



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 :	2MG INCORPORATED	P.O. No. :	25-05-177
Address :	No. 17 Unit 301 & 305 Vatican Bldg., Vatican Drive, BF Resort Village, Talon Dos, Las Piñas City	Date :	05/15/2025
TIN :	010-065-182-00000	Mode of Procurement :	NP-After Two (2) Failed Bidding

Gentlemen:

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

Place of Delivery :	VALENZUELA MEDICAL CENTER	Delivery Term :	20CD		
Date of Delivery :		Payment Term :			
Stock No.	Unit	Description	Quantity		
715	vial	Cytarabine 100mg/ml, 5ml Manufacturer: Venus Remedies Limited Brand: CytaGet Origin: India Dosage Strength & Form: 100mg/ml (500mg/5ml) solution for injection (IV/SC/Intrathecal) Capecitabine 500mg Manufacturer: Beta Drugs Limited Brand: CapeGet Origin: India Dosage Strength & Form: 500mg film-coated tablet P.R. No. 25-03-410 dated 3/14/2025 NOA dated 05/06/2025 Resolution No. 2025-138 dated 04/22/2025 Allocation: PHARMACY xxxxxxxxxx Nothing Follows xxxxxxxxxxxx	320	289.00	92,480.00
3806	tablet		960	20.00	19,200.00
				Sub-Total	111,680.00

RECEIVED
VALENZUELA MEDICAL CENTER
ACCOUNTING SECTION
16 MAY 2025
Time: 11:15
By: *[Signature]*

(Total Amount in Words)	One Hundred Eleven Thousand Six Hundred Eighty pesos only	P 111,680.00
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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.

Very truly yours,

MAY 21 2025
E. C.

EDILBERTO V. CAVANEYRO MD, MHA, FPCS, FPSGS

OIC-Medical Center Chief *[Signature]*

Conforme:

Signature over Printed Name of Supplier

Date *5/15/25*

Funds Cluster:
Funds Available:

ORS/BURS No. *25-05-521*
Date of the ORS/BURS: *15 MAY 2025*

5-14-25
RAYMUND JOE B. MACUANA
Accountant IV

Maintenance & Other
Operating Expenses
Amount: **Php 111,680.00**