




PURCHASE ORDER

Supplier : ESMED LAB DIAGNOSTIX	P.O. Number: 2025051500
Address : DOOR 3 PAVINO BLDG. 1, KM. 9 BRGY. SASA BUHANGIN DISTRICT DAVAO CITY 8000	 O2025051500D01D22FAC
TIN: 937-443-131-003	Date : May 26, 2025
PhilGEPS Registration No. : 2015091496551724437756	P.R. No. : 2025031961
Tel./Mobile/Fax No. : 09257232251	Procurement mode: Negotiated Procurement - Small Value Procurement
Registration Certificate : DTI	
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: On the Day of Activity
Place of Delivery : ON SITE		

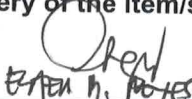

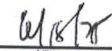
I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	3,190.00	X-RAY/CLIMOBILE CHEST X-RAY SERVICES -Low voltage that can sustain available power supply in the far-flung areas -with standby generator -capable of managing tough roads -with back-up solutions for any circumstances that may arise -DOH ACCREDITED -RECOGNIZED AS SERVICE PROVIDER BY OUR FOREIGN DONOR AGENCY (TIFA) -FAMILIAR WITH THE TERRAIN OF OUR GIDA AREAS AS OUR PRIORITY -RESULTS AS EARLY AS 2 DAYS IN SUCCESSIVE ACTIVITIES AND WITH LARGE CLIENTELE	220.00	701,800.00

The award is based on Abstract No. **0520251151** created on **May 02, 2025** under Quotation No. **S20251469** opened on **April 24, 2025**

MOBILE CHEST X-RAY TO BE USE FOR TB IMPLEMENTATION	
Grand Total Amount in Words : SEVEN HUNDRED ONE THOUSAND EIGHT HUNDRED AND XX / 100	GRAND TOTAL : ₱ 701,800.00

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)	Very truly yours,  EDWIN JUBAHIB Governor _____ (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.