidocaine, 2% lidocaine hydrochloride, 50ml vial - Lidophil	vial	8	53.98	431.84
	DISEASE PREVENTION AND CONTROL				
23	Azithromycin 500 mg tablet - Azcore	tab	800	78.07	62,456.00
24	Azithromycin 200 mg/5ml x 15 ml suspension - Rozatin	bottle	262	471.00	123,402.00
25	Amoxicillin 500 mg capsule - Britamox	capsule	80,000	7.52	601,600.00
26	Amoxicillin 250 mg capsule - Moxylor	capsule	480	6.20	2,976.00
27	Amoxicillin 250 mg/5ml x 60 ml suspension - Moxylor	bottle	1,600	84.90	135,840.00
28	Amoxicillin 100 mg/ml x 10 ml drops - Moxylor	bottle	800	105.63	84,504.00
29	Cefalexin 500 mg capsule - Exel	capsule	11,048	21.00	232,008.00
30	Cefalexin 250 mg/5ml x 60 ml suspension - Diacef	bottle	800	145.00	116,000.00
31	Cefuroxime axeril 500mg tablet - Theoroxime	tablet	1,600	63.30	101,280.00
32	Ciprofloxacin 500 mg tablet - Ciprosan	tablet	400	29.11	11,644.00
33	Cloxacillin 500mg capsule (as sodium) - Philcox	capsule	8,000	20.40	163,200.00
34	Cloxacillin 250 mg/5ml x 60 ml suspension - Dialox	bottle	320	220.50	70,560.00
35	Co-Amoxiclav 500 mg + 125 mg tablet - Raniclav	tablet	11,086	42.00	465,612.00
36	Co-Amoxiclav 312.5mg/5ml x 60 ml suspension - Meoxiclav	bottle	1,600	305.00	488,000.00
37	Doxycycline 100 mg capsule (as Hyclate) - Doxyperl	capsule	48,160	20.00	963,200.00
38	Celecoxib 200 mg capsule - Celenova	capsule	4,800	23.00	110,400.00
39	Clonidine 75 mcg tablet - Clodin	tablet	480	35.75	17,160.00
40	Colchicine 500 mcg tablet - Goutsaph	tablet	320	4.50	1,440.00
41	Aluminum Hydroxide, Magnesium Hydroxide, Simeticone 178mg/233mg/30mg tablet - Kremil-S	tablet	800	10.25	8,200.00
42	Omeprazole 40 mg capsule - Omeprasaph	capsule	2,400	32.40	77,760.00
43	Betahistine 8 mg tablet - Cenvert-8	tablet	800	40.50	32,400.00

Obligation Request : 100 - 2025-01-207

Approved Budget for the Contract : 106,429,093.36

Funds Available:

ROBERTO W. EUGENIO 1-6-25
Signature Over Printed Name
Supplier / Date

RUBY G. MANANGU
City Accountant

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ROBERTO H. EUGENIO

SIGNATURE OVER PRINTED NAME

PROPRIETOR / CFO

IN THE CAPACITY OF

1-6-25

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-B-13-SC). Affiants exhibited to me his/her _____ with his/her photograph and signature appearing thereon with No. _____.

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Payment Term :	Credit		


Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
44	Cetirizine 10 mg tablet - Ceticit	tablet	168	21.00	3,528.00
45	Cetirizine 5mg/5ml x 30 ml syrup - zetrinx	bottle	480	200.00	96,000.00
46	Cetirizine 1 mg/ml x 30 ml oral solution - zetrinx	bottle	160	99.60	15,936.00
47	Loratidine tablet - loratamed	tablet	1,120	6.50	7,280.00
48	Clobetasol 0.05%, 5g tube - Clobfred	tube	48	455.00	21,840.00
49	Erythromycin eye ointment 0.5%, 3.5g tube - Eroxene	tube	48	304.00	14,592.00
50	Hyoscine (as N-Butyl bromide) 10 mg tablet - Hyoswell	tablet	320	39.33	12,585.60
51	Mupirocin ointment 2%/5 gm tube - Mupirow	tube	320	235.95	75,504.00
52	Paracetamol 100mg/ml drops - Para 100	bottle	800	66.00	52,800.00
53	Paracetamol 250mg/5ml x 60 ml suspension - Milgesic	bottle	3,200	87.00	278,400.00
54	Paracetamol 500 mg tablet - Ambiretic	tablet	32,000	4.50	144,000.00
55	Silver Sulfadiazine cream 10mg/G (1.0%) 15gm/ tube - Mazine	tube	48	162.50	7,800.00
56	Mebendazole 500 mg tablet	tablet	51,712	104.50	5,403,904.00
57	Fluticasone +Salmeterol 125mcg + 25 mcg x 120 actuations - Forair 125	inhaler	32	737.00	23,584.00
58	Salbutamol 2 mg tablet - Ventomax	tablet	1,600	5.20	8,320.00
59	Salbutamol 2 mg/5ml x 60 ml syrup - Butamol	bottle	480	52.00	24,960.00
60	Lagundi 600 mg capsule - Ofplemed forte	capsule	11,707	8.20	95,997.40
61	Lagundi 300mg/5ml x 120 ml - Oflemed	bottle	480	202.15	97,032.00
62	Mefenamic Acid 500 mg tablet - mecid	tablet	6,400	5.00	32,000.00
63	Mefenamic Acid 250 mg tablet - Myferen	tablet	480	4.00	1,920.00
64	Ascorbic Acid 500 mg tablet - Apcee	tablet	80,094	2.00	160,188.00
65	Vitamin B Complex B1-100mg, B6-5mg, B12-50mcg tablet - Nervita 100	tablet	32,000	5.40	172,800.00
66	Mutivitamins + Minerals (for adult) capsule	capsule	48,000	12.50	600,000.00
67	Oral Rehydration Salt (ORS 75-replacement, 20.5g sachet - Glucosol	sachet	667	12.00	8,004.00

