

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

**PURCHASE ORDER**

|  |                                      |
|--|--------------------------------------|
| Supplier : <u>BEROVAN MARKETING INC.</u>                 | P.O. No. : <u>2021083592</u>         |
| PhilGEPS Registration No. : <u>2020-0229921755100000</u> | Date : <u>August 26, 2021</u>        |
| Address : <u>ILUSTRE - GEN. LUNA ST., DAVAO CITY</u>     | Mode of Procurement : <u>Bidding</u> |
| Tel / Fax #: <u>09970774788/ 0929-490-1863</u>           | P.R. No. : <u>21063306</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>30Calendar Day/s</u> |
| Date of Delivery: _____                  | Payment Term : <u>ON ACCOUNT</u>       |

| Item No. | Quantity/Unit | Description                                    | Unit Cost | Amount     |
|----------|---------------|--|-----------|------------|
| 1        | 1,296 BOTT    | ALCOHOL 70% ISOPROPYL, 500ML - ALCOPLUS        | 85.00     | 110,160.00 |
| 2        | 3,000 TUBE    | COLLECTION TUBE YELLOW TOP 4ML - CHINA         | 6.00      | 18,000.00  |
| 3        | 1,000 PCS     | CORD CLAMP - JAPAN                             | 14.00     | 14,000.00  |
| 4        | 10,000 PCS    | DISPOSABLE EXAMINATION GLOVES MEDIUM - ROSEMED | 12.00     | 120,000.00 |
| 5        | 72 ROLL       | ELASTIC BANDAGE 2X5 - ROSEMED                  | 13.00     | 936.00     |
| 6        | 72 ROLL       | ELASTIC BANDAGE 3X5 - ROSEMED                  | 18.00     | 1,296.00   |
| 7        | 72 ROLL       | ELASTIC BANDAGE 6X5 - ROSEMED                  | 35.00     | 2,520.00   |
| 8        | 20 TUBE       | ENDOTRACHEAL TUBE 2.0 W/CUFFED - NCS           | 30.00     | 600.00     |
| 9        | 20 TUBE       | ENDOTRACHEAL TUBE 2.5 W/CUFFED - NCS           | 35.00     | 700.00     |
| 10       | 20 TUBE       | ENDOTRACHEAL TUBE 3.0 W/CUFFED - NCS           | 35.00     | 700.00     |
| 11       | 20 TUBE       | ENDOTRACHEAL TUBE 3.5 W/CUFFED - NCS           | 35.00     | 700.00     |
| 12       | 20 TUBE       | ENDOTRACHEAL TUBE 4.0 W/CUFFED - NCS           | 35.00     | 700.00     |
| 13       | 20 TUBE       | ENDOTRACHEAL TUBE 4.5 W/CUFFED - NCS           | 35.00     | 700.00     |
| 14       | 20 TUBE       | ENDOTRACHEAL TUBE 5.0 W/CUFFED - NCS           | 35.00     | 700.00     |

|   |  |
|---|--|
| FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL | SUB TOTAL : P <span style="float:right;">271,712.00</span> |
|---|--|

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,  
*JENNIFER ESTARDO*  
 \_\_\_\_\_ EDWIN I. JUBAHIB  
 (Signature over printed name) Governor

10/27/21  
 (Date)

By the Authority of the Governor:  
 \_\_\_\_\_  
 ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP  
 Provincial Administrator

**The winning bidder shall be required to submit a warranty security/certificate during delivery of the item.**

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.



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

**PURCHASE ORDER**

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| Supplier : <u>BEROVAN MARKETING INC.</u><br><br>PhilGEPS Registration No. : <u>2020-0229921755100000</u><br>Address : <u>ILUSTRE - GEN. LUNA ST., DAVAO CITY</u><br><br>Tel / Fax #: <u>09970774788/ 0929-490-1863</u><br>Registration Certificate : <u>DTI</u> | P.O. No. : <u>2021083592</u><br><br>Date : <u>August 26, 2021</u><br><br>Mode of Procurement : <u>Bidding</u><br><br>P.R. No. : <u>21063306</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><br>Date of Delivery: _____ Payment Term : <u>ON ACCOUNT</u> | Delivery Term: <u>30Calendar Day/s</u> |
|--|--|

