

Republic of the Philippines

Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier :BIOSITE MEDICAL INSTRUMENTS

Address: 512, Manga St., Juna Subdivision

PhilGEPS Registration No. : 20071117524994836634

Tel./Fax No.: (082)2969485 Registration Certificate: DTI

Req. Office: PEEDO - DavNor Pharmacy

P.O. Number: 2021120724



2021100958C1525

Date : Dec 01, 2021

Mode of Procurement : Shopping

P.R. No. : **2021100958**

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

Payment Term : ON ACCOUNT Delivery Term: 10 Calendar Days

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ì.N.	Quantity/Unit	Item	Unit Cost	Amount
1	1,440.00 ML	ALT/GPT	50.22	72,316.80
2	1,440.00 ML	ALT/GOT	50.22	72,316.80
3	800.00 ML	BLOOD UREA NITROGEN	41.60	33,280.00
4	600.00 ML	GLUCOSE	22.22	13,332.00
5	1,152.00 ML	HDL CHOLESTEROL	150.46	173,329.92
6	750.00 ML	CHOLESTEROL	50.00	37,500.00
7	1,152.00 ML	CREATININE	50.00	57,600.00
8	250.00 ML	TRIGLYCERIDES * the preaparation shall be in accordance to the	55.55	13,887.50

the preaparation shall be in accordance to the specified quality assurance protocol.

* the items shall have at least 2 years expiry period.

* the products shall pass through the compulsory licensing bodies.

* all reagents are DOH approved and are environment friendly products.

Sub-Total:

473,563.02

FOR THE USED OF DDNH-KAPALONG ZONE AND DDNH-IGACOS ZONE GRAND TOTAL: ₱ 473,563.02

Grand Total Amount in Words: FOUR HUNDRED SEVENTY-THREE THOUSAND FIVE HUNDRED SIXTY-THREE AND 02 / 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)

(Date)

Very truly yours, By the Authority of the Governor:

ENGR. JØSIÐJEAN R. RABANOZ, MPA, ENP

EDWIN I. JUBAHIB
Governor

Provincial Administrator

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



AND LABORATORY SUPPLIES ACCOUNT.

*KAPALONG - P236,805.51 *IGACOS - P236,805.51

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PURCHASE ORDER Supplier: BIOSITE MEDICAL INSTRUMENTS P.O. Number: 2021120724 Address: 512, Manga St., Juna Subdivision PhilGEPS Registration No. : 20071117524994836634 Date : **Dec 01, 2021** Tel./Fax No.: (082)2969485 Mode of Procurement: Shopping Registration Certificate: DTI P.R. No. : 2021100958 Req. Office: PEEDO - DavNor Pharmacy Gentlemen: Please furnish this office the following articles subject to terms and conditions 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 Remarks 1. REPEAT ORDER TO PURCHASE ORDER NO. 2020051834 DATED MAY 22, 2020. 2. ALL REAGENTS MUST BE COMPATIBLE TO SMARTLYTE PLUS AND ILAB ARIES MACHINE. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY. 4. NO PARTIAL DELIVERIES. 5. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER. 6. TOTAL LOT AWARDING. 7. SUPPLIER MUST BE INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS. ALL ITEMS TO BE CHARGED TO DDNH-KAPALONG ZONE AND DDNH-IGACOS ZONE MOOE UNDER MEDICAL, DENTAL

> The award is based on Abstract No. 1120210825 dated November 24, 2021 under Quotation No. 20218038C opened on November 18, 2021

> > Sub-Total:

0.00

FOR THE USED OF DDNH-KAPALONG ZONE AND DDNH-IGACOS ZONE **GRAND TOTAL:** ₱ 473,563.02 Grand Total Amount in Words: FOUR HUNDRED SEVENTY-THREE THOUSAND FIVE HUNDRED SIXTY-THREE AND 02 / 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 tem/s covered by this Purchase Order. Conforme: Very truly yours, an ahr By the Authority of the Governor: (Signature over printed riame) **EDWIN I. JUBAHIB** Mrs - V 2 Governor ENGR. JOSE JEAN R. RABANOZ, MPA, ENP (Date) Provincial Administrator NOTE:

DOMINGO C. DALIGDIG III

Treasurer supported by this form to be attached to the voucher.

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