



PURCHASE ORDER

Supplier : **NEW UNITED LAMINATED FLOORING SUPPLY INC.**

P.O. Number: **2023061944**

Address : **888 NATIVIDAD'S TOWNHOUSE, BACACA ROAD, DAVAO CITY**



O202306194485948CE50

PhilGEPS Registration No. : **258963**

Date : **Jun 01, 2023**

Tel./Fax No. : **09336190064**

P.R. No. : **2023021321**

Registration Certificate : **SEC**

Procurement mode: **Bidding**

Req. Office : **PEEDO - DavNor Pharmacy**

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 : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	30.00 PCS	ANGIOGRAPHIC SYRINGE MEDICAL DISPOSABLE HIGH PRESSURE CT INJECTOR SYRINGE 100ML NEMOTO	299.00	8,970.00
2	20,000.00 PCS	BOUFANT CAP GENERIC	4.00	80,000.00
3	3.00 PAIL	CARBON DIOXIDE ABSORBENT 4.2KG ATRASORB	10,500.00	31,500.00
4	100.00 PCS	DENTAL NEEDLE G30 DENJECT	7.50	750.00
5	500.00 PCS	DISPOSABLE NEEDLE G27 SIMPLEX	4.50	2,250.00
6	45,000.00 PCS	DISPOSABLE SYRINGE W/NEEDLE 1ML CARDINAL	3.80	171,000.00
7	51,000.00 PCS	DISPOSABLE SYRINGE W/NEEDLE 3ML CARDINAL	4.30	219,300.00
8	51,000.00 PCS	DISPOSABLE SYRINGE W/NEEDLE 5ML CARDINAL	4.80	244,800.00
9	30,000.00 PCS	DISPOSABLE SYRINGE W/NEEDLE 10ML CARDINAL	5.30	159,000.00
10	20.00 PCK	DISPOSABLE TOWEL/POLYBIBS 100' GENERIC	95.00	1,900.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

8

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 :

JOMARTE J. JARAN
 (Signature over printed name)
JULY 26, 2023
 (Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
 Governor

ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP
 Provincial Administrator

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.

ALEJANDRO R. OMILA JR.



PURCHASE ORDER

Supplier : NEW UNITED LAMINATED FLOORING SUPPLY INC.	P.O. Number: 2023061944
Address : 888 NATIVIDAD'S TOWNHOUSE, BACACA ROAD, DAVAO CITY	 O202306194485948CE50
PhilGEPS Registration No. : 258963 Tel./Fax No. : 09336190064 Registration Certificate : SEC	Date : Jun 01, 2023 P.R. No. : 2023021321 Procurement mode: Bidding
Req. Office : PEEDO - DavNor Pharmacy	

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 : DAVNOR PHARMACY	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
11	20.00 PCS	ENDOTRACHEAL TUBE 2.5 W/CUFFED GENERIC	39.50	790.00
12	30.00 PCS	ENDOTRACHEAL TUBE 3.5 W/CUFFED GENERIC	39.50	1,185.00
13	20.00 PCS	ENDOTRACHEAL TUBE 4.0 W/CUFFED GENERIC	39.50	790.00
14	20.00 PCS	ENDOTRACHEAL TUBE 5.0 W/CUFFED GENERIC	39.50	790.00
15	20.00 PCS	ENDOTRACHEAL TUBE 5.5 W/CUFFED GENERIC	39.50	790.00
16	20.00 PCS	ENDOTRACHEAL TUBE 8.0 W/CUFFED GENERIC	39.50	790.00
17	10.00 PCS	ENDOTRACHEAL TUBE 7.5 UNCUFFED GENERIC	39.50	395.00
18	100.00 SET	EPIDURAL CATHETER SET G18 PORTEX	985.00	98,500.00
19	20.00 PCS	FOLEY CATHETER FR8 GENERIC	39.00	780.00
20	100.00 PCS	FOLEY CATHETER FR14 GENERIC	48.50	4,850.00
21	3,000.00 PCS	FOLEY CATHETER FR16	58.70	176,100.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

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Conforme : <div style="text-align: center;"> _____ (Signature over printed name) July 26, 2023 _____ (Date) </div>	Very truly yours, By the Authority of the Governor: <div style="text-align: center;"> ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP Provincial Administrator </div>
	EDWIN I. JUBAHIB Governor

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Registration Certificate : **SEC**

Procurement mode: **Bidding**

Req. Office : **PEEDO - DavNor Pharmacy**

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

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Delivery Term: **10 Calendar Days**

Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		GENERIC		
22	20.00 PCS	GUEDEL AIRWAY GREEN GENERIC	17.00	340.00
23	300.00 BOTT	HYDROGEN PEROXIDE 3% SOL'N 10V, 500ML RHEA	69.00	20,700.00
24	1,920.00 ROLL	HYPOALLERGENIC PLASTER 2.5CM X 9.1M (BRANDED) PREFERABLY MADE IN U.S.A. 3M	55.84	107,212.80
25	5,000.00 SACHET	LUBRICATING GEL 3G SURGITECH	7.65	38,250.00
26	20.00 TUBE	LUBRICATING GEL 150G SURGITECH	199.00	3,980.00
27	72.00 PCS	MERSILK 1.0 STRANDS ETHICON/LOTUS	199.00	14,328.00
28	72.00 PCS	MERSILK 3.0 STRANDS ETHICON/LOTUS	199.00	14,328.00
29	180.00 PCS	MONOCRYL 1.0 W/NEEDLE ROUND ETHICON/LOTUS	581.50	104,670.00
30	180.00 PCS	MONOCRYL 3.0 W/NEEDLE ROUND ETHICON/LOTUS	581.50	104,670.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

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Conforme :

Very truly yours,

Jomarie J. Rasm
(Signature over printed name)

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

July 26, 2023
(Date)


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

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ALEJANDRO R. OMILA JR.



