

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

**PURCHASE ORDER**

Supplier : EAH MEDICINE AND MEDICAL SUPPLIES MARKETING

P.O. No. : 2021073034

PhilGEPS Registration No. : 266017

Date : July 27, 2021

Address : P.PANDAN BRGY.REMEGIO,IGACOS,DDN

Mode of Procurement : Shopping

Tel / Fax #: 09561675352

Registration Certificate : DTI

P.R. No. : 21073525

Req. Off.: PEEDO - ADMIN.

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

Place of Delivery DAVNOR PHARMACY

Delivery Term: 10Calendar Day/s

Date of Delivery: \_\_\_\_\_ Payment Term : ON ACCOUNT

Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	15 UNIT	BLOOD PRESSURE APPARATUS MANUAL OR ANEROID SPHYGMOMANOMETER ADULT	1,000.00	15,000.00
2	7 UNIT	BLOOD PRESSURE APPARATUS MANUAL OR ANEROID SPHYGMOMANOMETER PEDIA	1,100.00	7,700.00
3	1 UNIT	BLOOD PRESSURE APPARATUS MANUAL OR ANEROID SPHYGMOMANOMETER NEONATE	2,500.00	2,500.00
SPECIFICATIONS FOR ITEMS #1, 2 AND 3:				
- standard cotton cuff				
- non-stop pin manometer				
- 2-tube bladder				
- standard latex bulb				
- vinyl zipper bag				
- air-release valve with spring				
- standard end valve				
4	6 UNIT	NEBULIZING MACHINE	2,400.00	14,400.00
SPECIFICATION:				
- economical compressor designed to produce medicated aerosols for inhalation therapy				
- compact, lightweight design for portability				

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL

SUB TOTAL : P 39,600.00

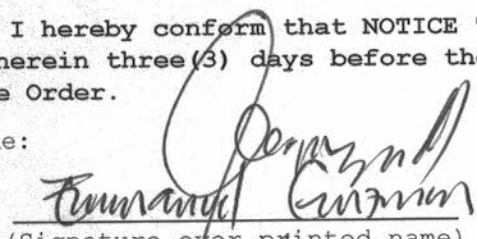
Grand Total Amount in Words :

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:

Very truly yours,

  
 (Signature over printed name)

EDWIN I. JUBAHIB  
 Governor

By the Authority of the Governor:  
  
 GALE GUADALUPE G. MORTILLERO, MSLRG, MHRM  
 Assistant Provincial Administrator (Administration)

(Date)

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PhilGEPS Registration No. : <u>266017</u>	Date : <u>July 27, 2021</u>
Address : <u>P.PANDAN BRGY.REMEGIO,IGACOS,DDN</u>	Mode of Procurement : <u>Shopping</u>
Tel / Fax #: <u>09561675352</u>	P.R. No. : <u>21073525</u>
Registration Certificate : <u>DTI</u>	
Req. Off.: <u>PEEDO - ADMIN.</u>	

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

Place of Delivery <u>DAVNOR PHARMACY</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
5	12 UNIT	DROPLIGHT WITH INCANDESCENT LIGHT  SPECIFICATION: - reliable pressure and flow - includes two nebulizer kits - overall dimensions: 5.75" x 4" x 6" - weight: 2.75 lbs. - max compressor pressure: 30 PSI - compressor type: piston - operating temp. range: 40 - 104 F (5 - 40 C)	3,500.00	42,000.00
6	11 UNIT	STETHOSCOPE ADULT  SPECIFICATION: - made of stainless material - height can be easily adjusted and locked - lamp can be bent towards the desired angle - it has 4-foot base to ensure stability - equipped with wheels for easy transfers and can be removed when not needed - voltage: 220V - wattage: minimum 40watt light bulb	750.00	8,250.00

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL

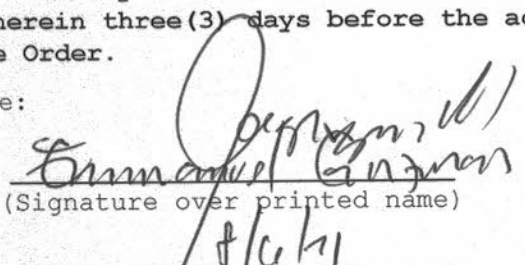
SUB TOTAL : P 50,250.00

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.

