



PURCHASE ORDER

Supplier : **KIMMEL PHARMACY**

P.O. Number: **2022062534**

Address : **PIONEER AVENUE TAGUM CITY**



O202206253403E6B4B6A

PhilGEPS Registration No. : **3160**

Date : **Jun 03, 2022**

Tel./Fax No. : **09209094118**

P.R. No. : **2022053236**

Registration Certificate : **DTI**

Procurement mode: **Shopping B (Regular Purchase)**

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: **10 Calendar Days**

Place of Delivery : **PGSO Warehouse**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	400.00 SACHET	TOOTH PASTE 24GRAMS	11.00	4,400.00
2	400.00 PCS	ADULT TOOTHBRUSH ALL AROUND WITH CAPS	17.95	7,180.00
3	30.00 BOT	POVIDONE IODINE 10% ORAL GARGLE SOLUTION 120ml/BOTTLE	199.95	5,998.50
4	40.00 PCS	ALCOHOL SPRAY 300ML 70%	125.00	5,000.00
5	25.00 PACK	COTTON BALLS 300 PCS	95.00	2,375.00
6	20.00 BOX	SURGICAL GLOVES 100'S SMALL WITH POWDER BOX NON-STERILE EXAMINATION GLOVES (POWDER FREE ONLY) 100's	445.00	8,900.00
7	25.00 BOX	EARLOOP 3 PLY MASK 50'S	69.00	1,725.00
8	20.00 PACK	ADHESIVE PLASTIC WRAPPER TRANSFARENT 12X 24CM 76PCS	90.00	1,800.00
9	200.00 PCS	FACE TOWEL SMALL(THICK WHITE)	65.00	13,000.00
10	10.00 PACK	PLASTIC GARBAGE XXL(BLACK) 10's/PACK	120.00	1,200.00
11	200.00 PCS	HAND SOAP 60 GRAMS	17.95	3,590.00

Remarks :

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

FOR USE OF ORAL HEALTH PROGRAM-DENTAL DIVISION

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 :

Cherry D. Villarim
(Signature over printed name)

Very truly yours, JOEFREY C. M. RAFUENTES, MPA

Supervising Admin. Officer

EDWIN I. JUBAHIB

Governor


6-13-22
(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.

GLOBERT M. GREGORIO



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Address : PIONEER AVENUE TAGUM CITY	
PhilGEPS Registration No. : 3160	O202206253403E6B4B6A
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-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.

PLASTIC TRASH BAG

1. The suppliers shall supply products which are made of polyethylene (PE).

The award is based on Abstract No. **0520222665** created on **May 27, 2022** under Quotation No. **20223387C** opened on **May 26, 2022**

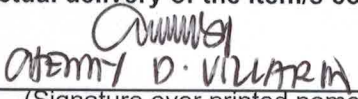
FOR USE OF ORAL HEALTH PROGRAM-DENTAL DIVISION

Grand Total Amount in Words : FIFTY-FIVE THOUSAND ONE HUNDRED SIXTY-EIGHT AND 50 / 100	GRAND TOTAL : ₱ 55,168.50
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Very truly yours,


JOEFREY C. MIRAFUENTES, MPA
 Supervising Admin. Officer
EDWIN I. JUBAHIB
 Governor

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