Republic of the Philippines

Province of Davao del Norte

Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier : NDMS ENTERPRISE, INC

P.O. No.: 2020104136

PhilGEPS Registration No. : 2017-212706

Date : October 30, 2020

Address: 3/F INSULAR LIFE, CUNTAPAY BLDG., TAGUM CITY

Mode of Procurement: Bidding

Tel / Fax #: (084) 216-8011/0933-640-6233

P.R. No. : 20053422

Registration Certificate

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 DDNH-KZ Date of Delivery:

Payment Term : ON ACCOUNT

Delivery Term: 30Calendar Day/s

Date of Delivery:		Payment Term : ON ACCOUNT		
Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	100 PCS	20CC SYRINGE - INDOPLAS	15.00	1,500.00
4	40 PCS	ARM SLING ADULT - GENERIC	50.00	2,000.00
5	30 PCS	ARM SLING PEDIA - GENERIC	50.00	1,500.00
6	600 PCS	BABY TAG PINK PEDIA - SURGITECH	4.00	2,400.00
7	600 PCS	BABY TAG BLUE PEDIA - SURGITECH	4.00	2,400.00
8	10 PCS	CAST PADDING 4X5 YARDS - SURGITECH	135.00	1,350.00
9	10 PCS	CAST PADDING 6X5 YARDS - SURGITECH	145.00	1,450.00
13	10 BOX	DENTAL NEEDLE LONG 100'S - NOP	375.00	3,750.00
14	10 BOX	DENTAL NEEDLE SHORT 100'S - NOP	375.00	3,750.00
18	40 BOT	DISTILLED WATER FOR INJECTION 100ML	55.00	2,200.00
19	100 PCS	ELASTIC BANDAGE 3X5 - SURGITECH/INDOPLAS	55.00	5,500.00
20	70 PCS	ELASTIC BANDAGE 4X5 - SURGITECH/INDOPLAS	45.00	3,150.00
21	50 PCS	ELASTIC BANDAGE 6X5 - SURGITECH/INDOPLAS	65.00	3,250.00

FOR DDNH-KZ USE, REPURCHASE OF MEDICAL SUPPLIES

SUB TOTAL : P 34,200.00

Grand Total Amount in Words :

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. Very truly yours,

Conforme:

EDWIN I. JUBAHIB

By the Authority of the Governor:

ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP Provincial Administrator

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 POYONG

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Date of Delivery: Payment Term : ON ACCOUNT Delivery Term: 30Calendar Day/s

Mode of Procurement: Bidding

Payment Term : ON ACCOUNT				
Item No.	Quantity/Unit	Description	Unit Cost	Amount
22	50 PCS	ELASTIC BANDAGE 2X5 - SURGITECH/INDOPLAS	25.00	1,250.00
23	1 SET	EPIDURAL SET	1,200.00	1,200.00
25	250 BOX	FACE MASK DISPOSABLE, MEDICAL 50'S - GENERIC	210.00	52,500.00
26	30 BOX	INTROCAN G-18 50'S - B BRAWN	3,150.00	94,500.00
27	20 BOX	INTROCAN G-20 50'S - B BRAWN	3,150.00	63,000.00
28	20 BOX	INTROCAN G-22 50'S - B BRAWN	3,150.00	63,000.00
29	35 BOX	INTROCAN G-24 50'S - B BRAWN	3,150.00	110,250.00
30	20 PCS	NGT-NASOGASTRIC TUBE FR16 - SIMPLEX	35.00	700.00
31	20 PCS	NGT-NASOGASTRIC TUBE FR8 - SIMPLEX	35.00	700.00
32	2BOX	PLAIN 2.0 24'S - TUDOR	800.00	1,600.00
40	5 BOX	SILK 4-0 CUTTING 12'S - TUDOR	450.00	2,250.00
41	5 BOX	SILK 5.0 WITH NEEDLE - TUDOR	450.00	2,250.00
42	5 BOX	SILK 1-0 CUTTING - TUDOR	450.00	2,250.00

FOR DDNH-KZ USE, REPURCHASE OF MEDICAL SUPPLIES

SUB TOTAL : P 395,450.00

Grand Total Amount in Words :

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:

GENT MUSE LI TAMONA

(Signature over printed name)

12/17/20

Very truly yours,

EDWIN I. JUBAHIB

By the Authority of the Governor:

ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP Provincial Administrator

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P.O. No.: 2020104136

PhilGEPS Registration No. : 2017-212706

Date : October 30, 2020

: 3/F INSULAR LIFE, CUNTAPAY BLDG., TAGUM CITY

Mode of Procurement: Bidding

Tel / Fax #: (084) 216-8011/0933-640-6233

P.R. No.: 20053422

Registration Certificate

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 DDNH-KZ Date of Delivery:

