



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>METRO DRUG, INC.</b>	P.O. No. :	<b>25-02-064</b>
Address :	Sta. Rosa Estate, Macabiling, Sta. Rosa, Laguna	Date :	<b>02/20/2025</b>
TIN :	<b>004-641-985-000</b>	Mode of Procurement :	<b>Small Value Procurement</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
4762	vial	Human Recombinant Tissue Type Plasminogen Activator (Alteplase) Inj.: 50mg powder for I.V. infusion Manufacturer: Boehringer Ingelheim Pharma GmbH & Co. Brand: Actilyse Origin: Germany Dosage Strength & Form: 50mg powder for solution for infusion (IV) <b>OFFER: Actilyse vial 50mg</b> <b>150 CD After 1st Delivery Schedule</b>	6	30,536.02	183,216.12
4762	vial	Human Recombinant Tissue Type Plasminogen Activator (Alteplase) Inj.: 50mg powder for I.V. infusion Manufacturer: Boehringer Ingelheim Pharma GmbH & Co. Brand: Actilyse Origin: Germany Dosage Strength & Form: 50mg powder for solution for infusion (IV) <b>OFFER: Actilyse vial 50mg</b> P.R. No. 25-01-063 dated 1/16/2025 NOA dated 02/13/2025 Resolution No. 2025-058 dated 02/07/2025 <b>Note: "Subject to adjustment of the delivery schedule as the need arises"</b> Allocation: PHARMACY XXXXXXXXXXXXXXXXXXXX Nothing Follows	6	30,536.02	183,216.12
				<b>Sub-Total</b>	<b>366,432.24</b>

(Total Amount in Words)	<b>Three Hundred Sixty Six Thousand Four Hundred Thirty Two pesos and 24/100 only</b>	<b>P 366,432.24</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.

Very truly yours,  
  
**EDILBERTO V. CAVANEYRO MD, MHA, FPSC, FPSGS**  
OIC-Medical Center Chief II

Conforme: \_\_\_\_\_  
Signature over Printed Name of Supplier  
Date \_\_\_\_\_

Funds Cluster:	ORS/BURS No. <b>25-02-189</b>
Funds Available:	Date of the ORS/BURS: <b>2/21/25</b>
 <b>RAYMUND JOE B. MACUANAG</b> Accountant III	MAINTENANCE & CARE OPERATING EXPENSES <b>Php 366,432.24</b>