Appendix 61

Republic of the Philippines

KALINGA STATE UNIVERSITY

Tabuk City, Kalinga

PURCHASE ORDER

Supplier : **FARMACIA BRAVO** P.O. No. : **2024-03-0283**

Address : **TABUK CITY, KALINGA** Date : **March 18, 2024**

TIN : **338-226-025-0000** Mode of Procurement : **SHOPPING**

Requisitioning Unit/Department: **MEDICAL SERVICES**

Gentlemen:

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

Place of Delivery : **KSU-Supply Office, Bulanao Campus** Delivery Term : **FOB DESTINATION**

Date of Delivery : **45 calendar days after the receipt of PO by the supplier** Payment Term :

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	boxes	ALUMINUM HYDROXIDE+ MAGNESIUM HYDROXIDE, 200mg x 100's, Generic	5	110.00	550.00
2	boxes	ALLUPIRINOL 300 MG, 100pcs/box	5	400.00	2,000.00
3	boxes	AMLODIPINE 5 MG, 100pcs/box, Ritemed	5	1,100.00	5,500.00
4	boxes	Amoxicillin 500 mg, 100pcs/box, Ritemed	20	1,000.00	20,000.00
5	boxes	AZITHROMYCIN	25	40.00	1,000.00
6	boxes	BETAHISTINE 6 MG , 100pcs/box	5	500.00	2,500.00
7	boxes	CINNARIZINE 25 MG TABLET, 100 pcs/box	5	250.00	1,250.00
8	boxes	CETIRIZINE 10 mg/tab, 100pcs/box, Generic	10	200.00	2,000.00
9	boxes	CELECOXID 200 MG, 100pcs/box	10	450.00	4,500.00
10	tubes	CHLORAMPHENICOL EYEDROPS 0.3%x 5mL	5	180.00	900.00
11	boxes	CHLORAMPHENICOL capsule 500mg x 100's	3	450.00	1,350.00
12	ampules	CHLORPHENAMINE MALEATE 10mg	5	700.00	3,500.00
13	boxes	CLINDAMYCINE 300 MG CAPSULE	2	600.00	1,200.00
14	boxes	CIPROFLOXACIN 500 mg, 100pcs/box	15	380.00	5,700.00
15	boxes	CLARITHROMYCIN 500mg tablet x 50's	3	480.00	1,440.00
16	boxes	CEFALEXIN 500 MG CAPSULE (EXEL), 100pcs/box	10	500.00	5,000.00
17	boxes	CLOXACILLIN capsule (RITEMED) 500mg x 100's	15	2,350.00	35,250.00
18	boxes	CLONIDINE 75mg	3	700.00	2,100.00
19	boxes	CO-AMOXICLAV tablet 625mg x 30's/roll only for 30pcs, Ritemed	3	750.00	2,250.00
20	boxes	COLCHICINE 500 MG TABLET, 100pcs/box	5	250.00	1,250.00
21	tubes	DERMOVATE CREAM, 25mg	3	185.00	555.00
22	boxes	DOXYCYCLINE 200 MG, 100pcs/box	3	350.00	1,050.00
		PAGE 1 OF 5			
		SUB-TOTAL			**100,845.00**

(Total Amount in Words)

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 on the undelivered item/s.

Conforme:

Charmaine Victoria

Signature over Printed Name of Supplier

Date: 04-16-24

Very truly yours,

EDUARDO T. BAGTANG, CPA, DBM

President

Requesitioning Office/Dep't	**Fund Cluster :** _____ **Funds Available :** _____	**ORS/BURS No. :** _____ **Date of the ORS/BURS:** _____
LORNA C. VALDEZ Administrative Officer V	**ARNOLD A. TANDING, CPA, MBA** Supervising Admin. Officer/ Head, Accounting Unit	**Amount :** _____

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Republic of the Philippines

KALINGA STATE UNIVERSITY

Tabuk City, Kalinga

PURCHASE ORDER

Supplier :	**FARMACIA BRAVO**	P.O. No. :	**2024-03-0283**
Address :	**TABUK CITY, KALINGA**	Date :	**March 18, 2024**
TIN :	**338-226-025-0000**	Mode of Procurement :	**SHOPPING**

Requisitioning Unit/Department: **MEDICAL SERVICES**

Gentlemen:

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

Place of Delivery : **KSU-Supply Office, Bulanao Campus**	Delivery Term : **FOB DESTINATION**
Date of Delivery : **45 calendar days after the receipt of PO by the supplier**	Payment Term :