Obligation Request : 100-2025-01-207

Approved Budget for the Contract : 106,429,093.36

Funds Available:


ROBERTO H. EUGENIO 1-6-25
Signature Over Printed Name
Supplier / Date


RUBY G. MANANGU
City Accountant

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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.
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.
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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 JAN 06 2025 and to expire on - DEC 31 2025

CONFORME:

ROBERTO H. EUGENIO
SIGNATURE OVER PRINTED NAME

PROPRIETOR / CEO
IN THE CAPACITY OF

1-6-25
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)**



Procuring Unit	: QUEZON CITY HEALTH DEPARTMENT	Project Number	:HEALTH-25-DM-0111
Company Name	: GJK PHARMA DISTRIBUTORS	Mode of Procurement	:Public Bidding
Address	: #173 GJK Bldg., J.P. Rizal St., Dulong Bayan, Poblacion, Sta. Maria, Bulacan	Resolution No.	:25-GSPB-020
Business Type	: Sole Proprietorship Registration #4996791	TIN Number	:142-001-081-000
		Contact Number	:09178227828

Sir/Madam:

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

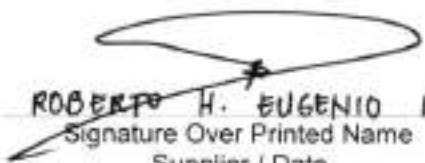
Place of Delivery :	Upon end-user's instruction subject to proper coordination with CGSD	Delivery Schedule	Upon request by the End-User until December 31, 2025
Payment Term :	Credit		

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
68	Aspirin 80 mg tablet - Philprin	tablet	3,200	3.30	10,560.00
69	Amlodipine 5mg tablet - Amlothix	tablet	240,000	6.45	1,548,000.00
70	Amlodipine10mg tablet - Amlothix	tablet	240,000	8.75	2,100,000.00
71	Losartan tablet 50 mg tablet - Losaar	tablet	480,000	14.00	6,720,000.00
72	Losartan tablet 100 mg tablet - Losaar	tablet	320,000	20.00	6,400,000.00
73	Atorvastatin 20 mg tablet - Atorvex	tablet	80,000	21.45	1,716,000.00
74	Rosuvastatin 10 mg tablet - Rozatin	tablet	4,800	29.72	142,656.00
75	Clopidogrel 75 mcg tablet - Copide	tablet	1,778	23.75	42,227.50
76	Insulin Glarine pen 100 units/ml - Basagine	vial	122	687.83	83,915.26
77	Allopurinol 100mg tablet - Urisol	tablet	1,600	11.25	18,000.00
78	Metformin 500mg tablet - Glycemet	tablet	160,000	7.80	1,248,000.00
	CHILD HEALTH				
79	Paracetamol 100mg/ml drops - Para 100	bottle	8,112	66.00	535,392.00
80	Epinephrine 1mg/ml x 1ml - Epicare	amp	56	90.50	5,068.00
81	Povidone Iodine 10% solution (120 ml) - Medicross	bottle	2	250.00	500.00
	ORAL HEALTH				
82	AMOXICILLIN TRIHYDRATE 500mg cap ; expiry at least 2 years from date of delivery - Britamox	capsule	76,596	7.52	576,001.92
83	AMOXICILLIN TRIHYDRATE 250mg cap ; expiry at least 2 years from date of delivery - Moxylor	capsule	9,677	6.20	59,997.40
84	AMOXICILLIN TRIHYDRATE SUSPENSION 250mg/5ml granules/powder; 60 ml ; expiry at least 2 years from date of delivery - Moxylor	bottle	505	84.90	42,874.50
85	Co- Amoxiclav 625mg tab in blister pack; expiry at least 2 years from date of delivery - Raniclav	tablet	675	42.00	28,350.00
86	TRANEXAMIC ACID 500mg cap ; expiry at least 2 years from date	capsule	322	34.00	10,948.00

Obligation Request : 100 - 2025 - 01 - 207

Approved Budget for the Contract : 106,429,093.36

Funds Available:


ROBERTO H. EUGENIO 1-6-25
Signature Over Printed Name
Supplier / Date


RUBY G. MANANGU
City Accountant

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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15. This contract shall also serve as **Notice to Proceed**, to take effect on JAN 05 2025 and to expire on DEC 31 2025

CONFORME.

