

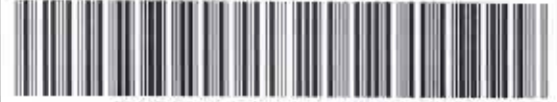


PURCHASE ORDER

Supplier : CENTRAMED PHILS. CO

P.O. Number: 2022115197

Address : LOT 24 AND 26, BLOCK 2 ROOM 204, BAGSI BUILDING,
 DACUDAO, AGDAO DISTRICT DAVAO CITY



O202211519754E62B976

PhilGEPS Registration No. : 20040229731567887852

Date : Nov 07, 2022

Tel./Fax No. : 0822243802

P.R. No. : 2022085272

Registration Certificate : SEC

Procurement mode: Competitive Bidding

Req. Office : PEEDO - DavNor Pharmacy

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 : DAVNOR PHARMACY

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	50.00 VIALS	ANTI HUMANGLOBULIN (AHG) 10ML TULIP	✓950.00	47,500.00
2	100.00 VIALS	BLOOD TYPING SERUM SNTI A 10ML TULIP	✓350.00	35,000.00
3	100.00 VIALS	BLOOD TYPING SERUM ANTI B 10ML TULIP	✓350.00	35,000.00
4	100.00 VIALS	BLOOD TYPING SERUM ANTI D 10ML TULIP	✓800.00	80,000.00
5	20,000.00 TUBES	COLLECTION TUBE YELLOW TOP 4ML CENTRALAB GLASS	✓7.65	153,000.00
6	20,000.00 TUBES	EDTA TUBE 2ML CENTRALAB GLASS	✓4.95	99,000.00
7	8,000.00 KIT	HBSAG RAPID TEST ABBOT	✓43.50	348,000.00
8	5,000.00 KIT	H. PYLORI RAPID TEST ABBOT	✓205.00	1,025,000.00
9	100.00 VIALS	LOW IONIC STRENGHT SALINE (LISS) 5ML TULIP	✓800.00	80,000.00
10	50.00 BOTTTS	NORMAL SALT SOLUTION 0.85%, 1L KRON	✓410.00	20,500.00
11	2.00 KIT	STAINING KIT (FOR PAP SMEAR)	✓5,577.00	11,154.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS.

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,

JOHN MARK O. DUROS
 (Signature over printed name)

EDWIN T. JUBAHIB
 Governor

FEB. 12, 2023
 (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.

ALEJANDRO R. OMILA JR.

PURCHASE ORDER

Supplier : **CENTRAMED PHILS. CO**

P.O. Number: 2022115197

Address : **LOT 24 AND 26, BLOCK 2 ROOM 204, BAGSI BUILDING,
DACUDAO, AGDAO DISTRICT DAVAO CITY**



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PhilGEPS Registration No. : **20040229731567887852**

Tel./Fax No. : **0822243802**

Registration Certificate : **SEC**

Date : **Nov 07, 2022**

P.R. No. : **2022085272**

Procurement mode: **Competitive Bidding**

Req. Office : **PEEDO - DavNor Pharmacy**

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

Date of Delivery : _____ Payment Term : **ON ACCOUNT**

Place of Delivery : **DAVNOR PHARMACY**

Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		MEDIC		
12	1,000.00 TUBE	TEST TUBE GLASS 5ML, 12X75 CENTRALAB	4.95	4,950.00

- Remarks :
1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
 2. NO PARTIAL DELIVERIES.
 3. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
 4. TOTAL LOT AWARDING.
 5. WINNING SUPPLIER MUST SUBMIT A COPY OF MATERIAL SAFETY DATA SHEET (MSDS) FOR ITEMS NO. 1, 2, 3, 4 AND 9 AND CERTIFICATE OF PRODUCT REGISTRATION (CPR) FOR ITEMS NO. 7 AND 8.
 6. SUPPLIER MUS INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE THREE (3) DAVAO DEL NORTE HOSPITALS MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT:

*DDNH-KAPALONG ZONE - P967,333.34

*DDNH-CARMEN ZONE - P967,333.34

*DDNH-IGACOS ZONE - P967,333.32

The award is based on Abstract No. **1020224825** created on **October 18, 2022** and resolved on **November 07, 2022** under Quotation No. **20225954B** opened on **October 13, 2022**

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS.

Grand Total Amount in Words : **ONE MILLION NINE HUNDRED THIRTY-NINE
THOUSAND ONE HUNDRED FOUR AND XX / 100**

GRAND TOTAL : **₱ 1,939,104.00**

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 :

JOHN MARIC PUOS
(Signature over printed name)

Very truly yours,

EDWIN T. JUBAHIB
Governor

FEB. 7, 2023
(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.

ALEJANDRO R. OMILA JR.