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
23	boxes	DEXTROMETORPHAN 10mg 100pcs/box	10	130.00	1,300.00
24	boxes	DOMPIRIDONE 10 MG, 100pcs/box	3	500	1,500.00
25	bottles	EYE MO DAILY CARE 7.5 mL	2	100.00	200.00
26	boxes	IRON+FOLIC ACID, 100pcs/box	10	400.00	4,000.00
27	boxes	FOLIC ACID 10 MG, 100pcs/box	10	400.00	4,000.00
28	boxes	HYOSCINE N-BUTYBROMIDE tablet (Buscopan) 10mg x 120's	2	3,650.00	7,300.00
29	boxes	HYOSCINE 20mg/ml ampoule	2	600.00	1,200.00
30	boxes	Ibuproben Softgel Capsule (Medicol Advance) 400mg x 100's	4	1,350.00	5,400.00
31	boxes	Ketorolac Ampule 30mg/ml x 10's	1	600.00	600.00
32	boxes	Ketorolac 10 mg tab x 20's	3	320.00	960.00
33	box	Keltican tab x 20's	3	1,350.00	4,050.00
34	boxes	Losartan 50 mg, ritemed	5	750.00	3,750.00
35	boxes	Levofloxacin 500 mg tablet, 100pcs/box	2	700.00	1,400.00
36	boxes	MEFENAMIC ACID capsule 500mg x 100's(Mefein), Generic	5	200.00	1,000.00
37	boxes	MEFENAMIC ACID tablet (Dolfenal) 500mg x 100's	4	3,300.00	13,200.00
38	boxes	METRONIDAZOLE tablet 500mg x 100's	4	250.00	1,000.00
39	boxes	NAPROXEN tablet (Skelan) 550mg x 100's	5	2,300.00	11,500.00
40	boxes	PARACETAMOL capsule (Alaxan FR, 500mg) 100's	3	900.00	2,700.00
41	boxes	Omeprazole 20 mg capsule	2	300.00	600.00
42	boxes	PARACETAMOL tablet (Biogesic) 500mg x 500's	3	2,350.00	7,050.00
		PAGE 2 OF 5			
		SUB-TOTAL			**72,710.00**

(Total Amount in Words)

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 on the undelivered item/s.

Conforme:

Signature over Printed Name of Supplier

Date: 04-10-24

Very truly yours,

EDUARDO T. BAGTANG, CPA, DBM

President

Requesitioning Office/Dep't	**Fund Cluster :** **Funds Available :**	**ORS/BURS No. :** **Date of the ORS/BURS:**
LORNA C. VALDEZ	**ARNOLD A. TANDING, CPA, MBA**	**Amount :**
Administrative Officer V	Supervising Admin. Officer/Head, Accounting Unit	

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Republic of the Philippines

KALINGA STATE UNIVERSITY

Tabuk City, Kalinga

PURCHASE ORDER

Supplier : **FARMACIA BRAVO**
Address : **TABUK CITY, KALINGA**
TIN : **338-226-025-0000**

P.O. No. : **2024-03-0283**
Date : **March 18, 2024**
Mode of Procurement : **SHOPPING**

Requisitioning Unit/Department: **MEDICAL SERVICES**

Gentlemen:

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

Place of Delivery : **KSU-Supply Office, Bulanao Campus**
Date of Delivery : **45 calendar days after the receipt of PO by the supplier**

Delivery Term : **FOB DESTINATION**
Payment Term :

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
43	bottles	PLAIN NSS 1 LT	3	100.00	300.00
44	bottles	PND EAR DROPS	3	180.00	540.00
45	bottles	PNSS I LI (0.9 N SALINE)	5	100.00	500.00
46	galloon	Povidone Iodine, 4lts	1	1,600.00	1,600.00
47	boxes	PREDNISONE 20 mg	3	400.00	1,200.00
48	boxes	RANITIDINE tablet 150 mg x 100's, Ritemed	10	500.00	5,000.00
49	boxes	SALBUTAMOL+ Guiafensin capsule, 100pcs/box	10	450.00	4,500.00
50	box	SYMDEX -D FORTE, 100pcs/box	20	230.00	4,600.00
		Lot 2: Medical Supplies and Materials			
51	Bottles	Alcohol, ethyl, 68%-70%, 500ml/bottle	15	95.00	1,425.00
52	box	CANNULA gauge 22	10	40.00	400.00
53	Pieces	ELASTIC BANDAGE 4"	4	65.00	260.00
54	Pieces	INSYTE (US) gauge 22	4	40.00	160.00
55	piece	INSYTE (US) gauge 24	5	40.00	200.00
56	Bottles	Liquid Hand Sanitizer 500 ml	6	100.00	600.00
57	pieces	MACRO SET IV	10	35.00	350.00
58	Boxes	MEDIPLAST STERILE GAUZE 4"X4"X12 ply 100's	10	420.00	4,200.00
59	boxes	MICROPORE PLASTER 2.5cm	2	650.00	1,300.00
60	Tank	OXYGEN REFILL(big size)	1	500.00	500.00
61	Tank	OXYGEN REFILL (AMBO TYPE)	1	300.00	300.00
		PAGE 3 OF 5			
		SUB-TOTAL			**27,935.00**

(Total Amount in Words)

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 on the undelivered item/s.