ROBERTO H. EUGENIO
SIGNATURE OVER PRINTED NAME

PROPRIETOR / CEO
IN THE CAPACITY OF

1-4-25
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-B-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)**



Procuring Unit : QUEZON CITY HEALTH DEPARTMENT	Project Number : HEALTH-25-DM-0111
Company Name : GJK PHARMA DISTRIBUTORS	Mode of Procurement : Public Bidding
Address : #173 GJK Bldg., J.P. Rizal St., Dulong Bayan, Poblacion, Sta. Maria, Bulacan	Resolution No. : 25-GSPB-020
Business Type : Sole Proprietorship Registration #4996791	TIN Number : 142-001-081-000
	Contact Number : 09178227828

Sir/Madam:

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

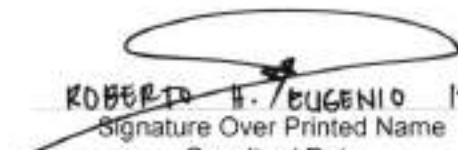
Place of Delivery : Upon end-user's instruction subject to proper coordination with CGSD	Delivery Schedule : Upon request by the End-User until December 31, 2025
Payment Term : Credit	

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
87	of delivery - Tranext - PARACETAMOL 500mg tablet; expiry at least 2 years from date of delivery - Ambiretic	tablet	7,110	4.50	31,995.00
88	PARACETAMOL 250mg/5ml syrup; 60 ml; orange flavor; expiry at least 2 years from date of delivery - Milgesic	bottle	574	87.00	49,938.00
89	MEFENAMIC ACID 500 mg capsule; expiry at least 2 years from date of delivery - Mecid	capsule	8,640	5.00	43,200.00
90	ORAL ANTISEPTICS - contains chlorhexidine gluconate 0.20%; with zinc; alcohol free formula, mint flavor ; 380ml bottle (use as pre-procedural mouthwash, expiry date should be at least 2 years from date of delivery - orahex	bottle	166	480.00	79,680.00
91	Dental anesthetic solution- Lidocaine Hydrochloride 2%, epinephrine 1:100,000; 20 mg/10mcg/ml; 1.8 ml in glass or plastic carpule, expiry at least 2 years from date of delivery - Xylodent	Carpules	14,000	30.00	420,000.00
92	NATIONAL TUBERCULOSIS (TB) REGULAR ISONIAZID 75mg + RIFAMPICIN 150mg + PYRAZINAMIDE 400mg + ETHAMBUTOL 275mg/tab - Quadmax	Tablet	123,648	7.50	927,360.00
93	ISONIAZID 75mg + RIFAMPICIN 150mg /tab - Duomax	Tablet	287,437	6.00	1,724,622.00
94	Isoniazid+Pyridoxine 200mg+10mg/5ml + Rifampicin 200mg/5ml + Pyrazinamide 500mg/5ml (120ml Bottle) - Kidz kit 2	kit	400	576.00	230,400.00
95	Isoniazid+Pyridoxine 200m+10mg/5ml+ Rifampicin 200mg/5ml (120ml Bottle) - Kidz kit 3	kit	720	450.00	324,000.00
96	Ethambutol 400mg/ tab - Hambutol	Tablet	4,480	12.00	53,760.00
97	Purified Protein Derivative (PPD) for Tuberculin skin Testing (TST) - Generic	Vial	48	1,000.00	48,000.00
98	ISONIAZID 300mg/tab for TB Preventive Therapy (TPT) - Drugmakers	Tablet	88,704	3.90	345,945.60

Obligation Request : 100 - 2025 - 01 - 207

Approved Budget for the Contract : 106,429,093.36

Funds Available:


ROBERTO H. EUGENIO 1-6-25
Signature Over Printed Name
Supplier / Date


RUBY G. MANANGU
City Accountant

TERMS AND CONDITIONS

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CONFORME:

ROBERTO H. EUGENIO
SIGNATURE OVER PRINTED NAME

PROPRIETOR / CEO
IN THE CAPACITY OF

1-6-25
DATE

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

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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)



Procuring Unit	: QUEZON CITY HEALTH DEPARTMENT	Project Number	:HEALTH-25-DM-0111
Company Name	: GJK PHARMA DISTRIBUTORS	Mode of Procurement	:Public Bidding
Address	: #173 GJK Bldg., J.P. Rizal St., Dulong Bayan, Poblacion, Sta. Maria, Bulacan	Resolution No.	:25-GSPB-020
Business Type	: Sole Proprietorship Registration #4996791	TIN Number	:142-001-081-000
		Contact Number	:09178227828

