



Department of Health  
National Capital Region  
**VALENZUELA MEDICAL CENTER**  
Padrigal St. Karuhatan, Valenzuela City  
Telefax No. 294-4625

FM-PROC-002  
Rev 2-01/25/19

PURCHASE ORDER

|            |  |                       |  |
|------------|--|-----------------------|--|
| Supplier : | <b>OXFORD DISTRIBUTIONS INCORPORATED</b>   | P.O. No. :            | <b>25-05-176</b>                       |
| Address :  | Unit 1408, 14th Floor, East Tower, Philippine Stock Exchange,<br>Exchange Road, Ortigas Center, Pasig City | Date :                | <b>05/15/2025</b>                      |
| TIN :      | <b>220-579-460-000</b>   | Mode of Procurement : | <b>NP-After Two (2) Failed Bidding</b> |

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

|                     |                                  |                 |             |
|---------------------|----------------------------------|-----------------|-------------|
| Place of Delivery : | <b>VALENZUELA MEDICAL CENTER</b> | Delivery Term : | <b>20CD</b> |
| Date of Delivery :  |                                  | Payment Term :  |             |

| Stock No. | Unit    | Description  | Quantity | Unit Cost | Amount   |
|-----------|---------|--|----------|-----------|----------|
| 3767      | capsule | Itraconazole 100mg<br>Manufacturer: Hovid Bhd<br>Brand: Inox<br>Origin: Malaysia<br>Dosage Strength & Form: 100mg capsule<br>P.R. No. 25-03-410 dated 3/14/2025<br>NOA dated 05/06/2025<br>Resolution No. 2025-138 dated 04/22/2025<br>Allocation: PHARMACY<br>xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxx | 400      | 20.95     | 8,380.00 |
|           |         |  |          | Sub-Total | 8,380.00 |

|                         |   |                   |
|-------------------------|---|-------------------|
| (Total Amount in Words) | <b>Eight Thousand Three Hundred Eighty pesos only</b> | <b>P 8,380.00</b> |
|-------------------------|---|-------------------|

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

Very truly yours,

**EDILBERTO V. CAVANEYRO MD, MHA, FPCS, FPSGS**  
OIC-Medical Center Chief II

MAY 21 2025

|                  |  |                     |
|------------------|--|---------------------|
| Funds Cluster:   | ORS/BURS No.   | <b>95-05-520</b>    |
| Funds Available: | Date of the ORS/BURS:                                | <b>15 MAY 2025</b>  |
|                  | MAINTENANCE & OTHER<br>OPERATING EXPENSES<br>Amount: | <b>Php 8,380.00</b> |