

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

Supplier : MMJS PHARMACY & MEDICAL SUPPLIESP.O. No. : 2020020397PhilGEPS Registration No. : 2008 49128Date : February 12, 2020Address : BLK. 5 LOT 8, DINAVILLE SUBD., MAA, DAVAO CITYMode of Procurement : ShoppingTel / Fax #: (082) 286-3398P.R. No. : 20010051Registration Certificate : DTIReq. Off.: PEEDO - DN HOSPITAL - KAPALONG ZONE

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

Place of Delivery DDNH-KZDelivery Term: 10 Calendar Day/s

Date of Delivery: _____

Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
5	25 BOX	DISPOSABLE SYRINGE 5ML - TERUMO	592.50	14,812.50
8	1 SET	HEMAQUICK STAIN	3,600.00	3,600.00
13	20 BOX	PREGNANCY TEST - SD	880.00	17,600.00
15	10 BOX	H.PYLORI - SD	6,025.00	60,250.00
20	60 BOT	URINE STRIPS - BIOSTIX	420.00	25,200.00
28	30 TRAY	YELLOW TOP COLLECTION TUBE - SURGITECH	555.00	16,650.00

NOTE:

-SUPPLIER MUST SPECIFY BRAND NAME

The award is based on Abstract No. 0120200041
 dated January 21, 2020 under Quotation No. C20200004
 opened on January 16, 2020

TO PURCHASE MEDICAL SUPPLIES FOR DDNH-KZ, 1ST QUARTER

138,112.50

GRAND TOTAL : P

138,112.50

Grand Total Amount in Words : ONE HUNDRED THIRTY EIGHT THOUSAND ONE HUNDRED TWELVE and 50/100

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:

JOHN MICHAEL EMPENIO
 (Signature over printed name)

8-12-20
 (Date)

Very truly yours,

By the Authority of the Governor:

MERVIN JAY Z. SUAYRA GUIO, PhD, DDM
 Assistant Provincial Administrator (Administration)

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.