Sir/Madam:

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

Place of Delivery :	Upon end-user's instruction subject to proper coordination with CGSD	Delivery Schedule	Upon request by the End-User until December 31, 2025
Payment Term :	Credit		

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
99	Isoniazid + Pyridoxine syrup 200+10mg/5ml (120ml Bottle) for TPT in Children - Drugmakers HUMAN RABIES PREVENTION AND CONTROL	Bottle	1,008	158.00	159,264.00
100	PCEC (vial) as Pre-exposure prophylaxis to QC ABTC and City Vet; BAI 90+ QCHD staff 58 Cityvet 105; 253 approx(250 pxs) - Vaxirab N	vial	20	2,625.00	52,500.00
101	PVRV (WHO-prequalified) Inactivated and purified, freeze-dried rabies vaccine (Wistar strain rabies PM/WI 38-1503-3M) produced on vero cell line 1 immunizing dose*. It also contains maltose up to 1 immunizing dose, human plasma albumin up to 1 immunizing dose and 4% sodium chloride solution (diluent) 0.5 mL. Potency of vaccine for ID use must be 0.5 IU/ID dose as evidenced in their lot release certificate. (FDA approved, non WHO pre-qualified must have gone through clinical trials on safety, immunogenicity and efficacy in comparison with a vaccine of demonstrated efficacy which are published in peer reviewed trials) Lyophilized inactivated purified rabies vaccine prepared on verocells. *Such that the protective power is ≥2.5 iu before and after heating for 1 month at 37°C. Inj [vial + syringe (diluent)] 0.5 mL x 1's, OR [vial + amp (diluent)] 0.5 mL x 5's - Verorab	vial	1,008	2,350.00	2,368,800.00
102	Lyophilized powder and solvent solution for injection 2.5 IU per ML, 1ml vial purified chick embryo cells (PCEC) can benefit 4 to 5 patients per vial (WHO Pre-qualified) [with free 1 box of syringe for every 100 vials] - Verorab	vial	2,016	2,625.00	5,292,000.00
103	Anti-Rabies serum (Equine) 200 IU per ML vaccine vial, 5ml; IO guidelines 2018-0013 compliant, with publish local clinical trial on safety and efficacy and published International Clinical Trials on safety and efficacy. - Equirab	vial	400	2,340.00	936,000.00
104	Tetanus diphtheria vaccine 5ml vaccine vial	vial	240	500.00	120,000.00
105	Doxycycline 100mg/cap - Doxyperl	cap	160	20.00	3,200.00

Obligation Request : 100 - 2025 - 01 - 207

Approved Budget for the Contract : 106,429,093.36

Funds Available:

ROBERTO H. EUGENIO 1-6-25
Signature Over Printed Name
Supplier / Date

RUBY G. MANANGU
City Accountant

TERMS AND CONDITIONS

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ROBERTO H. EUGENIO
SIGNATURE OVER PRINTED NAME

PROPRIETOR / CEO
IN THE CAPACITY OF

1-6-25
DATE

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Procuring Unit	: QUEZON CITY HEALTH DEPARTMENT	Project Number	: HEALTH-25-DM-0111
Company Name	: GJK PHARMA DISTRIBUTORS	Mode of Procurement	: Public Bidding
Address	: #173 GJK Bldg., J.P. Rizal St., Dulong Bayan, Poblacion, Sta. Maria, Bulacan	Resolution No.	: 25-GSPB-020
Business Type	: Sole Proprietorship Registration #4996791	TIN Number	: 142-001-081-000
		Contact Number	: 09178227828

