


PURCHASE ORDER


Supplier: **KARVIN PHARMA CENTER** P.O No: 2020 - 0101
 Address: 235 QUIRINO MERCADO AVE. TACURONG CITY Date: 23-Jun-20
 SULTAN KUDARAT
 Tel/Fax#: Mode of Procurement: NG
 Registration Certificate: DTI PR No: 202053382
 Req. Office: PEEDO-ADMIN

Gentlemen: Please furnish this office the following articles to terms and conditions contained herein:
 Place of Delivery: R.O Delivery Term:
 Date of Delivery: Payment Term: ON ACCOUNT

ITEM NO	QUANTITY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
1	4	UNIT	EMERGENCY CART WITH COMPLETE SET	5,000	50,000.00
2	7	PCS	WHEELED STRETCHER BED WITH SIDERAILS AND IV STAND	25,000	175,000.00
3	14	PCS	MECHANICAL BEDS WITH SIDERAILS	40,000	560,000.00
4	3	PCS	EMERGENCY CART WITH COMPLETE SET	60,000	180,000.00
5	3	PCS	MAYO INSTRUMENT TABLE WITH TRAY	15,000	45,000.00
6	10	PCS	BEDSIDE TABLE	10,000	100,000.00
7	1	PC	MEDICINE TROLLEY	80,000	80,000.00
8	2	PCS	DRESSING CART	15,000	30,000.00
Sub-Total					1,220,000.00
Grand Total Amount in Words:					

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one I hereby conform that the **NOTICE TO DELIVER** shall be served to the **PGSO three (3) days before the actual**

Conforme: 
 Signature over Printed Name: **OSCAR G. MILON**
 Date: **JUNE 23 2020**

Very truly yours,
 By the Authority of the Governor: **EDWIN I. JUBAHIB**
 Governor

ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
 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