

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

Supplier : <u>MMJS PHARMACY & MEDICAL SUPPLIES</u>	P.O. No. : <u>2020020782</u>
PhilGEPS Registration No. : <u>2008 49128</u>	Date : <u>February 28, 2020</u>
Address : <u>BLK. 5 LOT 8, DINAVILLE SUBD., MAA, DAVAO CITY</u>	Mode of Procurement : <u>Shopping</u>
Tel / Fax #: <u>(082) 286-3398</u>	P.R. No. : <u>19104993</u>
Registration Certificate : <u>DTI</u>	

Req. Off.: PEEDO - DN HOSPITAL - CARMEN ZONE

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

Place of Delivery <u>PGSO Warehouse</u>	Delivery Term: <u>10Calendar Day/s</u>
Date of Delivery: _____	Payment Term : <u>ON ACCOUNT</u>

Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	10BOX	KY JELLY SACHET'S 50'S	500.00	5,000.00
2	100PC	UNDERPADS	85.00	8,500.00
3	5PACK	ADULT DIAPER L	400.00	2,000.00
4	24PC	SAFIL	250.00	6,000.00
5	1GAL	ULTRASOUND GEL	1,200.00	1,200.00
6	3BOX	INSULIN	950.00	2,850.00
7	12PC	SUCTION CATH FR16	15.00	180.00
8	24PC	ELASTIC BANDAGE 6X5	55.00	1,320.00
9	24PC	ELASTIC BANDAGE 4X5	45.00	1,080.00
10	189PC	KY JELLY	10.00	1,890.00
11	10BOT	HYDROGEN PEROXIDE 500ML	75.00	750.00
12	5PACK	APPLICATOR STICK	50.00	250.00
13	50PACK	UNDER PADS	85.00	4,250.00
14	2ROLL	SURGICAL GAUZE	1,250.00	2,500.00
15	2ROLL	COTTON ROLL	250.00	500.00

PURCHASE OF MEDICAL SUPPLIES FOR THE USE OF DDNH-CARMEN ZONE.	SUB TOTAL : P 38,270.00
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Grand Total Amount in Words :

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 ENPENA

(Signature over printed name)

4-30-20

(Date)

Very truly yours,

By the Authority of the Governor:

MERVIN JAY Z. SUAYBAGUIS, 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.

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
16	24 PC	PROLENE 3-0	450.00	10,800.00
17	24 PC	PROLENE 4-0	450.00	10,800.00
18	200 PC	BD SYRINGE 20CC	27.00	5,400.00
19	2 BOX	SD HBSAG WB 100'S	17,500.00	35,000.00
20	200 PC	MACROSET	25.00	5,000.00
21	50 PC	BLOOD SET	55.00	2,750.00
22	10 BOX	GLUCO DR STRIP 50'S	1,500.00	15,000.00
23	1 BOX	HBSAG 30'S SD	5,250.00	5,250.00
24	36 PC	PLASTER OF PARIS 4X5	250.00	9,000.00
25	12 PC	MERSILK 2-0 W/ NEEDLE	250.00	3,000.00
26	12 PC	SUCTION CATH FR 16	35.00	420.00
27	12 PC	ELASTIC BANDAGE 6X5	55.00	660.00
28	9 BOX	HBSAG 100'S	17,500.00	157,500.00
29	5 TRAY	EDTA TUBE 0.5ML	1,190.00	5,950.00

PURCHASE OF MEDICAL SUPPLIES FOR THE USE OF DDNH-CARMEN ZONE.

SUB TOTAL : P	266,530.00
GRAND TOTAL : P	304,800.00

Grand Total Amount in Words : **THREE HUNDRED FOUR THOUSAND EIGHT HUNDRED and 0/100**

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.

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 (Signature over printed name)

4-30-20
 (Date)

Very truly yours,
 By the Authority of the Governor:

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

EDWIN I. JUBAHIB
 Governor

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The award is based on Abstract No. 1220194107
 dated December 05, 2019 under Quotation No. C20194646
 opened on November 28, 2019

PURCHASE OF MEDICAL SUPPLIES FOR THE USE OF DDNH-CARMEN ZONE.	SUB TOTAL : P
	GRAND TOTAL : P 304,800.00

Grand Total Amount in Words : **THREE HUNDRED FOUR THOUSAND EIGHT HUNDRED and 0/100**

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