

Republic of the Philippines

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

PURCHASE ORDER

Supplier: EAH MEDICINE & MEDICAL SUPPLIES MARKETING

Address: IGACOS DAVAO DEL NORTE

PhilGEPS Registration No. : 201903484741152413562

Tel./Fax No.: <u>082-3927098</u> Registration Certificate: <u>DTI</u>

Req. Office: Provincial Health Office

P.O. Number: 2022010109

202111189477C92

Date : <u>Jan 19, 2022</u>

Mode of Procurement : Shopping

P.R. No. : 2021111894

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

Date of Delivery : Place of Delivery : PGSO Warehouse

Payment Term : ON ACCOUNT Delivery Term: 10 Calendar Days

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	25.00 BOX	INOCULATING LOOP 10 UL	2,000.00	50,000.00
2	12.00 BOT	LAURYL TRYPTOSE BROTH	600.00	7,200.00
3	2.00 liter	DISINFECTANT (LYSOL)	400.00	800.00
4	11.00 BOT	ALCOHOL, ETHYL 70% SMALL	100.00	1,100.00
5	10.00 BOT	DISTILLED WATER BOT/ 6 LITTERS (LAB USE)	150.00	1,500.00
6	49.00 PCS	FERMENTATION TUBE W/ SCREW CAP (25X200MM)	300.00	14,700.00
7	1.00 JAR	EC BROTH	3,000.00	3,000.00
8	1.00 JAR	BGLB BROTH	3,500.00	3.500.00

Remarks:

- -TO BE DELIVERED 10 CALENDAR DAYS UPON RECEIPT OF P.O.
- -NO PARTIAL DELIVERY IS ACCEPTED & NO REQUEST FOR EXTENTION BE GRANTED
- TO BE AWARDED IN LOT PRICE BASIS

Green Procurement Terms and Conditions

DISINFECTANT SPRAY

- 1. The supplier shall supply products which do not contain ethylene-diamine-tetra-acetate (EDTA) nor alkyl phenol ethoxylates (APEO).
- 2. The supplier shall supply products with detailed instructions on maximizing product performance and indications for the proper use and waste disposal.
- 3. The supplier shall supply product containing no Chlorofluorocarbon (CFC) or other ozone depleting substances.

Sub-Total:

81,800.00

FOR USE OF WATER BACTERIOLOGICAL LABORATORY

GRAND TOTAL:

₱ 81,800.00

Grand Total Amount in Words:

EIGHTY-ONE THOUSAND EIGHT 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)

avene Authority ery truly yours, it

EDWIN I. JUBAHIB

(Date)

GALE GUADA UPE G. MORTILLERO, MSLRG, MHRM Assistant Provincial Administrator (Administration)

Governor

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



Quantity/Unit

I.N.

Republic of the Philippines

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

PURCHASE ORDER

Supplier: EAH MEDICINE & MEDICAL SUPPLIES MARKETING P.O. Number: 2022010109 Address: IGACOS DAVAO DEL NORTE PhilGEPS Registration No. : 201903484741152413562 Date : Jan 19, 2022 Tel./Fax No.: 082-3927098 Mode of Procurement: Shopping Registration Certificate: DTI P.R. No.: 2021111894 Req. Office: Provincial Health Office Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein: Payment Term : ON ACCOUNT Date of Delivery: Delivery Term: 10 Calendar Days Place of Delivery: PGSO Warehouse

The award is based on Abstract No. 0120220089 dated January 14, 2022 under Quotation No.

Unit Cost

Sub-Total:

Amount

20218802C opened on January 06, 2022

FOR USE OF WATER BACTERIOLOGICAL LABORATORY **GRAND TOTAL:** ₱ 81,800.00 Grand Total Amount in Words: EIGHTY-ONE THOUSAND EIGHT 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: ery truly yours, (Signature/over printed name) **EDWIN I. JUBAHIB** GALE GUATALUPE G. MORTILLERO, MSLRG, MHRM Governor Assistant Provincial Administrator (Administration) (Date) NOTE: This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial

DOMINGO C. DALIGDIG III

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

0.00