Payment Term : ON ACCOUNT

Delivery Term: 30Calendar Day/s

Date of L	clively.	rayment term . ON ACCOUNT		
Item No.	Quantity/Unit	Description	Unit Cost	Amount
43	5 BOX	SILK 2-0 CUTTING 12'S - TUDOR	450.00	2,250.00
44	10 BOX	SILK 3.0 CUTTING 12'S - TUDOR	450.00	4,500.00
45	60 PCS	SPINAL NEEDLE G25 - TOP	135.00	8,100.00/
46	10 PCS	STRAIGHT CATHETHER FR10 - GENERIC	35.00	350.00
47	20 PCS	STRAIGHT CATHETHER FR12 - GENERIC	35.00	700.00
48	20 PCS	STRAIGHT CATHETHER FR8 - GENERIC	35.00	700.00 /
49	560 PCS	SUCTION CATHETHER FR8 - SURGITECH/KENXIN	12.00	6,720.00
54	2BOX	VICRYL 0 - ETHICON 12'S	3,200.00	6,400.00
55	1 BOX	VICRYL 2/0 - ETHICON 12'S	3,000.00	3,000.00
56	1BOX	VICRYL 3/0 - ETHICON 12'S	3,100.00	3,100.00 /
57	1BOX	VICRYL 4/0 - ETHICON 12'S	3,100.00	3,100.00 /
63	10 BOX	CHROMIC 1 ROUND - TUDOR 12'S	450.00	4,500.00
64	10 BOX	CHROMIC 2-0 WITH NEEDLE 24'S - TUDOR	900.00	9,000.00
65	10 BOX	CHROMIC 3 ROUND 12'S - TUDOR	650.00	6,500.00 /

FOR DDNH-KZ USE, REPURCHASE OF MEDICAL SUPPLIES

SUB TOTAL

58,920.00

Grand Total Amount in Words :

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. Very truly yours,

Conforme:

CENTRUST 1.

EDWIN I. JUBAHIB Governor

(Signature over printed name)

By the Authority of the Governor:

and. ENGR. JOSIE JEAN R. RABANOZ, MPA, ENP Provincial Administrator

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Mode of Procurement: Bidding

Tel / Fax #: (084) 216-8011/0933-640-6233 Registration Certificate

P.R. No. : _20053422

Reg. Off.: PEEDO - DN HOSPITAL - KAPALONG ZONE

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Place of Delivery DDNH-KZ Date of Delivery:

Payment Term : ON ACCOUNT

Delivery Term: 30Calendar Day/s

Date of L	renvery.	Payment Term : ON ACCOUNT		
Item No.	Quantity/Unit	Description	Unit Cost	Amount
66	10 BOX	CHROMIC CATGUT DOUBLE NEEDLE SIZE 2-0 12'S - TUDOR	700.00	7,000.00
67	10 BOX	CHROMIC CATGUT SIZE 2-0 12'S - TUDOR	550.00	5,500.00
68	10 BOX	CHROMIC CATGUT SIZE 3-0 12'S - TUDOR	550.00	5,500.00
69	10 BOX	CHROMIC CATGUT SIZE 2-0 SINGLE ROUND NEEDLE - TUDOR	550.00	5,500.00
72	300 PCS	HEPLOCK - INMED	15.00	4,500.00
73	600 PCS	ID TAG WHITE ADULT - SURGITECH	4.00	2,400.00
74	75 BOX	MICROSET 50'S - SURGITECH	1,200.00	90,000.00
78	3BOX	NOVOSYN 2/NOVOSYN QUICK 2 36'S - B BRAWN	15,000.00	45,000.00
79	3 BOX	NOVOSYN 3/NOVOSYN QUICK 3 36'S - B BRAWN	15,000.00	45,000.00
80	100 PCS	OXYGEN FACIAL MASK ADULT - SURGITECH	45.00	4,500.00
81	50 PCS	OXYGEN FACIAL MASK PEDIA - SURGITECH	65.00	3,250.00

FOR DDNH-KZ USE, REPURCHASE OF MEDICAL SUPPLIES

SUB TOTAL : P 218,150.00

Grand Total Amount in Words :

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.

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Conforme:

(Signature

Very truly yours,

EDWIN I. JUBAHIB

Governor

By the Authority of the Governor:

ENGR. JOSIEJEAN R. RABANOZ, MPA, EnP Provincial Administrator

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Registration Certificate

P.R. No.: 20053422

Reg. Off.: PEEDO - DN HOSPITAL - KAPALONG ZONE

INDOPLAS

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Place of Delivery DDNH-KZ Date of Delivery:

Payment Term : ON ACCOUNT

Delivery Term: 30Calendar Day/s

Item No.	Quantity/Unit	Description	Unit Cost	Amount
83	100 PCS	YANKAUER SUCTION TIP - INDOPLAS	200.00	20,000.00
85	50 PCS	N95 FACE MASK - 3M	400.00	20,000.00
86	30 BOX	GLOVES SURGICAL STERILE S 6.5 50'S - INDOPLAS	850.00	25,500.00
87	40 BOX	GLOVES SURGICAL STERILE S 7.5 50'S -	850.00	34,000.00

PERIOD OF DELIVERY: 30 DAYS

The award is based on Abstract No. 0920203427 dated September 18, 2020 under Bid No. B20200343 opened on September 17, 2020

FOR DDNH-KZ USE, REPURCHASE OF MEDICAL SUPPLIES

SUB TOTAL : P 99,500.00

GRAND TOTAL : P

806,220.00

Grand Total Amount in Words :

EIGHT HUNDRED SIX THOUSAND TWO HUNDRED TWENTY 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.

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Conforme:

(Signature over printed name) Very truly yours,

EDWIN I. JUBAHIB Governor

By the Authority of the Governor:

WAL -ENGR. JOSIE EAN R. RABANOZ, MPA, ENP

Provincial Administrator

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