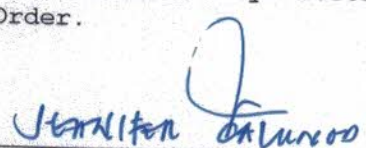
| Item No. | Quantity/Unit | Description                           | Unit Cost | Amount    |
|----------|---------------|---------------------------------------|-----------|-----------|
| 15       | 20 TUBE       | ENDOTRACHEAL TUBE 5.5 W/CUFFED - NCS  | 35.00     | 700.00    |
| 16       | 20 TUBE       | ENDOTRACHEAL TUBE 6.0 W/CUFFED - NCS  | 35.00     | 700.00    |
| 17       | 3,100 PCS     | DISPOSABLE SYRINGE W/NEEDLE 10ML - BD | 8.45      | 26,195.00 |
| 18       | 30 PCS        | FEEDING TUBE/NGT FR16 - CHINA         | 7.00      | 210.00    |
| 19       | 1,000 PCS     | NEBULIZING KIT W/MASK PEDIA - CHINA   | 40.00     | 40,000.00 |
| 20       | 1,000 PCS     | NEBULIZING KIT W/MASK ADULT - CHINA   | 40.00     | 40,000.00 |
| 21       | 1,000 PCS     | NASAL OXYGEN CANNULA ADULT - CHINA    | 15.00     | 15,000.00 |
| 22       | 1,000 PCS     | NASAL OXYGEN CANNULA PEDIA - CHINA    | 15.00     | 15,000.00 |
| 23       | 1,000 PCS     | OXYGEN MASK PEDIA - CHINA             | 35.00     | 35,000.00 |
| 24       | 1,000 PCS     | OXYGEN MASK ADULT - CHINA             | 35.00     | 35,000.00 |
| 25       | 30 UNIT       | OXYGEN REGULATOR - ROSEMED            | 1,800.00  | 54,000.00 |
| 26       | 30 UNIT       | OXYGEN OXIMETER ADULT - CHINA         | 1,800.00  | 54,000.00 |
| 27       | 20 PCS        | GUEDEL AIRWAY GREEN - CHINA           | 15.00     | 300.00    |
| 28       | 20 PCS        | GUEDEL AIRWAY WHITE - CHINA           | 15.00     | 300.00    |
| 29       | 20 PCS        | GUEDEL AIRWAY YELLOW - CHINA          | 15.00     | 300.00    |

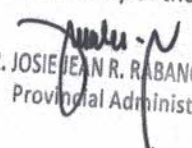
|   |                          |
|---|--------------------------|
| FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL | SUB TOTAL : P 316,705.00 |
|---|--------------------------|

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)  
 \_\_\_\_\_  
 (Date) 10/27/21

By the Authority of the Governor: EDWIN I. JUBAHIB  
 Governor  
  
 ENGR. JOSIE BEN R. RABANOZ, MPA, EnP  
 Provincial Administrator

**The winning bidder shall be required to submit a warranty security/certificate during delivery of the item.**

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.



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

**PURCHASE ORDER**

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| Supplier : <u>BEROVAN MARKETING INC.</u>                 | P.O. No. : <u>2021083592</u>         |
| PhilGEPS Registration No. : <u>2020-0229921755100000</u> | Date : <u>August 26, 2021</u>        |
| Address : <u>ILUSTRE - GEN. LUNA ST., DAVAO CITY</u>     | Mode of Procurement : <u>Bidding</u> |
| Tel / Fax #: <u>09970774788/ 0929-490-1863</u>           | P.R. No. : <u>21063306</u>           |
| Registration Certificate : <u>DTI</u>                    |                                      |

Req. Off.: PEEDO - ADMIN.

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>30Calendar Day/s</u> |
| Date of Delivery: _____                   | Payment Term : <u>ON ACCOUNT</u>       |

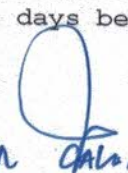
| Item No. | Quantity/Unit | Description                                      | Unit Cost | Amount     |
|----------|---------------|--|-----------|------------|
| 30       | 180 PCS       | PROLENE 2.0 W/NEEDLE ROUND - JOHNSON & JOHNSON   | 348.00    | 62,640.00  |
| 31       | 180 PCS       | PROLENE 3.0 W/NEEDLE CUTTING - JOHNSON & JOHNSON | 320.00    | 57,600.00  |
| 32       | 180 PCS       | PROLENE 4.0 W/NEEDLE CUTTING - JOHNSON & JOHNSON | 355.00    | 63,900.00  |
| 33       | 500 PCS       | SURGICAL BLADE NO. 15 - DOLPHIN                  | 3.50      | 1,750.00   |
| 34       | 500 PCS       | SURGICAL BLADE NO. 20 - DOLPHIN                  | 3.50      | 1,750.00   |
| 35       | 10,000 PAIR   | SURGICAL GLOVES 6.5 - ROSEMED                    | 19.40     | 194,000.00 |
| 36       | 21,600 PAIR   | SURGICAL GLOVES 7.0 - ROSEMED                    | 19.40     | 419,040.00 |
| 37       | 10,000 PAIR   | SURGICAL GLOVES 7.5 - ROSEMED                    | 19.40     | 194,000.00 |
| 38       | 1,000 PCS     | SOLUSET - CHINA                                  | 48.00     | 48,000.00  |
| 39       | 1,000 PCS     | SUCTION CATHETER FR8 - CHINA                     | 15.00     | 15,000.00  |
| 40       | 1,000 PCS     | URINE BAG - CHINA                                | 15.00     | 15,000.00  |
| 41       | 1,000 PCS     | URINE COLLECTOR PEDIA - CHINA                    | 4.00      | 4,000.00   |

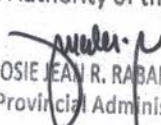
|   |              |              |
|---|--------------|--------------|
| FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL | SUB TOTAL :P | 1,076,680.00 |
|---|--------------|--------------|

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,  
 EDWIN I. JUBAHIB  
 Governor

By the Authority of the Governor: \_\_\_\_\_  
 ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP  
 Provincial Administrator

\_\_\_\_\_  
 (Signature over printed name)

10/27/21  
 (Date)

The winning bidder shall be required to submit a warranty security/certificate during delivery of the item.

