

REQUISICAO DE EMPENHO (R.E.): 01919/14 DATA da R.E.: 01/10/2014

UNIDADE.....: 020501 - FUNDO 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/CGC.: 11.735.488/0001-11  
 Pagamento: Banco: 1 Agencia: 0032- Conta: 63899-4

ORDEM SERVICO (OS): \_\_\_\_\_ ITEM DA O.S.: \_\_\_\_\_  
 CONTRATO..... : \_\_\_\_\_

PROCESSO DE COMPRA: PRC00165/14 (COMPRA POR REGISTRO DE PRECOS ) HOMOLOGADO em 01/10/2014  
 REGISTRO DE PRECOS: PRC00006/14 LICITACAO: PREG0005/14 PREGAO  
 FUNDAMENTACAO LEGAL:

CONDICAO PAGAMENTO: CONFORME EDITAL  
 PRAZO DE ENTREGA..: 1 dia(s)  
 FICHA .....: 155 CLAS. ORCAMENTARIA: 020501 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.: 18.571,15

H I S T O R I C O : AQUISICAO DE MEDICAMENTOS NAO BASICOS PARA DISTRIBUICAO GRATUITA AOS MUNICIPES CARENTES, NO PERIODO DE 04 A 30 DE SETEMBRO DE 2014.

RELACAO DOS PRODUTOS DESTA REQUISICAO DE EMPENHO

DESCRICAO PRODUTO	UN CODIGO	QUANTIDADE	PRECO UNITARIO	VALOR TOTAL
1-ALENIA 12+400MCG	FR 124737	3,0000	97,1550	291,46
1-MELHORAL 500MCG+30MG	BL 124748	25,0000	4,0375	100,93
1-NEULEPTIL 1% C/ 20ML	FR 124750	4,0000	6,8850	27,54
1-NEULEPTIL 4% C/ 20ML	FR 124751	4,0000	13,3450	53,38
1-OMBRIZE 150MG C/ 30 CP+INAL	CX 124752	2,0000	95,4635	190,92
1-PROLOPA HBS 100MG+25MCG	CX 124755	8,0000	46,7925	374,34
1-RIVOTRIL 0,25MG C/ 30 COMP.	CX 124758	6,0000	4,2925	25,75
1-SPIRIVA RESPIMAT 2,5MCG	FR 124760	3,0000	249,6450	748,93
1-STIMULANCE C/ 10 SACHES	CX 124761	6,0000	40,3325	241,99
1-VESICARE 10MG C/ 30 COMP.	CX 124765	2,0000	138,2695	276,53
2-CLOR. MEMANTINA 10MG	CX 124768	2,0000	21,8400	43,68
1-BENICAR HCT 40+12,5MG C/ 30	CX 124856	2,0000	47,8975	95,79
1-DEPAKOTE 250MG C/ 30 COMP.	CX 124863	1,0000	33,1585	33,15
1-LEUCOGEN 20MG/5ML C/ 120ML	FR 124877	10,0000	78,6250	786,25

