




# PURCHASE ORDER

Supplier : <b>BIOSITE MEDICAL INSTRUMENTS</b>  Address : <b>512, Manga St., Juna Subdivision</b>  PhilGEPS Registration No. : <b>20071117524994836634</b> Tel./Fax No. : <b>(082)296-9485/082-295-6420</b> Registration Certificate : <b>DTI</b>	P.O. Number: <b>2022041382</b>  <b>202202144564328</b> Date : <b>Apr 05, 2022</b> Mode of Procurement : <b>Shopping B</b> P.R. No. : <b>2022021445(Regular Purchase)</b>
Req. Office : <b>PEEDO - DDN Blood Center</b>	

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

Date of Delivery : _____	Payment Term : <b>ON ACCOUNT</b>	Delivery Term: <b>10 Calendar Days</b>
Place of Delivery : <b>ON SITE</b>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	50.00 TRAYS	COLLECTING TUBE, RED TOP 5ML,PLAIN,GLASS,100'S,13X75MM	550.00	27,500.00
2	50.00 TRAYS	COLLECTING TUBE, LAVANDER TOP EDTA K2, 2ML, GLASS, 100'S, 13X75MM	500.00	25,000.00
3	50.00 PACKS	YELLOW TIPS 200-300 MICROLITER,1000'S	250.00	12,500.00

Remarks :  
 TERMS & CONDITIONS:  
 -DELIVERY MUST BE WITH IN 10-15 DAYS AFTER RECEIVED THE APPROVED PURCHASE ORDER  
 -ALL DELIVERIES OF SUPPLIES MUST BE AT LEAST 1 YEAR OR MORE TO ITS EXPIRY DATE.  
 -SPECIFICATION AND CLARIFICATION REFER TO R.O.

The award is based on Abstract No. **0320221183** dated **March 14, 2022** under Quotation No. **20221372C** opened on **March 10, 2022**

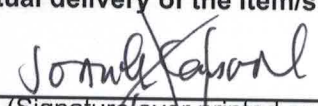

Sub-Total : 65,000.00

<b>FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY</b>	<b>GRAND TOTAL : <span style="float: right;">P 65,000.00</span></b>
Grand Total Amount in Words : <b>SIXTY-FIVE THOUSAND AND XX / 100</b>	

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)	By the Authority of the Governor  <b>JOEFREY C. MIRAFUENTES, MPA</b> Supervising Admin. Officer	Very truly yours,  <b>EDWIN I. JUBAHIB</b> Governor
4/2/22 _____ (Date)		

**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