



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

**PURCHASE ORDER**

Supplier : **GAD'S CARE MEDICAL TRADING**

P.O. Number: **2021120913**

Address : **#9 DURIAN ST. BUHANGIN DISTRICT DAVAO CITY**



**2021100861BFC12**

PhilGEPS Registration No. : **20190350606903503853**

Tel./Fax No. : **09150944894**

Registration Certificate : **DTI**

Date : **Dec 07, 2021**

Mode of Procurement : **Shopping**

P.R. No. : **2021100861**

Req. Office : **Office of 1st District BM ROBERT L. SO**

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

Date of Delivery : \_\_\_\_\_ Payment Term : **ON ACCOUNT**

Delivery Term: **10 Calendar Days**

Place of Delivery : **SPO So Office**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	2,000.00 box	Face mask 50-pcs per box disposable 3-ply surgical face mask	55.00	110,000.00

The award is based on Abstract No. **1120210500** dated **December 03, 2021** under Quotation No. **20217548C** opened on **November 04, 2021**

Sub-Total : 110,000.00

Procurement of 2,000 boxes of 3-ply disposable surgical face mask for distribution to various barangays in First District of Davao del Norte against COVID-19

GRAND TOTAL : **₱ 110,000.00**

Grand Total Amount in Words : **ONE HUNDRED TEN THOUSAND AND XX / 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 :

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

Very truly yours,  
 By the Authority of the Governor:

**EDWIN I. JUBAHIB**  
 Governor

**DEC 22 2021**  
 \_\_\_\_\_  
 (Date)

**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.

**DOMINGO C. DALIGDIG III**