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1-MANTIDAN 100MG C/ 20 COMP.	CX	124879	3,0000	12,4525	37,35
1-MONOCORDIL RETARD 50MG C/ 30	CX	124880	2,0000	44,2850	88,57
1-NIAR 5MG C/ 30 COMP.	CX	124883	4,0000	52,1815	208,72
1-ONBRIZE 300MCG C/ 30 CPS+INL	CX	124886	3,0000	105,9525	317,85
1-PROFILRACIL 100MG C/ 30 COMP	CX	124889	3,0000	16,4305	49,29
2-CLOR. TANSULOSINA 0,4MG	CX	124917	3,0000	36,0880	108,26
2-CLOR. TICLOPIDINA 250MG	CX	124918	2,0000	20,5080	41,01
2-OXALATO DE ESCITALOPRAM 20MG	CX	124941	6,0000	85,7360	514,41
2-ROSUVASTATINA CALCICA 20MG	CX	124944	2,0000	63,2080	126,41
2-TART. BRIMONIDINA 2MG/ML	FR	124947	3,0000	13,8560	41,56
1-ARTROLIVE 1500+1200MG	CX	125035	12,0000	110,7635	1.329,16
1-AZOPT 1% C/ 5ML	FR	125037	3,0000	49,9630	149,88
1-EXODUS 20MG/ML C/ 15ML	FR	125043	4,0000	59,4660	237,86
1-FLEBON 50MG C/ 30 COMP.	CX	125044	3,0000	38,7175	116,15
1-PREBICTAL 150MG C/ 28 COMP.	CX	125057	4,0000	92,3780	369,51
1-TAPAZOL 10MG C/ 50 COMP.	CX	125063	2,0000	18,6660	37,33
1-TOFRANIL PAMOATO 75MG	CX	125065	2,0000	41,8880	83,77
1-TRAYENTA 5MG C/ 30 COMP.	CX	125066	1,0000	156,5955	156,59
1-URSACOL 150MG C/ 20 COMP.	CX	125067	3,0000	53,4055	160,21
2-NITRENDIPINO 10MG C/ 30 COMP	CX	125103	2,0000	7,5840	15,16
2-ROSUVASTATINA CALCICA 10MG	CX	125108	2,0000	36,0800	72,16
1-CERAZETTE 0,075MG C/ 84 COMP	CX	125144	1,0000	69,5130	69,51
1-CONCARDIO 5MG C/ 30 COMP.	CX	125146	2,0000	45,4750	90,95
1-MILGAMMA 150MG C/ 30 DRGS.	CX	125151	2,0000	46,3420	92,68
1-TROVAL CR 500MG C/ 30 COMP.	CX	125155	4,0000	37,7655	151,06
1-PREBICTAL 75MG C/ 14 CPS.	CX	125213	10,0000	30,1155	301,15
2-CLOR. TANSULOSINA 0,4MG	CX	125226	2,0000	52,2240	104,44
1-BAMIFIX 600MG C/ 20 COMP.	CX	125350	3,0000	35,1645	105,49
1-DONAREN RETARD 150MG C/ 20CP	CX	125351	2,0000	56,3125	112,62
1-FLUIR 12MCG C/ 30 CPS + INAL	CX	125353	4,0000	43,7580	175,03
1-RELESTAT 0,5MG/ML C/ 10ML	FR	125361	1,0000	81,3110	81,31
1-RITALINA LA 30MG C/ 30 CPS.	CX	125362	2,0000	189,1165	378,23
1-TEBONIN 120MG C/ 30 COMP.	CX	125365	4,0000	146,3275	585,31
2-FUM. QUETIAPINA 25MG C/ 14CP	CX	125370	4,0000	11,7760	47,10
1-NEBILET 5MG C/ 28 COMP.	CX	125456	1,0000	69,4025	69,40
1-OXIMAX 400MCG C/ 30 CPS+INAL	CX	125458	3,0000	54,7655	164,29
1-SERETIDE 50+250MCG/DOSE	FR	125460	4,0000	75,1910	300,76
1-TRAYENTA DUO 2,5MG+1000MG	CX	125461	1,0000	156,5955	156,59
1-XARELTO 20MG C/ 28 COMP.	CX	125463	1,0000	188,0880	188,08
2-SULF.+TRIMETOPRIMA 800+160MG	CX	125476	2,0000	1,8880	3,77
1-ALPHAGAN Z 0,1% C/ 5ML	FR	125542	4,0000	32,3935	129,57
1-ARTRINID 50MG/ML C/ 2ML	AM	125543	300,0000	2,3035	691,05
1-BENICAR HCT 20+12,5MG	CX	125544	4,0000	42,0410	168,16
1-CITONEURIN C/ 3 AMP. C/ 1ML	CX	125545	4,0000	9,9450	39,78
1-CYMBI 60MG C/ 30 CPS.	CX	125546	4,0000	91,7320	366,92
1-DEPAKENE 50MG/ML C/ 100ML	FR	125547	4,0000	11,8235	47,29

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1-DRAMIM B6 3+5+100+100MG/ML	AM	125548	100,0000	2,0995	209,95
1-ESPECTROPRIMA 40+8MG/ML	FR	125549	70,0000	1,2750	89,25
1-FLAGYL 400MG C/ 24 COMP.	CX	125550	1,0000	17,3230	17,32
1-ISORDIL 5MG C/ 30 CPS.	CX	125551	1,0000	6,8510	6,85
1-LYRICA 75MG C/ 28 CPS.	CX	125552	1,0000	92,6755	92,67
1-NAUSICALM 50+50MG/ML C/ 1ML	AM	125553	100,0000	1,4450	144,50
1-PLASIL 5MG/ML C/ 2ML	AM	125554	300,0000	1,3090	392,70
1-SINVASMAX 10MG C/ 30 COMP.	CX	125555	15,0000	22,2105	333,15
1-ULTRACET 325+37,5MG C/30COMP	CX	125556	6,0000	61,4890	368,93
1-VIDISIC GEL 2MG/G C/ 10G	BI	125557	2,0000	26,9705	53,94
1-VOLTAREN 25MG/ML	CX	125558	100,0000	11,8490	1.184,90
1-XARELTO 20MG C/ 14 COMP.	CX	125559	1,0000	104,3630	104,36
2-ACICLOVIR 400MG C/ 25 COMP.	CX	125560	2,0000	43,2800	86,56
2- CLOR. TRAMADOL 50MG C/ 50CP	CX	125561	60,0000	42,9760	2.578,56
2-OLANZAPINA 5MG C/ 28 COMP.	CX	125562	7,0000	101,5280	710,69
2-VALSARTANA+HIDROCLOROTIAZIDA	CX	125563	2,0000	12,2160	24,43

Valor Total a Empenhar(\*): R\$ 18.571,15  
EMPENHO (TIPO/NUMERO): \_\_\_\_\_  
VALOR TOTAL POR EXTENSO:(dezoito mil, quinhentos e setenta e um reais e quinze centavos\*\*\*\*\*  
\*\*\*\*\*)  
(\* ) Valor modificavel a criterio do usuario

MAURILIO ANTONIO PEREIRA  
SETOR DE COMPRAS