




Republic of the Philippines
Province of Davao del Norte
Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier : GAD'S CARE MEDICAL TRADING	P.O. Number: 2024114471
Address : #9 DURIAN ST. BUHANGIN DISTRICT DAVAO CITY	 O2024114471F54DB13BB
TIN: 490-824-903-000 PhilGEPS Registration No. : 2019035060641585359 Tel./Mobile/Fax No. : 09150944894 Registration Certificate : DTI	Date : Nov 28, 2024 P.R. No. : 2024106456 Procurement mode: Shopping B (Regular Purchase)
Req. Office : PEEDO - DDN Hospital (Kapalong 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		Partial delivery NOT ALLOWED

I.N.	Quantity/Unjt	Item	Unit Cost	Amount
1	10.00 PC	GARBAGE BIN GARBAGE BIN WITH METAL FRAME with three Colors of Garbage Bin (Black, Green, Yellow) size of Garbage Bin: 1ft or 12inch from side by side width: 28 inch-Height from bottom to up.	13,900.00	139,000.00

The award is based on Abstract No. **1120244190** created on **November 11, 2024** under Quotation No. **C20245536** opened on **November 04, 2024**

For Garbage Disposal of Davao del Norte Hospital-Kapalong Zone.	
Grand Total Amount in Words : ONE HUNDRED THIRTY-NINE THOUSAND AND XX / 100	GRAND TOTAL : P 139,000.00
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 in Section three (3) days before the actual delivery of the item/s covered by this Purchase Order.	
Conforme :  _____ (Signature over printed name) 12 12 24 _____ (Date)	Very truly yours,  _____ GALE GUADALUPE G. MORILLERO, MSIB, MPM Assistant Provincial Administrator (Administration) EDWIN I. JUBAHIB Provincial Governor _____ (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.

RHEA GIN M. RAMOS