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Payment Term :	Credit		

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
106	Co-Amoxiclav, 312.5mg/5ml susp, 60 ml bottle - Meoxiclav /	bottle	194	305.00	59,170.00
107	Co-Amoxiclav 625 mg, Amoxicillin 500 mg/Clavulanic acid 125 mg tab - Raniclav	tab	441	42.00	18,522.00
108	Mefenamic Acid, 500 mg cap, box of 100s - Mecid	cap	800	5.00	4,000.00
109	Epinephrine, 1 mg/ml, 1 ml ampule - Epicare / STI/HIV AIDS PREVENTION AND CONTROL	ampule	2	90.50	181.00
110	Azithromycin 500 mg tablet - azcore	tablet	2,190	78.07	170,973.30
111	Ceftriaxone 1 gram vial - Ceftrina	vial	144	390.00	56,160.00
112	Doxycycline 100 mg capsule - Doxyperl	capsule	2,662	20.00	53,240.00
113	Metronidazole 500 mg tablet - Medizole	tablet	691	21.76	15,036.16
114	Benzathine Penicillin 1.2 MU Vial	vial	691	150.00	103,650.00
115	Aciclovir 400 mg tablet - Saphrivax	tablet	230	115.30	26,519.00
116	Miconazole 1.2 gram/suppository, 1 suppository / box - Micotran	supp	22	556.50	12,243.00
117	Isoniazid 300 mg tablet - DM	tablet	29,837	6.76	201,698.12
118	Cotrimoxazole 800 mg / 160 mg tablet - Kathrex	tablet	12,608	9.36	118,010.88
119	Valganciclovir 450 mg tablet - Valvir-450	tablet	202	140.80	28,441.60
120	Hepa B vaccine, 20 mcg/ml, vial - Genvac-B	Vial	288	1,500.00	432,000.00
121	Influenza vaccine 0.5ml Suspension pre-filled syringe - Vaxigrip tetra / NON-COMMUNICABLE DISEASE CONTROL	syringe	72	900.00	64,800.00
122	Amlodipine 5mg - Amlothix	tab	416,744	6.45	2,687,998.80
123	Amlodipine 10mg - Amlothix	tab	333,531	8.75	2,918,396.25
124	Losartan 50mg - losaar 50	tab	394,286	14.00	5,520,004.00
125	Losartan 100mg - losaar 100	tab	332,800	20.00	6,656,000.00
126	Metformin 500mg - Glycemet	tab	160,000	7.80	1,248,000.00
127	Gliclazide 30mg - Saphclazide	tab	128,000	13.00	1,664,000.00
128	Insulin Glargine - Basagine	vial	1,120	687.83	770,369.60

Obligation Request : 100 - 2025 - 01 - 207

Approved Budget for the Contract : 106,429,093.36

Funds Available:

ROBERTO H. EUGENO 1-6-25
Signature Over Printed Name
Supplier / Date

RUBY G. MANANGU
City Accountant

TERMS AND CONDITIONS

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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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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.
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CONFORME.

ROBERTO H. EUGENIO
SIGNATURE OVER PRINTED NAME

PROPRIETOR / CEO
IN THE CAPACITY OF

1-0-25
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)**



Procuring Unit	: QUEZON CITY HEALTH DEPARTMENT	Project Number	:HEALTH-25-DM-0111
Company Name	: GJK PHARMA DISTRIBUTORS	Mode of Procurement	:Public Bidding
Address	: #173 GJK Bldg., J.P. Rizal St., Dulong Bayan, Poblacion, Sta. Maria, Bulacan	Resolution No.	:25-GSPB-020
Business Type	: Sole Proprietorship Registration #4996791	TIN Number	:142-001-081-000
		Contact Number	:09178227828

Sir/Madam:

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

Place of Delivery :	Upon end-user's instruction subject to proper coordination with CGSD	Delivery Schedule	Upon request by the End-User until December 31, 2025
Payment Term :	Credit		

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
129	Biphasic Isophane Human Insulin 70/30 (100IU/ml 10ml vial) - Wosulin 30/70	vial	480	975.00	468,000.00
130	Atorvastatin 20mg - Atorvex	tab	312,167	21.45	6,695,982.15
131	Rosuvastatin 10mg - Rozatin	tab	242,262	29.72	7,200,026.64
132	Aspirin 80mg - Philprin	tab	104,242	3.30	343,998.60
133	Clopidogrel 75mg - Copide	tab	80,000	23.75	1,900,000.00
134	Vitamin B complex 100mg/5mg/50mcg - Nervite COMPREHENSIVE HEALTH CARE PACKAGE FOR ELDERLIES	tab	248,889	5.40	1,344,000.60
135	Cefuroxime, 500mg /tab - Theoroxime	tab	49	63.30	3,101.70
136	Ciprofloxacin, 500mg /tab - Ciprosan	tab	478	29.11	13,914.58
137	Cloxacillin, 500mg /capsule - Philcox	cap	896	20.40	18,278.40
138	Co-Amoxiclav tab., 625mg/ tab - raniclav	tab	565	42.00	23,730.00
139	Multi-vitamin for Adult, Vit A- 5,000 IU; Vitamin E-100 IU; Vitamin C- 500mg; Zinc x 100/box - DM	cap	57,600	19.00	1,094,400.00
140	Vitamin B Complex, vit. B1-100mg,B6-5mg,B12-50mcg - Nervita	tablet	74,667	5.40	403,201.80
141	Cetirizine, 10mg/tab - Ceticit	capsule	240	21.00	5,040.00
142	Acetylcysteine, 200 mg - Flucysteine	sachet	240	25.00	6,000.00
143	ORS 75 REPLACEMENT - Dehydrosol	sachet	96	23.00	2,208.00
144	Betamethasone, 0.1% 5g tube - Betnoderm	tube	80	400.00	32,000.00
145	Celecoxib, 200 mg/tab - Celenova	tab	160	95.50	15,280.00
146	Mupirocin ointment, 2%/ 5 gram tube - Mupirow	tube	81	235.95	19,111.95
147	Pneumococcal Polysaccharide Vaccine, 0.5ml. Pre-filled syringe, Pneumococcal vaccine - Pneumovax-23	pc	32	3,081.00	98,592.00
148	Influenza Vaccine, 0.5ml. Pre-filled syringe, Quadrivalent Influenza Vaccine - Vaxigrip tetra ADOLESCENT HEALTH CARE AND DEVELOPMENT	pc	320	1,105.00	353,600.00

