

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

**PURCHASE ORDER**

Supplier : <u>EAH MEDICINE AND MEDICAL SUPPLIES MARKETING</u>  PhilGEPS Registration No. : <u>266017</u> Address : <u>P.PANDAN BRGY.REMEGIO,IGACOS,DDN</u>  Tel / Fax #: <u>09561675352</u> Registration Certificate : <u>DTI</u>	P.O. No. : <u>2021094039</u>  Date : <u>September 16, 2021</u>  Mode of Procurement : <u>Bidding</u>  P.R. No. : <u>21063012</u>
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Req. Off.: Provincial Health Office

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

Place of Delivery: <u>COVID OPCEN</u> Date of Delivery: _____ Payment Term : <u>ON ACCOUNT</u>	Delivery Term: <u>10Calendar Day/s</u>
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Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	200 BOT	BENZALKONIUM CHLORIDE - BKC BRANDED, FDA APPROVED, SCENTED, 99.9% GERM KILL ANTIBACTERIAL SOLUTION 1L PER BOTTLE	650.00	130,000.00
2	248 GAL	ALCOHOL - SUPREME BRANDED, ISOPROPHYL ALCOHOL W/ MOISTURIZER, HYPOALLERGENIC-DERMATOLOGIST TESTED, 70% SOLUTION, FDA APPROVED	520.00	128,960.00

*ALL BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS*  
*-TO BE DELIVERED 10 CALENDAR DAYS UPON RECEIPT OF P.O*  
*-NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR EXTENTION BE GRANTED*

*10 CAL. DAYS*

The award is based on Abstract No. 0920213671  
 dated September 03, 2021 under Bid No. B20210419  
 opened on September 02, 2021

FOR USE OF COVID 19 OPERATION CENTER	GRAND TOTAL : P 258,960.00
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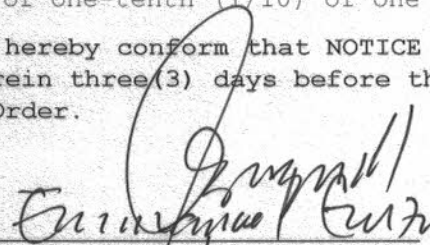
Grand Total Amount in Words : TWO HUNDRED FIFTY EIGHT THOUSAND NINE HUNDRED SIXTY and 0/100

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: \_\_\_\_\_

Very truly yours,

  
 (Signature over printed name)  
  
 \_\_\_\_\_  
 (Date)

By the Authority of the Governor

**EDWIN I. JUBAHIB**  
Governor

**GALE GUADALUPE G. MORTILLERO, MSLRG, MHRM**  
Assistant Provincial Administrator (Administration)

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.