



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>PHILCARE PHARMA, INC.</b>	P.O. No. :	<b>25-10-405</b>
Address :	<b>3 Mahogany St. Agapito Subd., Santolan, Pasig City</b>	Date :	<b>10/08/2025</b>
TIN :	<b>007-502-646-000</b>	Mode of Procurement :	<b>PB. No. VMC-2025-068 dated 08-20-25</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
3930	ampule	Vasopressin Inj.: 20IU/mL (IM, IV) Manufacturer: Joint Stock Company (JSC) Farmak Brand: Presson Origin: Ukraine Dosage Strength & Form: 20IU/ml solution for injection (IV/IM/SC) Box of 10's  P.R. No. 25-07-953 dated 7/4/2025 NOA dated 09/30/2025 Resolution No. 2025-284-F dated 09/23/2025 Allocation: PHARMACY xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxx	400	2,169.50	867,800.00
				Sub-Total	867,800.00

(Total Amount in Words)	<b>Eight Hundred Sixty Seven Thousand Eight Hundred pesos only</b>	<b>P 867,800.00</b>
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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:	<div>Very truly yours, <b>OCT 28 2025</b> <b>MANUEL M. POCSIDIO JR., MD,MMHOA,FPCS,FPSGS,FPSCRS</b> OIC-Medical Center Chief II</div>
Signature over Printed Name of Supplier	
Date	<b>10/29/25</b>
	<b>MAINTENANCE &amp; OTHER OPERATING EXPENSES</b>

Funds Cluster:	ORS/BURS No.	<b>25 -10 - 1200</b>
Funds Available:	Date of the ORS/BURS:	<b>10/9/25</b>
<div><b>RAYMUND JOE B. MACUJANA</b> Accountant IV</div>	Amount:	<b>Php 867,800.00</b>