Obligation Request : 100 - 2025-01 - 207

Approved Budget for the Contract : 106,429,093.36

Funds Available:

ROBERTO H. EUGENIO 1-6-25
Signature Over Printed Name
Supplier / Date

RUBY G. MANANGU
City Accountant

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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 JAN 06 2025 and to expire on -

CONFORME:

ROBERTO H. EUGENIO
SIGNATURE OVER PRINTED NAME

PROPRIETOR / CEO
IN THE CAPACITY OF

1-6-25
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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Series of _____

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



Procuring Unit	: QUEZON CITY HEALTH DEPARTMENT	Project Number	: HEALTH-25-DM-0111
Company Name	: GJK PHARMA DISTRIBUTORS	Mode of Procurement	: Public Bidding
Address	: #173 GJK Bldg., J.P. Rizal St., Dulong Bayan, Poblacion, Sta. Maria, Bulacan	Resolution No.	: 25-GSPB-020
Business Type	: Sole Proprietorship Registration #4996791	TIN Number	: 142-001-081-000
		Contact Number	: 09178227828

Sir/Madam:

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

Place of Delivery :	Upon end-user's instruction subject to proper coordination with CGSD	Delivery Schedule	Upon request by the End-User until December 31, 2025
Payment Term :	Credit		


Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
149	Lidocaine hypochloride - Lidophil	vial	219	53.98	11,821.62
150	Mupirocin ointment - Mupirow	tube	73	235.95	17,224.35
151	Amoxicillin trihydrate cap - Britamox	capsule	8,642	7.52	64,987.84
152	Ferrous Sulfate tab - Ferricore	tabs	5,120	5.85	29,952.00
153	Ascorbic Acid - Apcee	caps	2,976	2.00	5,952.00
	NATIONAL TUBERCULOSIS FOR DAY CARE CHILDREN				
154	Isoniazid+Pyridoxine 200mg+10mg/5ml + Rifampicin 200mg/5ml + Pyrazinamide 500mg/5ml (120ml Bottle) - KIDZ KIT 3	KITS	160	576.00	92,160.00
155	Isoniazid+Pyridoxine 200m+10mg/5ml+ Rifampicin 200mg/5ml (120ml Bottle) - KIDZ KIT 2	KITS	288	450.00	129,600.00
156	Isoniazid + Pyridoxine syrup 200+10mg/5ml (120ml Bottle) for TPT in Children - DM	Bottle	288	158.00	45,504.00
157	Ethambutol 400mg/tablet - Hambutol	Tablet	1,792	12.00	21,504.00
158	Purified Protein Derivative (PPD) for Tuberculin skin Testing (TST) - Arkay	Vial	112	1,000.00	112,000.00
	COMMUNITY-BASED MENTAL HEALTH				
159	Biperiden 2mg/tab - Biperid	tab	1,920	16.00	30,720.00
160	Chlorpromazine 100mg/tab - Zycloran	tab	3,840	7.00	26,880.00
161	Clozapine 100mg tab - Clozadin	tab	5,760	92.00	529,920.00
162	Diphenhydramine 50mg/tab - Histamox	tab	1,440	39.00	56,160.00
163	Escitalopram 10mg/tab - Elipran	tab	4,800	57.75	277,200.00
164	Fluphenazine 25mg/ml vial - Fludexin	vial	67	490.00	32,830.00
165	Lithium Carbonate 450mg/tab - Litcab	tab	2,400	5.60	13,440.00
166	Olanzapine 10mg/tab - Lanzaph	tab	9,920	131.25	1,302,000.00
167	Quetiapine 200mg/tab - Quetiapro	tab	3,840	250.00	960,000.00
168	Risperidone 2mg/tab - Rispesaph	tab	20,480	67.00	1,372,160.00

Obligation Request : 100 - 2025 - 01 - 207

Approved Budget for the Contract : 106,429,093.36

Funds Available:


ROBERTO H. EUGENIO 1-6-25
Signature Over Printed Name
Supplier / Date


RUBY G. MANANGU
City Accountant

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CONFORME.

