

PURCHASE ORDER

Supplier :	GENZEN PHARMACEUTICAL TRADING	P.O. No. :	25-08-310
Address :	890 Purok 4 Longos Calumpit, Bulacan	Date :	08/11/2025
TIN :	406-712-800-000	Mode of Procurement :	PB. No. VMC-2025-059 dated 06-17-25

Gentlemen:

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

Place of Delivery :	VALENZUELA MEDICAL CENTER	Delivery Term :	20CB
Date of Delivery :		Payment Term :	

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
411	capsule	Nifedipine 10mg Manufacturer: Shandong Yuwang Pharmaceutical Co., Ltd. Dosage Strength & Form: 10mg softgel Capsule Offer: Brand: Calcigard-10/China Box of 100's	1,600	4.00	6,400.00
426	tablet	Betahistine 24mg Manufacturer: Theon Pharmaceuticals Ltd. Dosage Strength & Form: 24mg tablet Offer: Brand: Betzine/India Box of 100's	900	13.00	11,700.00
4561	vial	Levetiracetam 100mg/ml, 5ml Manufacturer: Mason Pharma Dosage Strength & Form: 100mg/ml (500mg/5ml) solution for injection (IV) Offer: Brand: Masolev/India Box of 1's P.R. No. 25-05-637 dated 5/5/2025 NOA dated 07/17/2025 Resolution No. 2025-213-E dated 07/14/2025 Allocation: PHARMACY xxxxxxxxxxx Nothing Follows xxxxxxxxxxxx	450	300.00	135,000.00
				Sub-Total	153,100.00
(Total Amount in Words)		By: _____ Date: 10.24.25 One Hundred Fifty Three Thousand One Hundred pesos only			P 153,100.00

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,

AUG 27 2025

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

Conforme:

Signature over Printed Name of Supplier

Date _____

Funds Cluster:
Funds Available:

ORS/BURS No.

Date of the ORS/BURS:

OPERATING EXPENSES

Amount:

Php 153,100.00

f RAYMUND JOE B. MACUANA
Accountant IV 9/23

Accountant IV