

REQUISICAO DE EMPENHO

REQUISICAO DE EMPENHO (R.E.): 02369/16 DATA da R.E.: 18/11/2016

UNIDADE.....: 0205 - SECRETARIA MUNICIPAL DE SAUDE
 BLOQUEIO ORCAMENT.: INEXISTENTE

FAVORECIDO.....: MEDWAY LOG COMERCIO E SERVICOS LTDA-ME COD.: 3429
 Endereco.: RUA PROFESSOR FRANCISCO DIONISIO, N. 130
 Bairro...: PQ. CATANDUVAS Cidade: VARGINHA
 UF.....: MG CEP :37006-290 Fone: (35) 2105-3999
 CPF/CNPJ..: 11.735.488/0001-11
 Pagamento: Banco: 1 Agencia: 0032- Conta: 63899-4

ORDEM SERVICO (OS): 39953 ITEM DA O.S.: 1
 CONTRATO..... : 02 VIGENCIA: 03/02/2016 a 28/01/2017

PROCESSO DE COMPRA: PRC00197/16 (COMPRA POR REGISTRO DE PRECOS) HOMOLOGADO em 18/11/2016 ADJUDICADO: 18/11/2016
 REGISTRO DE PRECOS: PRC00205/15 LICITACAO: PREG0064/15 PREGAO
 FUNDAMENTACAO LEGAL:

CONDICAO PAGAMENTO: CONFORME EDITAL
 PRAZO DE ENTREGA..: 1 dia(s) 0000 meses : horas/minuto
 FICHA: 162 CLAS. ORCAMENTARIA: 0205 1030310032.163 339032 - Material, Bem ou Servico de Distrib. Gratuita
 FONTE.....: SAUDE - GASTOS COM SAUDE - 15%
 PROJETO/ATIVIDADE.: 2.163 - MANUTENCAO ASSISTENCIA FARMACEUTICA-REC.PROP.

VALOR TOTAL DA RE.: 38.303,97

H I S T O R I C O : AQUISICAO DE MEDICAMENTOS NAO BASICOS PARA DISTRI BUICAO GRATUITA AOS MUNICIPES CARENTES, REFERENTE AO MES DE OUTUBRO.

RELACAO DOS PRODUTOS DESTA REQUISICAO DE EMPENHO

DESCRICAO PRODUTO	UN CODIGO	QUANTIDADE	PRECO UNITARIO	VALOR TOTAL
1-ALENIA 12+400MCG	FR 124737	4,0000	96,7230	386,89
1-PAMIFROM 60MG C/ 05 FRASCOS	CX 124753	1,0000	5.624,4177	5.624,41
1-SPIRIVA RESPIMAT 2,5MCG	FR 124760	2,0000	248,4504	496,90
2-DESOGESTREL 0,75MG C/ 28COMP	CX 124771	3,0000	6,2640	18,79
1-LEUCOGEN 20MG/5ML C/ 120ML	FR 124877	6,0000	78,2496	469,49
1-LEVOID 38MCG C/ 30 COMP.	CX 124878	5,0000	7,0191	35,09
1-NOEX 50MCG/DOSE C/ 200 DOSES	FR 124884	3,0000	37,1745	111,52
1-SERETIDE DISKUS 50+250MCG	FR 124896	10,0000	90,7830	907,83
2-PANTOPRAZOL 40MG C/ 28 COMP.	CX 124942	6,0000	30,1800	181,08
2-ROSUVASTATINA CALCICA 20MG	CX 124944	4,0000	36,9360	147,74
1-DUO TRAVATAN 0,04+5MG/ML	FR 125041	4,0000	179,3286	717,31
1-GALVUS MET 50+850MG C/ 56 CP	CX 125048	5,0000	162,8154	814,07
1-SERETIDE 25+125MCG/DOSE	FR 125061	5,0000	86,4666	432,33
1-TAPAZOL 10MG C/ 50 COMP.	CX 125063	2,0000	18,5625	37,12