ROBERTO H. EUGENIO

SIGNATURE OVER PRINTED NAME

PROPRIETOR / CEO

IN THE CAPACITY OF

1-6-25

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



Procuring Unit : QUEZON CITY HEALTH DEPARTMENT	Project Number : HEALTH-25-DM-0111
Company Name : GJK PHARMA DISTRIBUTORS	Mode of Procurement : Public Bidding
Address : #173 GJK Bldg., J.P. Rizal St., Dulong Bayan, Poblacion, Sta. Maria, Bulacan	Resolution No. : 25-GSPB-020
Business Type : Sole Proprietorship Registration #4996791	TIN Number : 142-001-081-000
	Contact Number : 09178227828

Sir/Madam:

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Place of Delivery : Upon end-user's instruction subject to proper coordination with CGSD	Delivery Schedule : Upon request by the End-User until December 31, 2025
Payment Term : Credit	

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
169	Sertraline 50mg/tab - Sertragen	tab	6,400	137.50	880,000.00
170	Valproic Acid 500mg/tab - Depamax	tab	3,840	31.60	121,344.00
171	Multivitamin drops - Myrevit "BUNDLE OF JOY " EXPANSION OF BATANG 1000 DISASTER RISK REDUCTION MANAGEMENT FOR HEALTH DRUGS AND MEDICINES FOR HEALTH CENTER	bottle	336	140.40	47,174.40
172	Amoxicillin 500mg/cap, 100caps/box - Britamox	Capsule	6,333	7.52	47,624.16
173	Calamine Lotion, 30 ml - Chlorelief	Bottle	53	163.20	8,649.60
174	Cetirizine 10mg/tab - Ceticit	Tablet	35	21.00	735.00
175	Clonidine 75mg/tab - Clodin	Tablet	141	35.75	5,040.75
176	Doxycycline, 100mg / cap - Doxyperl	Capsule	19,008	20.00	380,160.00
177	Lagundi capsule 600mg/cap - Ofplemed forte	Capsule	7,792	8.20	63,894.40
178	Mefenamic Acid, 500mgcap - Mecid	Capsule	21,120	5.00	105,600.00
179	Oral Rehydration Solution 75-replacement, 5.575g/sachets - dehydrosol	Sachet	2,560	12.00	30,720.00
180	Paracetamol 500mg tablet - ambiretic	Tablet	5,280	4.50	23,760.00
181	Silver Sulfadiazine 1.0% Cream; 20g tube - Mazine DRUGS AND MEDICINES FOR HEMS OFFICE, CENTRAL PHARMA and CITY CLINIC	Tube	127	162.50	20,637.50
182	Amoxicillin 500mg/cap - Britamox	Capsule	230	7.52	1,729.60
183	Aluminum Hydroxide + Magnesium Hydroxide, 178mg/233mg tab, 100 tabs/box - Kremil-s	Tablet	122	10.25	1,250.50
184	Calamine Lotion, 30 ml - chlorelief	Bottle	2	163.20	326.40
185	Cetirizine 10mg/tab - Ceticit	Tablet	5	21.00	105.00
186	Clonidine 75mg/tab - Clodin	Tablet	6	35.75	214.50
187	Doxycycline, 100mg / cap - Doxyperl	Capsule	576	20.00	11,520.00

Obligation Request : 100 - 2025 - 01 - 207

Approved Budget for the Contract : 106,429,093.36

Funds Available:

ROBERTO H. EUGENIO 1-6-25
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Supplier / Date

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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 JAN 06 2025 and to expire on - DEC 31 2025

CONFORME:

ROBERTO H. EUGENIO

SIGNATURE OVER PRINTED NAME

PROPRIETOR / CEO

IN THE CAPACITY OF

1-6-25

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)**



Procuring Unit : QUEZON CITY HEALTH DEPARTMENT	Project Number : HEALTH-25-DM-0111
Company Name : GJK PHARMA DISTRIBUTORS	Mode of Procurement : Public Bidding
Address : #173 GJK Bldg., J.P. Rizal St., Dulong Bayan, Poblacion, Sta. Maria, Bulacan	Resolution No. : 25-GSPB-020
Business Type : Sole Proprietorship Registration #4996791	TIN Number : 142-001-081-000
	Contact Number : 09178227828

Sir/Madam:

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

Place of Delivery : Upon end-user's instruction subject to proper coordination with CGSD	Delivery Schedule : Upon request by the End-User until December 31, 2025
Payment Term : Credit	

