



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 :	PHILCARE PHARMA, INC.		P.O. No. :	25-10-405	
Address :	3 Mahogany St. Agapito Subd., Santolan, Pasig City		Date :	10/08/2025	
TIN :	007-502-646-000		Mode of Procurement :	PB. No. VMC-2025-068 dated 08-20-25	
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	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 xxxxxxxxxx Nothing Follows xxxxxxxxxx	400	2,169.50	867,800.00
				Sub-Total	867,800.00
(Total Amount in Words)	Eight Hundred Sixty Seven Thousand Eight Hundred pesos only			P 867,800.00	
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 item/s.					
Very truly yours, MANUEL N. POOSIDIO JR. ,MD,MMHOA,FPCS,FPSGS,FPSCRS OIC-Medical Center Chief II					
Conforme:	Signature over Printed Name of Supplier		S		
	Date	10/29/25	MAINTENANCE & OTHER OPERATING EXPENSES		
Funds Cluster:	ORS/BURS No.		25 - 10 - 1200		
Funds Available:	Date of the ORS/BURS:		10/19/25		
RAYMUND JOE B. MACUANA Accountant IV		Amount:	Php 867,800.00		