

**PURCHASE ORDER**



Department of Social Welfare and Development  
Field Office VII, Cebu City

Supplier: <b>I CARE PHARMACY &amp; MEDICAL SUPPLY</b>	PO No. DSWD7-AMP-2021-284
Address: 2-A WALING WALING ST. CAPITOL SITE CEBU CITY	Date: 4/28/2021
Contact No.: 0917-303-2085	Mode of Procurement: Shopping
Contact Person: SHERRA GOLD SIA	TIN: 752-419-566-000

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

Place of Delivery: AVRC II, Labangon, Cebu City	Delivery Term: within 30 days after receipt and conformity of PO
Date of Delivery: Every Friday 1:00pm to 4:00pm	Payment Term: within 30 days after receipt of Billing/SI/DR

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
supply & delivery of the ff:					
	pc	MULTIVITAMINS VITAMINS B1 50mg., VITAMINS B2 20mg., VITAMIN B6 5mg., VITAMIN B12 5mg., NICOTINAMIDE 50mg., CALCIUM PANTOTHENATE 20mg, VITAMIN C 500mg. (BRAND NERVE X)	9,000	5.20	46,800.00
	pc	CETIRIZINE DIHYDROCHLORIDE, 10mg	200	5.00	1,000.00
	pc	SALBUTAMOL, 2mg	200	5.00	1,000.00
	pc	MEFENAMIC ACID, 500mg, Film coated, NSAIDS	250	5.50	1,375.00
	pc	ORAL REHYDRATION SALT, GRANULES FOR SOLUTION, unflavored	100	26.50	2,650.00
	pc	AZITHROMYCIN, 500mg., Film coated, ANTIBACTERIAL	25	55.00	1,375.00
	pc	CIPROFLOXACIN, 500mg., Film coated	100	38.00	3,800.00
	pc	SALBUTAMOL SULFATE NEBULE, 1mg/ml, SOLUTION	25	18.00	450.00
	pc	SALBUTAMOL SULFATE, 100mcg METERED DOSE	1	2,500.00	2,500.00
	pc	EPINEPHRINE, 1mg/ml SOLUTION FOR INJECTION	10	85.00	850.00
	pc	ZINC OXIDE + CALAMINE OINTMENT, 3.5g	40	39.00	1,560.00
	pc	IBUPROFEN, 200mg., SOFTGEL	100	10.50	1,050.00
	pc	POVIDONE-IODINE, 10% ANTISEPTIC, WOUND	2	150.00	300.00
	pc	TETANUS TOXOID VACCINE, SUSPENSION FOR IM INJECTION, 0.5ml	25	99.50	2,487.50
	pc	METHYL SALICYLATE CAMPHOR + MENTHOL OIL, EXTRA STRENGTH, 100ml	2	145.00	290.00
	pc	NORMAL SALINE, 0.9% SODIUM CHLORIDE, SOLUTION FOR INTRAVENOUS INFUSION, 1L	2	150.00	300.00
				<b>Gross Amount:</b>	<b>67,787.50</b>
Purpose: Medical Supplies for AVRC's clinic and ambulance. (Ref: PR No. DSWD7-21-0477)				5%	3,026.23
				1%	605.25

<b>(Total Amount in Words)</b>	<b>Sixty Four Thousand One Hundred Fifty Six Pesos &amp; 2/100</b>	<b>Net of tax</b>	<b>64,156.02</b>
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In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Very truly yours,

Conforme:

*SHERRA GOLD SIA*  
Signature over Printed Name of Supplier  
5/4/2021  
Date

*Rebecca P. Geamala*  
**REBECCA P. GEAMALA, DMPA**  
Regional Director

Funds Available:

*Louie Ray C. Villarain*  
**LOUIE RAY C. VILLARIN, CPA**  
Regional Accountant

ALOBS No. : \_\_\_\_\_  
Amount : \_\_\_\_\_