




PURCHASE ORDER

Supplier : EAH MEDICINE & MEDICAL SUPPLIES MARKETING Address : IGACOS DAVAO DEL NORTE PhilGEPS Registration No. : 201903484741796059715 Tel./Fax No. : 082-3927098 Registration Certificate : DTI	P.O. Number: 2022104338  020221043381AEB34E6A Date : Oct 06, 2022 P.R. No. : 2022085423 Procurement mode: Shopping B (Regular Purchase)
Req. Office : Provincial Health Office	

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 : PGSO Warehouse	Delivery Term: 20 Calendar Days
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	30.00 PCS	TRAUMA BAG -DIMENTION; LENGTH; 19" X HEIGHT; 14" X WIDTH; 9" -REFLECTIVE STRIPES MAKE IT VISIBLE AND EASY TO IDENTIFY -REMOVABLE AND ADJUSTABLE INSIDE COMPARTMENTS TO ALLOW YOU TO CUSTOMIZE YOUR STORED SUPPLIES -RED COLOR	2,083.00	62,490.00
2	50.00 PCS	FIRST RESPONDER BAG -HIGH QUALITY-THICK, ABRASION-RESISTANT MATERIAL THAT IS NOT EASILY TORN, PUNCTURED, OR SCRATCHED DURING OUTDOOR ACTIVITIES. ADJUSTABLE PADDED SHOULDER STRAPS AND COMFORTABLE HANDLES, TWO CARRYING METHODS TO MEET YOUR NEEDS. - THE BAG PROTACTS TOOLS IN HUMID AND HARSH ENVIRONMENT. -COLOR RED -SIZE: 45 X 30 X 19CM	700.00	35,000.00
3	500.00 PCS	FIRST AID POUCH -MATERIAL; SOFT POLY MATERIAL -MULTIPLE COMPARTMENT PART TO STORE YOUR MEDICAL AID/ STUFF IN ORGANIZE WAY	250.00	125,000.00

FOR USE OF DISASTER RISK REDUCTION MANAGEMENT IN HEALTH (DRRM-H)

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 : _____ Very truly yours,
 (Signature over printed name) **The Authority of the Governor**
 _____ **EDWIN I. JUBAHIB**
 (Date) **11-17-22** **Governor**
 _____ **NSELMO G. JUNIO, MAPM, STB**
Executive Assistant IV

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.



PURCHASE ORDER

Supplier : **EAH MEDICINE & MEDICAL SUPPLIES MARKETING**

P.O. Number: 2022104338

Address : **IGACOS DAVAO DEL NORTE**



O20221043381AEB34E6A

PhilGEPS Registration No. : **201903484741796059715**

Tel./Fax No. : **082-3927098**

Registration Certificate : **DTI**

Date : **Oct 06, 2022**

P.R. No. : **2022085423**

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

Req. Office : **Provincial Health Office**

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

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

Delivery Term: **20 Calendar Days**

Place of Delivery : **PGSO Warehouse**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
4	50.00 PCS	MEGA STORAGE BOX 34L -TRANSPARENT POCKET WITH ZIPPER TO ORGANIZE YOUR SOLID OR LIQUID MEDICAL STUFF IN SAFETY AND ORGANIZE -DURABLE HAND STRIPE TO MAKE YOUR FIRSAID BAG TO CARRY EASILY DURING TRAVEL OR EMERGENCY USES -POLY MATERIAL TO PREVENT YOUR MEDICAL STUFF FROM WATER DROP * APPROXIMATELY MEASUREMENT: 23CM (L) X 13CM(H) X 7.5CM(W) -PLASTIC RESINS -SNAP LOCK -34L CAPACITY -STACKABLE -FOOD GRADE MATERIAL -WITH WHEELS FOR EASY TRANSPORT -MEASUREMENTS: L55 X W39 X H24CM	600.00	30,000.00

Remarks :

-NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR EXTENTION BE GRANTED

The award is based on Abstract No. **1020224542** created on **October 04, 2022** under Quotation No. **20226182C** opened on **September 29, 2022**

FOR USE OF DISASTER RISK REDUCTION MANAGEMENT IN HEALTH (DRRM-H)

Grand Total Amount in Words : **TWO HUNDRED FIFTY-TWO THOUSAND FOUR HUNDRED NINETY AND XX / 100**

GRAND TOTAL : **₱ 252,490.00**

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.

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Conforme :

[Signature]
(Signature over printed name)

Very truly yours,

11-17-22
(Date)

By The Authority of the Governor
[Signature]
ANSELMO G. MUNIO, MAPM, STB
Executive Assistant IV

EDWIN I. JUBAHIB
Governor

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