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Conforme:

  
 (Signature over printed name)

(Date)

Very truly yours,

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 Assistant Provincial Administrator (Administration)

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Place of Delivery <u>DAVNOR PHARMACY</u> Date of Delivery: _____ Payment Term : <u>ON ACCOUNT</u>	Delivery Term: <u>10Calendar Day/s</u>
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Item No.	Quantity/Unit	Description	Unit Cost	Amount
7	5 UNIT	STETHOSCOPE PEDIA	900.00	4,500.00
8	10 UNIT	PULSE OXIMETER PEDIA	1,200.00	12,000.00
9	4 UNIT	PULSE OXIMETER NEONATE	1,500.00	6,000.00
10	24 UNIT	DIGITAL NON-CONTACT INFRARED THERMOMETER	6,000.00	144,000.00

- SPECIFICATION:
- range: -50 - 550 C
  - resolution: 0.1 C or 0.1 F
  - emissivity: 0.10 - 1.00 adjustable
  - distance spot ratio: 12:1
  - MAX/MIN/AVG/DIF reading
  - C / F unit selectable
  - auto power off and data hold
  - high/low temperature alarm setup
  - laser ON/OFF selectable
  - backlight ON/OFF selectable
  - one standard 9V battery

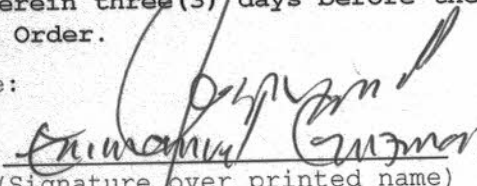
FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL	SUB TOTAL : P <span style="float: right;">166,500.00</span>
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Grand Total Amount in Words :

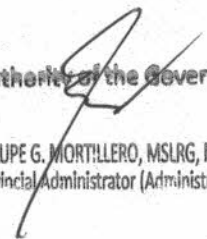
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Conforme:

  
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 (Signature over printed name)  
  
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 (Date)

Very truly yours,

  
 By the Authority of the Governor: EDWIN I. JUBAHIB  
Governor  
  
 GALE GUADALUPE G. MORTILLERO, MSLRG, MHPM  
 Assistant Provincial Administrator (Administration)

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
11	5 PACK	HOT AND COLD PACK  SPECIFICATION: - dual purpose - flexible ice or soothing heat - cold for pain and swelling, heat for muscle aches and stiffness - includes a protective cover with elastic strap to secure pack in place - contains dry natural rubber	500.00	2,500.00
12	2 UNIT	FREESTANDING FOLDABLE COMMODE  SPECIFICATION: - coated steel frame - closed-cell foam handles - composite pail - adjustable height at the seat: 16.5" to 22.5" - adjustable height at the handrails: 24" to 30" - width at the base: 21.75" - width at the arm rails: 18" - depth: 19" - pail diameter: 13.75"	4,000.00	8,000.00
13	3 PCS	BLOOD PRESSURE CUFF PEDIA  SPECIFICATION: - latex free, easy to be cleaned	1,000.00	3,000.00

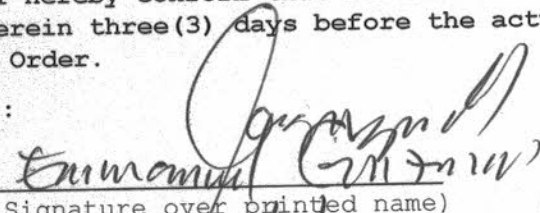
FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL	SUB TOTAL : P 13,500.00 GRAND TOTAL : P 269,850.00
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Grand Total Amount in Words : **TWO HUNDRED SIXTY NINE THOUSAND EIGHT HUNDRED FIFTY and 0/100**

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.

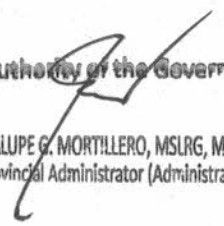
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Very truly yours,

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Item No.	Quantity/Unit	Description	Unit Cost	Amount
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- reusable cuffs are available with single and double tube

**NOTE:**

1. NO PARTIAL DELIVERIES.
2. TOTAL LOT AWARDING.
3. ALL ITEMS MUST BE QUOTED WITH SPECIFIC BRAND AND TECHNICAL SPECIFICATION, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
4. ANY QUERY MUST BE ADDRESS TO THE REQUISITIONING OFFICE.
5. THE SUPPLIER SHOULD INFORM THE R.O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITAL MOOE UNDER OTHER SUPPLIES AND MATERIALS EXPENSES.

\*KAPALONG - P99,633.34

FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL	SUB TOTAL : P GRAND TOTAL : P <span style="float: right;">269,850.00</span>
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Grand Total Amount in Words : **TWO HUNDRED SIXTY NINE THOUSAND EIGHT HUNDRED FIFTY and 0/100**

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Date of Delivery: _____ Payment Term : <u>ON ACCOUNT</u>	

Item No.	Quantity/Unit	Description	Unit Cost	Amount
		* CARMEN - P99,633.34		
		*IGACOS - P99,633.32		

The award is based on Abstract No. 0720213006  
dated July 19, 2021 under Quotation No. C20213184  
opened on July 15, 2021

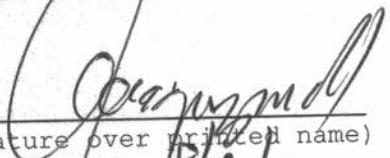
<u>FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL</u>	SUB TOTAL : P
	GRAND TOTAL : P 269,850.00

Grand Total Amount in Words : TWO HUNDRED SIXTY NINE THOUSAND EIGHT HUNDRED FIFTY and 0/100

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