



PURCHASE ORDER

Supplier : **YOURMED MARKETING**

P.O. Number: **2022041887**

Address : **DAVAO CITY**



2022032035DA245433DB

PhilGEPS Registration No. : **20101237403473235212**

Tel./Fax No. : **082-2849887**

Registration Certificate : **DTI**

Date : **Apr 28, 2022**

P.R. No. : **2022032035**

Procurement mode: **Shopping B (Regular Purchase)**

Req. Office : **PEEDO - DDN Blood Center**

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

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

Delivery Term: **10-15 cal. days**

Place of Delivery : **PEEDO DAVAO DEL NORTE BLOOD CENTER BLDG.,M**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	200.00 BOTTLES	ALCOHOL ISOPROPHYL, 70%, 50ML 500ml	95.00	19,000.00
2	100.00 BOXES	ADHESIVE BANDAGE STRIPS/TAPES HYPOALLERGENIC,100'S band aid, medicare	65.00	6,500.00
3	25.00 TRAY	COLLECTING TUBE RED TOP, GLASS, 5ML, 100'S	520.00	13,000.00
4	25.00 TRAY	COLLECTING TUBE LAVANDER TOP, GLASS, 4ML, 100'S 3ml,not 4ml	520.00	13,000.00

Remarks : NOTE: -ALL DELIVERED SUPPLIES MUST BE AT LEAST 1 YEAR OR MORE PRIOR TO ITS EXPIRY DATE -SUPPLIER MUST BE WITHIN TAGUM CITY FOR FAST & EASY TRANSACTION & DELIVERY -DELIVERY TERM: 10-15 DAYS UPON RECEIVED THE APPROVED PURCHASE ORDER -ITEM SPECIFICATION/CLARIFICATION REFER TO R.O.

The award is based on Abstract No. **0420221800** dated **April 05, 2022** under Quotation No. **20222151C** opened on **March 31, 2022**

Sub-Total : 51,500.00

FOR USE OF PEEDO DAVAO DEL NORTE BLOOD CENTER LABORATORY

GRAND TOTAL : **₱ 51,500.00**

Grand Total Amount in Words : **FIFTY-ONE THOUSAND FIVE 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 :

MARY ANN V. FAUSTINO, MHT
YourMed Marketing

By the Authority of the Governor,

(Signature over printed name)

JOEFREY C. MIRAFUENTES, MPA
Supervising Admin. Officer

EDWIN I. JUBAHIB
Governor

(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.