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2-AZITROMICINA 40MG/ML C/ 15ML	FR	125077	50,0000	5,9720	298,60
2-FUMARATO DE QUETIAPINA 100MG	CX	125095	4,0000	63,6720	254,68
2-RABEPRAZOL SODICO 10MG	CX	125107	4,0000	12,0240	48,09
2-ROSUVASTATINA CALCICA 10MG	CX	125108	2,0000	21,0840	42,16
1-ARTRODAR 50MG C/ 30 DRGS.	CX	125142	2,0000	114,2856	228,57
2-CLOR. METFORMINA 850MG C/ 30	CX	125160	100,0000	4,6560	465,60
1-ARTICO 1,5+1,2G C/ 30 SACHES	CX	125198	9,0000	121,3542	1.092,18
1-ARTOGLICO 1,5 C/ 30 COMP.	CX	125199	1,0000	87,7041	87,70
1-LIPIBLOCK 120MG C/ 42 CPS.	CX	125454	2,0000	151,5888	303,17
1-NEBILET 5MG C/ 28 COMP.	CX	125456	2,0000	72,7155	145,43
1-OXIMAX 400MCG C/ 30 CPS+INAL	CX	125458	2,0000	54,5094	109,01
1-DISFOR C/ 30 SACHES	CX	125684	3,0000	121,1661	363,49
1-SULGLIC 1,5G	CX	125694	6,0000	96,6042	579,62
2-CLOR. SERTRALINA 50MG	CX	125707	178,0000	13,4360	2.391,60
1-SOMALGIN CARDIO 100MG	CX	126484	3,0000	14,5134	43,54
1-BENICAR 20MG C/ 30 COMPR.	CX	126634	1,0000	32,1354	32,13
1-PRADAXA 110MG C/ 60 COMP.	CX	126652	3,0000	178,2693	534,80
1-VIAGRA 50MG	UN	126804	27,0000	18,0675	487,82
1-ELIQUIS 5MG C/ 6X10 BL	CX	127062	1,0000	200,3166	200,31
1-ONGLYZA 5MG C/ 2BL X 14	CX	127072	5,0000	83,7540	418,77
1-PARIET 10MG C/ 14 CPR REV	CX	127214	4,0000	56,0142	224,05
1-PROCORALAN 5MG C/ 56 CPR	CX	127216	3,0000	97,9110	293,73
1-PROCORALAN 7,5MG C/ 56 CPR	CX	127353	3,0000	150,2325	450,69
2-AZITROMICINA 40MG/ML	CX	127392	49,0000	14,4760	709,32
1-FLIXONASE 50MCG 120 DOSES	CX	127622	2,0000	57,1824	114,36
1-AVODART 0,5 MG C/ 30 COMP.	CX	127681	3,0000	166,3200	498,96
1-HYLOCOMOD 1MG/ML C/ 10ML	FR	127684	6,0000	50,1237	300,74
1-TEINA 10MG C/ 30 COMP.	CX	127690	5,0000	87,0507	435,25
1-JARDIANCE 25MG C/ 30 COMP.	CX	127852	5,0000	163,0530	815,26
1-ARTRIND 100MG IV C/ 50 AMP.	CX	127987	2,0000	417,0474	834,09
1-CERAZETTE 0,075MG C/ 28 COMP	CX	127991	2,0000	28,8288	57,65
1-APRAZ 0,5 MG C/ 30 COMP.	CX	128651	4,0000	23,6214	94,48
3-DULORAGRAN 60MG C/ 30 COMP.	CX	128661	1,0000	74,7280	74,72
1-ALPHAGAN 0,2% C/ 10ML	FR	129002	5,0000	100,7622	503,81
1-APRAZ 1 MG C/ 30 COMP.	CX	129003	4,0000	42,0255	168,10
1-DIPROSPAN 5MG/ML + 2MG/ML	AM	129004	200,0000	21,6414	4.328,28
1-ESTRELL 1 MG C/ 30 CPR	CX	129005	5,0000	21,6612	108,30
1-FUNTYL 250MG C/ 28 COMP.	CX	129006	4,0000	140,2038	560,81
1-HUMALOG 100UI/ML C/2 AMPOLAS	CX	129007	20,0000	66,3894	1.327,78
1-JANUMET XR 50+1000MG C/60CPR	CX	129008	1,0000	143,4510	143,45
1-KOMBIBLYZE XR 2,5+1000MG C/	CX	129009	1,0000	126,8883	126,88
1-LIBIAM 1,25MG C/ 28 COMP.	CX	129010	3,0000	32,9670	98,90
1-MIOCALVEN D 500MG+200UI C/	CX	129011	3,0000	52,0839	156,25
1-NAUSICALM 50+10 MG C/ 20 CPR	CX	129012	30,0000	7,8705	236,11
1-OMEPRAMIX 20+500+500MG C/ 84	CX	129013	2,0000	108,9396	217,87
1-RELVAR ELLIPTA 100+25MCG C/	FR	129014	6,0000	79,6257	477,75

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1-SEBRITM 50MCG C/ 30 CAPSULAS	CX	129015	3,0000	150,8166	452,44
1-TAPAZOL 5MG C/ 100 COMP.	CX	129016	1,0000	18,7407	18,74
1-ULTRAGESTAN 200MG C/ 14 COMP	CX	129017	3,0000	38,1546	114,46
1-VERSA 40MG C/ 4 SERINGAS	CX	129018	27,0000	74,2995	2.006,08
1-VESICARE 5MG C/ 30 COMP.	CX	129019	2,0000	116,9091	233,81
1-ZANIDIP 10MG C/ 30 COMP.	CX	129020	2,0000	84,5757	169,15
1-ZYPREXA 5MG C/ 28 COMP.	CX	129021	6,0000	363,6270	2.181,76
2-AZITROPHAR 900MG C/ 22,5ML	FR	129022	1,0000	5,9720	5,97
2-CARBONATO DE LITIO 300MG C/	CX	129023	50,0000	2,4480	122,40
2-CITALOPRAM 20MG C/ 30 COMP.	CX	129024	36,0000	16,2280	584,20
2-CLOR. METFORMINA 500MG C/ 10	CX	129025	500,0000	0,6160	308,00
2-CLOR. PETIDINA 50MG/ML C/ 25	CX	129026	1,0000	17,8160	17,81
2-OXALATO DE ESCITALOPRAM 15MG	CX	129027	4,0000	38,1800	152,72
2-PRAGABALINA 150MG C/28 COMP.	CX	129028	2,0000	35,5040	71,00

EMPENH O (TIPO/NUMERO):

Valor Total a Empenhar(*): R\$ 38.303,97

VALOR TOTAL POR EXTENSO:(trinta e oito mil, trezentos e tres reais e noventa e sete centavos****
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(*) Valor modificavel a criterio do usuario

MAURILIO ANTONIO PEREIRA
SETOR DE COMPRAS