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| PhilGEPS Registration No. : <u>2020-0229921755100000</u> | Date : <u>August 26, 2021</u>        |
| Address : <u>ILUSTRE - GEN. LUNA ST., DAVAO CITY</u>     | Mode of Procurement : <u>Bidding</u> |
| Tel / Fax #: <u>09970774788/ 0929-490-1863</u>           | P.R. No. : <u>21063306</u>           |
| Registration Certificate : <u>DTI</u>                    |                                      |
| Req. Off.: <u>PEEDO - ADMIN.</u>                         |                                      |

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

| Item No. | Quantity/Unit | Description                                  | Unit Cost | Amount     |
|----------|---------------|--|-----------|------------|
| 42       | 5,000 PCS     | GLUCOSE STRIPS - EASY LFE(FREE 40UNITS MTR   | 112.00    | 560,000.00 |
| 43       | 2,700 KIT     | H. PYLORI RAPID TEST - SD                    | 200.00    | 540,000.00 |
| 44       | 50 BOTT       | NORMAL SALT SOLUTION (NSS) 0.85%, 1L - LOCAL | 105.00    | 5,250.00   |
| 45       | 4,500 KIT     | PREGNANCY TEST KIT - ROSEMED                 | 16.00     | 72,000.00  |

- NOTE:
1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE TIME OF DELIVERY.
  2. NO PARTIAL DELIVERIES.
  3. WINNING SUPPLIER MUST PROVIDE A CERTIFICATE OF PRODUCT REGISTRATION (CPR) OF THE FOLLOWING ITEMS UPON DELIVERY:  
 \*H. PYLORI RAPID TEST  
 \*PREGNANCY TEST KIT

|   |                |              |
|---|----------------|--------------|
| FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL | SUB TOTAL :P   | 1,177,250.00 |
|   | GRAND TOTAL :P | 2,842,347.00 |

Grand Total Amount in Words : **TWO MILLION EIGHT HUNDRED FORTY TWO THOUSAND THREE HUNDRED FORTY SEVEN 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.

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:

Jennifer Situmorang  
 (Signature over printed name)

10/27/21  
 (Date)

Very truly yours,

EDWIN I. JUBAHIB  
 Governor

By the Authority of the Governor:

Josie Jean R. Rabanoz  
 ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP  
 Provincial Administrator

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| Item No. | Quantity/Unit | Description | Unit Cost | Amount |
|----------|---------------|-------------|-----------|--------|
|----------|---------------|-------------|-----------|--------|

4. TOTAL LOT AWARDING.

5. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.

6. 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 MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT

- \*KAPALONG - P1,192,702.83
- \*CARMEN - P1,192,702.83
- \*IGACOS - P1,192,702.82
- 30 CAL.DAYS


The award is based on Abstract No. 0820213373  
 dated August 16, 2021 under Bid No. B20210385  
 opened on August 12, 2021

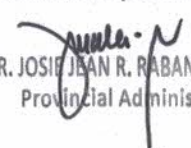
|   |                             |
|---|-----------------------------|
| FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL | SUB TOTAL :P                |
|   | GRAND TOTAL :P 2,842,347.00 |

Grand Total Amount in Words : TWO MILLION EIGHT HUNDRED FORTY TWO THOUSAND THREE HUNDRED FORTY SEVEN 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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By the Authority of the Governor:  
  
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 Provincial Administrator

\_\_\_\_\_  
 (Signature over printed name)  
 10/27/21  
 (Date)

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


| Item No. | Quantity/Unit | Description | Unit Cost | Amount |
|----------|---------------|-------------|-----------|--------|
|----------|---------------|-------------|-----------|--------|

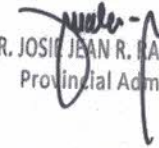
|  |                             |
|--|-----------------------------|
| <i>FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITAL</i> | SUB TOTAL :P                |
|  | GRAND TOTAL :P 2,842,347.00 |

Grand Total Amount in Words : *TWO MILLION EIGHT HUNDRED FORTY TWO THOUSAND THREE HUNDRED FORTY SEVEN 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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Conforme: \_\_\_\_\_ Very truly yours,  
  
 EDWIN I. JUBAHIB  
 Governor

By the Authority of the Governor:  
  
 ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP  
 Provincial Administrator

\_\_\_\_\_  
 (Signature over printed name)  
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