




PURCHASE ORDER

Supplier : CGN ENTERPRISES Address : Prk. Paq-Ibig 1, Visayan Village, Tagum City TIN: 167-512-808-000 PhilGEPS Registration No. : 267839 Tel./Mobile/Fax No. : 09356115782 Registration Certificate : DTI	P.O. Number: 2024093068  O20240930683996E20EA Date : Sep 18, 2024 P.R. No. : 2024084637 Procurement mode: Shopping B (Regular Purchase)
Req. Office : PEEDO - DDN Hospital (Carmen Zone)	

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 Working Days
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	5.00 kg/s	2 ½" CW Nails		
2	1.00 GALS	STIKWELL		
3	8.00 GAL	Flatwall Enamel Paint boysen		
4	50.00 PCS.	RUBBER FLAPPER		
5	50.00 PC	#120 Sandpaper		
6	2.00 GALS.	PAINT THINNER		
7	20.00 sh/s	18mm thk x 4' x 8' Marine Plywood 16.5mm only		
8	20.00 PCS	MARINE PLYWOOD 5mm x 4 x 3 4.5mm only		
9	1.00 GALS.	BODY FILLER (POLITUFF)		
10	20.00 PCS.	ACRYLONE BABY ROLLER # 4		
11	1.00 GAL	Glazing Putty boysen		
12	50.00 KLS.	CUTTING DISC SUPER THIN # 4"		
13	25.00 pcs	1" x 2" x 8' Lauaan Lumber or Approved Equivalent		
14	50.00 pc/s	2" x 2" x 12' Lauan Lumber		

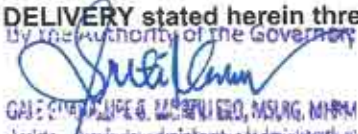
PURCHASE OF MATERIALS FOR SHELVES OF MEDICAL RECORD OFFICE OF DDNH-HOSPITAL CARMEN ZONE

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, _____

CG ESTOQUE
 (Signature over printed name)
 NOV 08 2024
 (Date)


By the authority of the Governor

 GAB: CYNDELIFE B. MARQUELO, NSICG, MHRM
 Asista. Provincial Administrator (Administratun)
EDWIN I. JUBAHIB
 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.

ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : CGN ENTERPRISES Address : Prk. Pag-Ibig 1, Visayan Village, Tagum City TIN: 167-512-808-000 PhilGEPS Registration No. : 267839 Tel./Mobile/Fax No. : 09356115782 Registration Certificate : DTI	P.O. Number: 2024093068  O20240930683996E20EA Date : Sep 18, 2024 P.R. No. : 2024084637 Procurement mode: Shopping B (Regular Purchase)
Req. Office : PEEDO - DDN Hospital (Carmen Zone)	

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 Working Days
Place of Delivery : PGSO Warehouse	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
15	5.00 kg/s	1 ½" CW Nails		
16	1.00 GALS.	PAINT THINNER boysen		
17	3.00 kg/s	1" CW Nails		

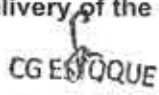

Remarks ;
USE FOR SHELVES OF MEDICAL RECORDS OFFICE

The award is based on Abstract No. **0920243055** created on **September 10, 2024** under Quotation No. **C20244161** opened on **September 05, 2024**

PURCHASE OF MATERIALS FOR SHELVES OF MEDICAL RECORD OFFICE OF DDNH-HOSPITAL CARMEN ZONE	
Lot Price Amount in Words : SEVENTY-ONE THOUSAND AND XX / 100	LOT PRICE: P 71,000.00

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.

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) NOV 18 2024 _____ (Date)	Very truly yours,  <small>By the Authority of the Governor</small> EDWIN I. JUBAHIB Governor
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ALEJANDRO R. OMILA JR.