Appendix 61

PURCHASE ORDER

Department of Social and Welfare and Development
Field Office Region XIII CARAGA

Supplier Name: **Aries One Stop Pharmacy** Address: TIN: PhilGEPS No.: ______		Purchase Order No.: Date: Mode of Procurement:	**23-04-0518** **2023-04-17** **NP Small Value Procurement**
Gentlemen			
Please furnish this office the following articles subject to the terms and conditions contained herein.			
Place of Delivery:	**DSWD Caraga Regional Office, Capitol Site, Butuan City**	Delivery Term	**Within 15 Working Days After Receipt of Approved P.O.**
Date of Delivery:	______	Payment Term	**Within 30 Working Days After the Inspection and Acceptance Report is received**

#	Unit	Description	Quantity	Unit Cost	Total Cost
1	PC/S	Other Expenses Escitalopram Tab - ESCIVEX-10	25.00	35.00	875.00
2	PC/S	Other Expenses Olanzapine tab - ZANPREX 10	25.00	50.00	1,250.00
3	PC/S	Other Expenses Clindamycin Cap 300mg - CLINDAGOLD	50.00	15.00	750.00
4	PC/S	Other Expenses Cefalexin Cap 500mg - EXEL	25.00	5.00	125.00
5	PC/S	Other Expenses Ambroxol 30mg - SAPHROXOL 730	50.00	3.00	150.00
6	PC/S	Other Expenses Symdex tab - SYMDEX D	100.00	5.00	500.00
7	PC/S	Other Expenses Hypoallergenic tape - 2M MICROPORE	5.00	70.00	350.00
8	PC/S	Other Expenses Antifungal cream - CLOTRIMAZAOLE	5.00	100.00	500.00
9	SACHET	Other Expenses N acetyl cysteine sachet - FLUIMUCIL 600MG	20.00	41.00	820.00
10	PC/S	Buscopan	25.00	34.00	850.00
11	pack	Cotton Balls - 150 BALLS	10.00	60.00	600.00
12	pack	Other Expenses Cotton buds	30.00	20.00	600.00
13	PC/S	Other Expenses Co-Amoxiclav - ORCOMOX	50.00	30.00	1,500.00
14	PC/S	Other Expenses Sodium Devalproite - VALPROS	50.00	35.00	1,750.00
15	PC/S	Other Expenses Erythromycin - ERYTMICIN	25.00	20.00	500.00
16	PC/S	Other Expenses Anti Toxin Serum ATS - 5000IV	5.00	450.00	2,250.00
17	PC/S	Other Expenses Tetanus Toxoid TT	5.00	180.00	900.00
18	Bot	Other Expenses Liniment Oils - 50ML	20.00	53.00	1,060.00
19	TUBE	Antifungal Cream ORAL OINTMENT - WHITEFIELD OINTMENT	5.00	55.00	275.00
20	PC/S	Other Expenses Celecoxib - SAPHLECOX	25.00	15.00	375.00
21	ROLL/S	Elastic Bandage - 4 INCHES	20.00	100.00	2,000.00
22	pack	Gauge bandage - 5 PCS/PACK	25.00	30.00	750.00
23	pack	Working Gloves	10.00	500.00	5,000.00
24	Bot	Povidone Iodine - RHEA	21.00	264.00	5,544.00
25	Bot	Povidone Iodine oral solution - 120ML	10.00	212.00	2,120.00
26	PC/S	Other Expenses Vicks inhaler	20.00	120.00	2,400.00
27	PC/S	Other Expenses Rubitussin capsule	53.00	14.00	742.00
28	PC/S	Other Expenses Linement ointment - EFFICASCENT OINT	20.00	26.00	520.00
29	PC/S	Vitamins Vitamin C with Zinc - IMMUNPRO	250.00	10.00	2,500.00
30	PC/S	Loperamide	50.00	2.00	100.00
31	TUBE	Other Expenses Triderm ointment	2.00	743.00	1,486.00
32	pack	Other Expenses Pain relief patch - SALONPAS 20 PATCHES	10.00	120.00	1,200.00
33	pack	Multivitamins (Iron, 60 capsules per box) 100pcs/ pack - HANIZYN	35.00	10.00	350.00
34	GALLON	Alcohol 70% - CASINO	5.00	700.00	3,500.00
35	BOX	Face Mask	10.00	150.00	1,500.00
36	PC/S	Other Expenses Antifungal soap - DR J WONG'S	25.00	41.00	1,025.00
37	PC/S	Other Expenses Mefenamic acid Capsule 500mg - MEGAXAN	50.00	3.00	150.00
		": RRCY PURCHASE OF MEDICAL APRIL AND MAY 2023"			
(Total Amount in Words)		**FOURTY-SIX THOUSAND EIGHT HUNDRED SIXTY-SEVEN PESOS ONLY**		***TOTAL***	**46,867.00**

ACCOUNTING SECTION
RECEIVED 4/19/23
Date:
Time: 8:23 AM
By:

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.

Conforme:

Ronie Limonayo
Signature Over Printed Name of Supplier
4-26-23
Date

Very truly yours,

MARI-FLOR A. DOLLAGA-UBANG
Signature Over Printed Name of Authorized Official
Regional Director
Designation

Fund Cluster: 01
Fund Available: ______

GRETCHEN FERNANDEZ ESCALA
Signature Over Printed Name of Chief Accountant/Head of Accounting Division/Unit
4/19

DV No.: 23-04-7403 Date: ______
ORS/BURS No.: 23-04-446 Date: ______
Source of Funds: 101
UACS Code: 02 1499000
Responsibility Center: 00016-01-01-01-02-01
Amount: P 46,867

*This agency adheres to **"NO GIFT ALLOWED"** policy pursuant to the provision of R.A 6713 known as the Code of Conduct and Ethical Standards for Public Official and Employees.*

*** To track your Voucher/Payment you my text in the following **PO [SPACE] PURCHASE ORDER NUMBER** and send to 09560847559 ***

COMMISSION ON AUDIT
OFFICE OF THE AUDITOR
RECEIVED
DATE: 4/28/2023 TIME: ______
BY: ______