Republic of the Philippines

Province of Davao del Norte

Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier : POWER HEALTH ENTERPRISE

PhilGEPS Registration No. : 20/4-08-12485778 7593 235

Address: PRK.KALAMBOAN, MAGUGPO NORTH, TAGUM CITY, DDN

Tel / Fax #:

Item No.

1

Registration Certificate DTT Mode of Procurement: SVP

P.R. No. : 21031909

Unit Cost

P.O. No.: 2021062292

Date: May 11, 2021

Req. Off.: Provincial Health Office

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

Place of Delivery PGSO Warehouse

Quantity/Unit

10 PCS

Date of Delivery: Payment Term : ON ACCOUNT Delivery Term: 5Calendar Day/s

6,950.00

Amount

69,500.00

Description

-DIMENSION:1.2 CM X 21 CM

LENGTH/HEIGTH BOARD

-MEASURING RANGE:150 CM

-COLOR: WHITE

-UNIT OF MEASUREMENT: CENTIMETER

-SMALLEST GRADUATION: 0.1 CM

-MATERIAL: ALUMINUM

-RULER MARKING: LASER ENGRAVED NUMERICAL SYMBOLS

-SUPPLIED WITH PICTOGRAM

-CUSHION PAD AND USER MANUAL

-DOST CALIBRATED

-ALL BIDDERS MUST SPECIFY/INDICATE BRAND NAME OF THEIR PRODUCTS

-TO BE DELIVERED 5 CALENDAR DAYS UPON RECEIPT OF PO

-NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR

EXTENTION BE GRANTED

The award is based on Abstract No.

dated May 11, 2021 under Quotation No. C20211966

FOR USE OF PHO-NUTRITION PROGRAM

GRAND TOTAL : P

69,500.00

Grand Total Amount in Words :

SIXTY NINE THOUSAND FIVE HUNDRED 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. Very truly yours,

Conforme:

By the Authority of the Governor

EDWIN I. JUBAHIB

(Signature over printed name)

JOEFREY GRAFUENTES, MPA

Governor

(Date)

Supervising Admin. Officer

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