

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

PURCHASE ORDER

Supplier: EVERYDAY ENTERPRISE P.O. Number: 2024124649 Address : ANGUS COMPLEX 81-A MC ARTHUR HIGHWAY MATINA CROSSING TALOMO DISTRICT 8000 DAVAO CITY DAVAO DEL SUR P 443-138-788-000 Date: Dec 05, 2024 PhilGEPS Registration No. : 2013057120019962226 P.R. No.: 2024095781 Tel./Mobile/Fax No.: 09270052639 Procurement mode: Competitive Bidding Registration Certificate: DTI Req. Office: PEEDO - DDN Hospital (Kapalong Zone) Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein: Date of Delivery : Payment Term : ON ACCOUNT Delivery Term: 30 Working Days Place of Delivery: onsite (DDNH-KZ) I.N. Quantity/Unit Unit Cost Amount 1 DIGITAL RADIOGRAPHIC X-RAY MACHINE AND 1.00 UNIT 6,999,000.00 6,999,000.00 ULTRASOUND MACHINE (CONSOLE TYPE) I. GENERATOR The standard output power should be at 50 kW 2. The inverter frequency should be at 25 kHz with deviation of ±10% Tube voltage should be ranges from 40 kV up to 150 kV with 1 kV per step or better Current output should be ranges from 1 mA up to 630 mA or better Exposure time must be ranges from 1 ms up to 6.3s s or better 6. The current and time ranges from 0.1 mAs up to 630 mAs or better 7. Exposure mode should be manual and automatic 8. It should have an automatic APR function 9. The generator comes up with anti-overload protection function II. X-RAY TUBE It should have dual focus with focus of 0.6 mm. and 1.2 mm The focus power should be 27 kW and 75 kW respectively Tube voltage ranges from 40 kV up to 150 kV or For Radiology Dept. use of Davao del Norte Hospital-Kapalong Zone 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, DALLE PHO VIDO Signature over printed name) Provincial Governor/N (Date) (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.



Province of Davao del Norte

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ALEJANDRO R. OMILA JR.

Wednesday, December 11, 2024



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DXUP PROXIDO (Signature over printed name) Very truly yours.

Provincial Governor/

(Date)

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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, DAVE (Signature over printed name) JUBAHIB

> 10 2024 01 (Date)

Provincial Governor M

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For Radiology Dept. use of Davao del Norte Hospital-Kapalong Zone	

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UBAHIB Provincial Governor M.

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ALEJANDRO R. OMILA JR.

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COMPLY ALLinclude the following:

- User and Service Manual in English.
- 2. One (1) year warranty on parts, three (3) years Preventive Maintenance on labor including calibration by ISO accredited tools.
- 3. Five (5) years certificate of availability on Spare Parts
- Calibration Certificate from the manufacturing company or service partner.
- 5. List of Prices of consumables: valid for three (3) years
- Demo: at least three (3) days of all End-User's and Maintenance Engineer and Staff.

The award is based on Abstract No. 1120244459 created on November 26, 2024 and resolved on December 05, 2024 under Quotation No. B20245086 opened on November 25, 2024

For Radiology Dept. use of Davao del Norte Hospital-Kapalong Zo	ne		
Grand Total Amount in Words: SIX MILLION NINE HUNDRED THOUSAND AND XX / 100	1217.2	GRAND TOTAL:	₱ 6,999,000.00
In case of failure to make the full delivery within the time for every day of delay shall be imposed. I hereby conform that NOTICE TO DELIVER shall be days before the actual delivery of the Item/s covered by this Conforme: (Signature over printed name)	served to the P	PLACE OF DELIVERY steer. by yours, EDVIN I Provincia	JUBAHIB
NOTE: This is an important paper and will cause great in	nconvenience if		Date)
Treasurer supported by this form to be attached to the ve	oucher.	283159	