

Supplier: **GMJ PHARMA TRADING INC.**
 Address: **B3 Lot34-36 Rosal Dolmar Golden Hills, Brgy 167 Kalookan City, Metro Manila**
 Date: **19-09-0241**
September 26, 2019
 Mode of Procurement: **ALTERNATIVE MODE OF PROCUREMENT (Small Value)**
 BAC Resolution #: **AMP-086 s. 2019, dated August 19, 2019**
 Tel. Fax #: **3986357**

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

Place of Delivery: **Materials and Management Dept. - San Lazaro Hospital**
 Date of Delivery: _____
 Delivery Term: **As Schedule**
 Payment Term: _____

Stock/Property No.	Unit	Description	Quantity	Unit Cost	Amount
		OPIOIDS ANALGESICS			
	caps	TRAMADOL HYDROCHLORIDE ORAL: 50mg/capsule (item #25) * FULL DELIVERY upon receipt of approved PO	480	7.50	3,600.00
		RESPIRATORY/BRONCHODILATORS			
	nebs	SALBUTAMOL: 2mg/ml. 2.5ml (unit dose) nebulizer (as sulfate) (item #34) * FULL DELIVERY upon receipt of approved PO	780	10.00	7,800.00
		ANTIVIRALS			
	bottles	ACICLOVIR ORAL: 200mg/5ml suspension, 60ml * FULL DELIVERY upon receipt of approved PO	40	575.00	23,000.00
	tabs	ACICLOVIR ORAL: 800mg tablets (item #40) * FULL DELIVERY upon receipt of approved PO	2,200	73.00	160,600.00
		OPHTHALMIC PREPARATIONS, ANTI VERTIGO & ELECTROLYTES			
	tubes	ERYTHROMYCIN 0.5% Eye Ointment, 3.5g tube Note: Staggered delivery (item #64) * 30 tubes = 7 days upon receipt of approved PO * 30 tubes = November 15, 2019 (2nd delivery)	60	184.00	11,040.00
	bots	TOBRAMYCIN PLUS DEXAMETHASONE EYEDROPS 5ml (item #65) Note: Staggered delivery * 50 bottles = 7 days upon receipt of approved PO * 50 bottles = November 15, 2019 (2nd delivery)	100	199.00	19,900.00
	tabs	BETAHISTINE ORAL : 8ma Note: Staggered delivery * 500 tablets = 7 days upon receipt of approved PO * 500 tablets = November 15, 2019 (2nd delivery)	1,000	15.00	15,000.00
		ADRENAL CORTICOSTEROIDS			
	vials	HYDROCORTISONE SODIUM INJECTION: (as Sodium Succinate). 100mg vial powder for injection (IV) * FULL DELIVERY upon receipt of approved PO (item #31)	135	46.00	6,210.00

Total Amount in Words: **TWO HUNDRED FORTY SEVEN THOUSAND ONE HUNDRED FIFTY PESOS ONLY** **247,150.00**

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 items.

Conforme: *Thelma M. Barros* Signature over Printed Name of Supplier
 Date: **10-22-19**

Very truly yours, *Edmundo B. Lopez*
EDMUNDO B. LOPEZ, MD, MPH, MHA
 Medical Center Chief II

Fund Cluster: **AS**
 Funds Available: _____
 ANGELI JOYCE I. FIGURACION, CPA
 Accountant IV

ORS/BURS No.: **021206443-289,89,200**
 Date of the ORS/BURS: **10/22/19**
 Amount: **247,150.00**