




PURCHASE ORDER

Supplier : BIOSITE MEDICAL INSTRUMENTS	P.O. Number: 2021110699
Address : 512, Manga St., Juna Subdivision	 2021101450D165F
PhilGEPS Registration No. : 20071117524994836634	Date : Nov 25, 2021
Tel./Fax No. : (082)2969485	Mode of Procurement : Shopping
Registration Certificate : DTI	P.R. No. : 2021101450
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	1,490.00 KIT	COVID-19 ANTIGEN RAPID TEST WONAFO (FDA APPROVED) 20'S	170.00	253,300.00

- Remarks :
- ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE DATE OF DELIVERY.
 - TOTAL LOT AWARDING.
 - PRODUCT MUST BE DOH ACCREDITED AND THE WINNING SUPPLIER MUST PROVIDE THE CERTIFICATE OF PRODUCT REGISTRATION (CPR) UPON DELIVERY.
 - SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.
- ITEM TO BE CHARGED PER DEPARTMENT OR OFFICES MOOE UNDER OTHER SUPPLIES AND MATERIALS EXPENSES ACCOUNT BASED ON THE NUMBER OF PARTICIPANTS.

The award is based on Abstract No. **1120210875** dated **November 22, 2021** under Quotation No. **20218090C** opened on **November 18, 2021**

Sub-Total : 253,300.00

FOR THE CONSUMPTION OF DAVAO DEL NORTE EMPLOYEES WHO WILL ATTEND THE YEAR END EVALUATION.	GRAND TOTAL : ₱ 253,300.00
Grand Total Amount in Words : TWO HUNDRED FIFTY-THREE THOUSAND THREE HUNDRED AND XX / 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)

Very truly yours, _____
By the Authority of the Governor:
GALE GUADALUPE G. MORTILLERO, MSLRG, MHRM
Assistant Provincial Administrator (Administration)
EDWIN I. JOBABIB
Governor

_____ **2/8/22** _____
(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