

**Republic of the Philippines**  
**Province of Davao del Norte**  
 Government Center, Mankilam, Tagum City  
**PURCHASE ORDER**

Supplier : <u>DAVAO ATHENA DRUG &amp; GEN. MDSE. INC.</u>  PhilGEPS Registration No. : <u>2010-63992</u> Address : <u>RM 303,529 CARNATION ST.,BUHANGIN,DAVAO CITY</u>  Tel / Fax #: <u>09201219163</u> Registration Certificate : <u>DTI</u>	P.O. No. : <u>2019113856</u>  Date : <u>November 26, 2019</u>  Mode of Procurement : <u>Shopping</u>  P.R. No. : <u>19104060</u>
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Req. Off.: PEEDO - DN HOSPITAL - KAPALONG ZONE

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

Place of Delivery: <u>DDNH-KZ</u> Date of Delivery: <u>07-14-2020</u>	Delivery Term: <u>10Calendar Day/s</u> Payment Term : <u>ON ACCOUNT</u>
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Item No.	Quantity/Unit	Description	Unit Cost	Amount
5	10 BOX	BUTAMIRATE 50MG TAB - ZETICOP	605.00	6,050.00
17	50 AMP	HYDRALAZINE 20MG - HYDRA-2L	24.70	1,235.00
37	4 BOT	SEVOFLURANE 250ML - ISOFLURANE	2,500.00	10,000.00

The award is based on Abstract No. 1120193388  
 dated November 07, 2019 under Quotation No. C20193882  
 opened on November 04, 2019

**BAC SECRETARIAT**  
 RECEIVED BY:   
 DATE: JAN 03 2020

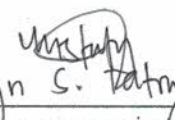
TO PURCHASED MEDICINES FOR DDNH-KZ USE	17,285.00
	GRAND TOTAL :P 17,285.00

Grand Total Amount in Words: SEVENTEEN THOUSAND TWO HUNDRED EIGHTY FIVE and 0/100

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.

I hereby conform that NOTICE TO DELIVER shall be served to the PLACE OF DELIVERY stated herein three(3) days before the actual delivery of the item/s covered by this Purchase Order.

Conforme:

  
Mailyn S. Katay  
 (Signature over printed name)  
  
11/7/20  
 (Date)

By the Authority of the Governor:  
  
**JOFREY C. MIRAFUENTES, MPA**  
 ADMIRAL OFFICER V

Very truly yours,

**EDWIN I. JUBAHIB**  
 Governor

NOTE : This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.