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
188	Erythromycin eye ointment - Eroxene	Tube	2	304.00	608.00
189	Lagundi capsule 600mg/cap - Ofplemed forte	Capsule	354	8.20	2,902.80
190	Mupirocin ointment - Mupirow	Tube	3	235.95	707.85
191	Oral Rehydration Solution 75-replacement, sachets, 41.1g / sachet - sodium chloride (NaCl) 520mg, potassium chloride (KCl) 300mg, trisodium citrate dehydrate 580mg and glucose (anhydrous) 2.7g - Dehydrosol	Sachet	512	12.00	6,144.00
192	Paracetamol 500mg/tablet - Ambiretic	Tablet	240	4.50	1,080.00
193	Salbutamol nebulas, 1mg/ml, 2.5 ml nebulas, 20 nebulas/box - Salbusaph	box	2	1,157.00	2,314.00
194	Silver sulfadiazine - Mazine	Tube	3	162.50	487.50
DRUGS AND MEDICINES FOR AMBULANCE					
195	D5 LRS 1 Liter	Bottle	3	200.00	600.00
196	D5 NSS, 1 Liter	Bottle	3	300.00	900.00
197	D5 Water, 1 Liter	Bottle	3	120.00	360.00
198	D5 0.3 NaCl, 500 ml	Bottle	3	120.00	360.00
199	Plain LR Solution	Bottle	3	150.00	450.00
200	Plain NSS, 1 Liter	Bottle	3	120.00	360.00
201	Normal Saline water (injectable)	Bottle	3	150.00	450.00
202	Dextrose 50% / 50 ml vial	vial	3	200.00	600.00
203	Epinephrine 1mg/1ml tubaxes, (IM/IV/SC) ampule, 10 amp per box - Epicare	amp	4	90.50	362.00
204	Lidocaine Hydrochloride 2%, 1gm/25ml vial, local anethesia. Solution for injection 20mg/ml in 5 ml ampules, 50 amp/box - Lidophil	vial	22	53.98	1,187.56

Obligation Request : 100 - 2025-01-207

Approved Budget for the Contract : 106,429,093.36

Funds Available:


ROBERTO H. EUGENIO 1-6-25
Signature Over Printed Name
Supplier / Date


RUBY G. MANANGU
City Accountant

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**.
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CONFORME:

ROBERTO H. EUGENIO

SIGNATURE OVER PRINTED NAME

PROPRIETOR / CEO

IN THE CAPACITY OF

1-6-25

DATE

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

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Company Name : GJK PHARMA DISTRIBUTORS	Mode of Procurement : Public Bidding
Address : #173 GJK Bldg., J.P. Rizal St., Dulong Bayan, Poblacion, Sta. Maria, Bulacan	Resolution No. : 25-GSPB-020
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Sir/Madam:
Please furnish this office the following articles subject to the terms and conditions contained here:

Place of Delivery : Upon end-user's instruction subject to proper coordination with CGSD
Delivery Schedule : Upon request by the End-User until December 31, 2025
Payment Term : Credit

Stock No.	Item	Unit of Issue	QTY	Unit Cost	Amount
205	Human Regular Insulin, 100 IU/ml, 10 vial - Wosulin-R	vial	2	393.00	786.00
206	Potassium Chloride, 20mg/10ml vial	vial	2	60.00	120.00
207	Furosemide 10mg/ml vial - Lazicare	vial	2	200.00	400.00
208	Furosemide 10mg/ml, 25 ml ampule - Lazicare	amp	2	200.00	400.00
209	Magnesium Sulfate 50%, 1gm/2ml ampule - Hizon	amp	1	350.00	350.00
210	Dopamine 400mg/5ml vial - Doptrex	vial	1	350.00	350.00
211	Diphenhydramine 50mg/ml, ampule - Diphenpors	amp	6	233.68	1,402.08
212	Sodium bicarbonate 10ml, ampule - Bicarbisaph	amp	4	247.33	989.32
213	Digoxin 0.1mg/ml ampule and 0.5mg/2ml ampule - Dixin	amp	1	279.50	279.50
214	Nitroglycerine spray /sublingual / patch - Transderm patch	patch	1	84.24	84.24
215	Verapamil 5mg/2ml ampule - Isoptin	amp	2	73.13	146.26
NEGLECTED TROPICAL DISEASES/EMERGING AND RE EMERGING DISEASES					
216	Azithromycin Suspension, 200mg/5ml, bottle x 30ml - Azomac	bottle	240	471.00	113,040.00
217	Azithromycin tablet , 500mg/tablet - Azcore	tab	240	78.07	18,736.80
218	Doxycycline capsule, 100mg/cap - Doxyperl	cap	6,400	20.00	128,000.00
219	ORS, 75-replacement 20.5g sachet - Glucosol	sachet	1,600	10.00	16,000.00
220	Mebendazole tablet, 500mg/tablet - DM	tablet	40,411	104.50	4,222,949.50
221	Metronidazole tablet, 500mg/tablet - Medizole	tablet	160	16.75	2,680.00
222	Metronidazole suspension 125mg/5ml suspension, bottle x 60ml - Ambidazol	tablet	160	125.50	20,080.00

Obligation Request : 100-2025-01-207

Approved Budget for the Contract : 106,429,093.36

Funds Available:

ROBERTO F. EUGENIO 1-6-25
Signature Over Printed Name
Supplier / Date

9
RUBY G. MANANGU
City Accountant *at*

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CONFORME:

ROBERTO H. BUCENIO
SIGNATURE OVER PRINTED NAME

PROPRIETOR / CEO
IN THE CAPACITY OF

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