

PURCHASE ORDER

DR. JOSE FABELLA MEMORIAL HOSPITAL

Agency

RECEIVED BY:

DATE:

TIME:

Supplier: **ENDURE MEDICAL, INC.**Address: **Unit 17-A Belvedere Tower, San Miguel Ave.**

Tel. No. 634-34-50

TIN :

P.O. no. : **2017-07-0558**Date : **July 13, 2017**Mode of Procurement: **Competitive/Pulic Bidding.**

Gentlemen:

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

Place of Delivery: **Materials & Management Department**Delivery Term: **Seven (7) working days**

Date of Delivery:

Payment Term:

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
1.	amp	Propofol, 10mg/ml. 20 ml. amp (Profogen) (Mfd By: Xi'an Libang Pharmacuetical Co., Ltd. China)	60	55.89	3,353.40
2.	amp	Ketorolac as Trometamol, 30mg/ml. 1ml amp (Ketal) (Mfd By: Oboi Laboratories-India)	5,000	12.78	63,900.00
3.	amp	Atracurium Besylate, 10mg/ml 2.5ml amp (Acurium) (Mfd By: Swiss Parenterals Pvt., Ltd- India)	75	81.22	6,091.50
4.	amp	Clindamycin, as Phosphate, 150mg/ml, 4ml amp (Klinbac) (Mfd By: North China Pharmaceutical Co., Ltd.-China)	1,500	77.23	115,845.00
5.	amp	Omeprazole, powder, 40mg powder + 10 ml solvent, ampule (Ometor) (Mfd By: Cisen Pharmaceutical Co., Ltd-China)	150	26.12	3,927.00
					193,116.90

Price list for Drugs and Medicines.
Public Bidding dated December 22, 2016.

Item 1 & 2 Page 1 Nos. 3 & 4
 Item 3 Page 3 No. 25
 Item 4 Page 5 No. 46
 Item 5 Page 11 No. 112

DR. JOSE FABELLA MEMORIAL HOSPITAL
PROCUREMENT DEPARTMENT
RECEIVED
 BY: *[Signature]*
 DATE: **7/14/17** TIME: **11:30 AM**

DR. JOSE FABELLA MEMORIAL HOSPITAL
OFFICE OF THE MEDICAL CENTER CHIEF
 Received by: *[Signature]*
 Date: **7/20/17** Time: **5 PM**

(Total Amount in Words) ONE HUNDRED NINETY THREE THOUSAND ONE HUNDRED SIXTEEN & 90/100 PESOS**

In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent of the contract value shall be imposed.

Date P.O. Signed: _____

Date of Receipt: _____

Time of Receipt: _____

Signature: _____

Very truly yours,

Conforme:

Signature over Printed Name of Supplier

Date

[Signature]
ESMERALDO T. ILEM
 Medical Center Chief
 Authorized Officer

Funds Available:

[Signature]
MERCILITA D. FORTIER
 Accountant IV

OR/BUR No.

02-2017-03-2017-07-0129

Amount :

₱ 193,116.90