Conforme:

CHERRYMINE LACUPO
Signature over Printed Name of Supplier
Date: 04-16-24

Very truly yours,

EDUARDO T. BAGTANG, CPA, DBM
President

Requesitioning Office/Dep't	**Fund Cluster :** _____ **Funds Available :** _____	**ORS/BURS No. :** _____ **Date of the ORS/BURS:** _____
LORNA C. VALDEZ Administrative Officer V	**ARNOLD A. TANDING, CPA, MBA** Supervising Admin. Officer/ Head, Accounting Unit	**Amount :** _____

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Republic of the Philippines

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Tabuk City, Kalinga

PURCHASE ORDER

Supplier : **FARMACIA BRAVO**

Address : **TABUK CITY, KALINGA**

TIN : **338-226-025-0000**

P.O. No. : **2024-03-0283**

Date : **March 18, 2024**

Mode of Procurement : **SHOPPING**

Requisitioning Unit/Department: **MEDICAL SERVICES**

Gentlemen:

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

Place of Delivery : **KSU-Supply Office, Bulanao Campus**

Date of Delivery : **45 calendar days after the receipt of PO by the supplier**

Delivery Term : **FOB DESTINATION**

Payment Term :

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
62	piece	SILK 3-0 absorbable w/ cutting needle	3	500.00	1,500.00
63	boxes	Sterile Tongue Depressor	1	200.00	200.00
64	Boxes	TERUMO SYRINGE with needle 3cc x 100's	1	1,300.00	1,300.00
65	boxes	TERUMO SYRINGE with needle 1cc x 100's	2	1,300.00	2,600.00
66	boxes	TERUMO SYRINGE with needle 5cc x 100's	2	1,300.00	2,600.00
67	Pieces	Thermo Scanner (Gun Type)	1	500.00	500.00
68	Pieces	BedSheet, Fitted sheet, green for hospital 36"x75"	3	500.00	1,500.00
69	unit	Emergency Outdoor Bag Kit Orange 26 L, Trauma bag,	4	700.00	2,800.00
		Family Medicals Bag, Emergency bag			
70	pcs	kelly Strainght Forceps (US dontics)	2	280.00	560.00
71	pcs	kelly forceps Curved (US dontics)	3	280.00	840.00
72	pcs	Thump forceps (US dontics)	1	250.00	250.00
73	unit	Movable 6 layer dental cabinet with glass table top	3	9,500.00	28,500.00
74	unit	Organizer Medicine box storage Multipurpose, 3 layer	10	4,500.00	45,000.00
		Litman Original (Back-Back)			
		PAGE 4 OF 5			
		SUB-TOTAL			**88,150.00**

(Total Amount in Words)

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 on the undelivered item/s.

Conforme:

CHERMAINE LAYUGAN

Signature over Printed Name of Supplier

Date: 04-16-24

Very truly yours,

EDUARDO T. BAGTANG, CPA, DBM

President

Requesitioning Office/Dep't	**Fund Cluster :** **Funds Available :**	**ORS/BURS No. :** **Date of the ORS/BURS:**
LORNA C. VALDEZ Administrative Officer V	**ARNOLD A. TANDING, CPA, MBA** Supervising Admin. Officer/ Head,Accounting Unit	**Amount :**

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Tabuk City, Kalinga

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TIN :	**338-226-025-0000**	Mode of Procurement :	**SHOPPING**

Requisitioning Unit/Department: **MEDICAL SERVICES**

Gentlemen:

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

Place of Delivery : **KSU-Supply Office, Bulanao Campus**	Delivery Term : **FOB DESTINATION**
Date of Delivery : **45 calendar days after the receipt of PO by the supplier**	Payment Term :

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
75	unit	Monitoring stethoscope, 3M classic 27' • Two-sided chest piece with tunable diaphragms on both the adult and pediatric sides. • Single-piece tunable diaphragm is easy to attach, and easier to clean because its surface is smooth without crevices. • Pediatric side converts to a traditional open bell by replacing the single-piece diaphragm with a non-chill rim. • Next-generation tubing provides longer life due to improved resistance to skin oils and alcohol; less likely to pick up stains. • Small tunable diaphragm is useful for pediatric, small, or thin patients; around bandages; and for carotid assessment. • Stainless steel chest piece is precision-machined into an aesthetically pleasing, less angular shape. The stem features open side indicator. • Snap-tight ear tips have a soft, smooth surface providing a comfortable acoustic seal and comfortable, Litman Original (Back-Back)	2	10,000.00	**20,000.00**
76	unit	BP Apparatus Manual (Paramed)	3	3,500.00	10,500.00
		PAGE 5 OF 5			
		SUB-TOTAL			**30,500.00**
		GRAND TOTAL			**320,140.00**

(Total Amount in Words) *THREE HUNDRED TWENTY THOUSAND ONE HUNDRED FORTY PESOS ONLY*

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 on the undelivered item/s.

Conforme:

CHERRY MAE LACTAO

Signature over Printed Name of Supplier

Date: 04-16-24

Very truly yours,

EDUARDO T. BAGTANG, CPA, DBM

President

Requesitioning Office/Dep't	**Fund Cluster :** _____ **Funds Available :**	**ORS/BURS No. :** _____ **Date of the ORS/BURS:** _____
LORNA C. VALDEZ Administrative Officer V	**ARNOLD A. TANDING, CPA, MBA** Supervising Admin. Officer/ Head Accounting Unit	**Amount :** _____