



PURCHASE ORDER

Supplier : **ZAFIRE DISTRIBUTORS INC.**

P.O. Number: **2023020141**

Address : **QUEZON CITY**



O20230201419A7CCB336

PhilGEPS Registration No. : **200701121611036007408**

Tel./Fax No. : **925-0500**

Registration Certificate : **SEC**

Date : **Jan 26, 2023**

P.R. No. : **2022117460**

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
1	5,000.00 PCS	BLOOD ADMINISTRATION SET TERUMO	68.00	340,000.00
2	36,000.00 PCS	DISPOSABLE INSULIN SYRINGE W/NEEDLE 1ML TERUMO	6.22	223,920.00
3	44,000.00 PCS	DISPOSABLE SYRINGE W/NEEDLE 3ML TERUMO	6.03	265,320.00
4	44,000.00 PCS	DISPOSABLE SYRINGE W/NEEDLE 5ML TERUMO	6.49	285,560.00
5	5,000.00 PCS	IV CANNULA G26 WITH WINGED AND PORT TERUMO	96.50	482,500.00

Remarks :

- ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
- NO PARTIAL DELIVERIES.
- ALL ITEMS MUST BE QUOTED WITH SPECIFIC BRAND, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
- TOTAL LOT AWARDING.
- SUPPLIER MUST SUBMIT A COPY OF INTERNATIONAL STANDARD ORGANIZATION (ISO) 13485:2016 OF THE COMPANY AND A CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF EACH ITEM.
- SUPPLIER MUST 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.

*KAPALONG - P666,000.00


*IGACOS - P666,000.00

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 :


WENDEU GIMBAS
(Signature over printed name)

Very truly yours,


EDWIN J. JUBAHIB
Governor

March 30, 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.



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*CARMEN - P666,000.00

The award is based on Abstract No. **0120230001** created on **January 03, 2023** and resolved on **January 26, 2023** under Quotation No. **20228471B** opened on **December 28, 2022**

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

Grand Total Amount in Words : **ONE MILLION FIVE HUNDRED NINETY-SEVEN THOUSAND THREE HUNDRED AND XX / 100**

GRAND TOTAL : **₱ 1,597,300.00**

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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 :

WENDEU LOPE GIMIBAS
(Signature over printed name)

Very truly yours,

EDWIN Y. JUBAHIB
Governor

March 30, 2023
(Date)

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ALEJANDRO R. OMILA JR.