




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

PURCHASE ORDER

Supplier : REDEMP MEDICAL SUPPLY Address : BLOCK 15 LOT 29 ROSEVILLE SUBD... ALFONSO ANGLIONGTO SR. BUHANGIN DISTRICT 8000 DAVAO CITY DAVAO DEL TIN: 705-010-783 PhilGEPS Registration No. : 379040 Tel./Mobile/Fax No. : 09656476746 Registration Certificate : DTI	P.O. Number: 2024124720  02024124720537092B50 Date : Dec 27, 2024 P.R. No. : 2024116825 Procurement mode: Competitive Bidding
Req. Office : Provincial Governor's Office	

Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:

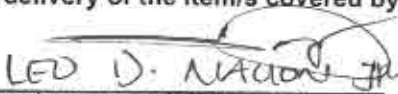

Date of Delivery : _____ Payment Term : ON ACCOUNT Place of Delivery : PGSO Warehouse	Delivery Term: 10 Calendar Days
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	2,250.00 UNIT	BP APPARATUS ANEROID SPHYGMOMANOMETER BP Set Manual Adult Inclusion: BP Aneroid Stethoscope BP Cuff Standard Adult Specification (1) Long and Universal Cuff that is made of extra durable, wear resistant nylon as well as high quality comfortable velcro strip that allos for easy measuring in any body type from slim to obese. (2) Equipped with reliable, metal air needle valve with a smooth pressure relief regulation and a large easily readable number dial (3) Nearly packed in a durable, water resistant, polyester carrying case that will keep blood pressure cuff set intact (4) Precise, easy to read 300mmHg mamometer (5) Complete with zippered leatherette carrying case (6) Chrome plated air release valve enables precise deflation control	530.00	1,192,500.00

For the Distribution to Barangay Health Workers of Davao del Norte

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 : <div style="text-align: center;">  _____ (Signature over printed name) JAN 08, 2025 _____ (Date) </div>	Very truly yours, <div style="text-align: center;">  EDWIN T. JUBAHIB Provincial Governor _____ (Date) </div>
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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



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

PURCHASE ORDER

Supplier : REDEMP MEDICAL SUPPLY	P.O. Number: 2024124720
Address : BLOCK 15 LOT 29 ROSEVILLE SUBD... ALFONSO ANGLIONGTO SR. BUHANGIN DISTRICT 8000 DAVAO CITY DAVAO DEL	 02024124720537092B50
TIN: 705-010-783 PhilGEPS Registration No. : 379040 Tel./Mobile/Fax No. : 09656476746 Registration Certificate : DTI	Date : Dec 27, 2024 P.R. No. : 2024116825 Procurement mode: Competitive Bidding

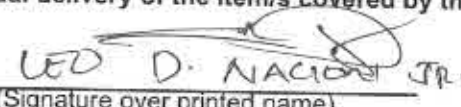

Req. Office : **Provincial Governor's Office**

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
		(7) Instruction sheet included		
		(8) Convenient gauge holder on the cuff		
		(9) Includes sphygmomanometer and stethoscope		
		SURRMED/TOPCARE		

The award is based on Abstract No. **1220244614** created on **December 12, 2024** and resolved on **December 17, 2024** under Quotation No. **B20246049** opened on **December 12, 2024**

For the Distribution to Barangay Health Workers of Davao del Norte	
Grand Total Amount in Words : ONE MILLION ONE HUNDRED NINETY-TWO THOUSAND FIVE HUNDRED AND XX / 100	GRAND TOTAL : ₱ 1,192,500.00
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 :  <u>LED D. NACION JR.</u> (Signature over printed name)	Very truly yours,  <u>EDWIN JUBAHIB</u> Provincial Governor
<u>JAN 08, 2025</u> (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.	

RHEA GIN M. RAMOS