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PhilGEPS Registration No. : 258963	Date : Jun 01, 2023
Tel./Fax No. : 09336190064	P.R. No. : 2023021321
Registration Certificate : SEC	Procurement mode: Bidding
Req. Office : PEEDO - DavNor Pharmacy	

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 : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
31	1,000.00 PCS	NASAL OXYGEN CANNULA ADULT GREETMED	19.00	19,000.00
32	2.00 PCS	NASOPHARYNGEAL AIRWAY FR14 LIGHTNING X	525.00	1,050.00
33	1.00 PC	NASOPHARYNGEAL AIRWAY FR18 LIGHTNING X	525.00	525.00
34	1.00 PC	NASOPHARYNGEAL AIRWAY FR20 LIGHTNING X	525.00	525.00
35	1.00 PC	NASOPHARYNGEAL AIRWAY FR26 LIGHTNING X	525.00	525.00
36	1.00 PC	NASOPHARYNGEAL AIRWAY FR30 LIGHTNING X	525.00	525.00
37	1.00 PC	NASOPHARYNGEAL AIRWAY FR32 LIGHTNING X	525.00	525.00
38	1,000.00 PCS	NEBULIZING KIT W/MASK ADULT GENERIC	48.00	48,000.00
39	1,000.00 PCS	OXYGEN MASK ADULT GENERIC	38.00	38,000.00
40	5.00 SET	PAPANICOLAOU STAIN MEDIC	5,382.00	26,910.00
41	10.00 ROLL	PLASTER OF PARIS 4 INCH X 5 YARDS	199.00	1,990.00

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Conforme : *Josie Jean Rabano*
(Signature over printed name)

Very truly yours,
By the Authority of the Governor:

Josie Jean Rabano
ENGR. JOSIE JEAN R. RABANO, CE, MPA, EnP
Provincial Administrator

EDWIN I. JUBAHIB
Governor

July 16, 2023
(Date)

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ALEJANDRO R. OMILA JR.

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
ROSEMED				
42	15.00 BOTT	POTASSIUM HYDROXIDE 10%, 500ML MEDIC	398.00	5,970.00
43	108.00 PCS	PROLENE 0 W/NEEDLE ROUND ETHICON/LOTUS	348.00	37,584.00
44	108.00 PCS	PROLENE 1.0 W/NEEDLE ROUND ETHICON/LOTUS	348.00	37,584.00
45	108.00 PCS	PROLENE 4.0 W/NEEDLE ROUND ETHICON/LOTUS	348.00	37,584.00
46	2,000.00 PCS	STERILE TONGUE DEPRESSOR GENERIC	1.90	3,800.00
47	100.00 PCS	SUCTION CATHETER FR12 ESSENZIAL	29.00	2,900.00
48	100.00 PCS	SUCTION CATHETER FR14 ESSENZIAL	29.00	2,900.00
49	100.00 PCS	SUCTION CATHETER FR16 ESSENZIAL	29.00	2,900.00
50	500.00 ROLL	SURGICAL GAUZE 28 X 24 MESH SURGITECH	990.00	495,000.00
51	20,000.00 PAIR	SURGICAL GLOVES 6.5 ROSEMED	21.00	420,000.00

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Conforme :

JOMARIE JOYSON
(Signature over printed name)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor

JUN 26, 2023
(Date)

JOSIE JEAN R. RABANOZ
ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP
Provincial Administrator

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Delivery Term: **10 Calendar Days**

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
52	10,000.00 PAIR	SURGICAL GLOVES 7.0 ROSEMED	21.00	210,000.00
53	10,000.00 PAIR	SURGICAL GLOVES 7.5 ROSEMED	21.00	210,000.00
54	10.00 PCK	ULTRASOUND GEL 2.5L SURGITECH	299.00	2,990.00
55	360.00 PCS	VICRYL 1.0 W/NEEDLE ROUND ETHICON/LOTUS	479.00	172,440.00
56	2.00 PCS	BANDAGE SCISSORS - SIZE: 5 1/2 INCHES - STAINLESS STEEL GERMANY STAINLESS	170.00	340.00
57	2.00 PCS	FORCEP CURVED - SIZE: 5 1/2 INCHES - STAINLESS STEEL KELLY	190.00	380.00
58	1.00 PC	COTTON PLIER WITH LOCK - STAINLESS STEEL GENERIC	248.00	248.00
59	1.00 UNIT	SPHYGMOMANOMETER BLOOD PRESSURE ANEROID AND STETHOSCOPE MANUAL TABLE TOP (BRANDED) - DOUBLE HEAD (DIAPHRAGM AND BELL)	7,990.00	7,990.00

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Conforme :

JOMAKIE J. JUAN
(Signature over printed name)

JULY 26, 2023
(Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
Governor


ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP
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Place of Delivery : DAVNOR PHARMACY	

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		- LATEX FREE, HYPOALLERGENIC, Y RUBBER TUBE (28 INCHES) - NON-CHILL RIM AND DIAPHRAGM - ERGONOMICALLY DESIGNED HEADSET - SNAP TIGHT SOFT-SEALING EARTIPS ELPK & LITTMAN		
60	50.00 PCS	URIC ACID STRIPS - PREFERABLY COMPATIBLE TO EASY MATE GCU PORTABLE MACHINE EASYMATE	43.00	2,150.00
61	30.00 PCS	CHOLESTEROL STRIP - PREFERABLY COMPATIBLE TO EASY MATE GCU PORTABLE MACHINE EASYMATE	148.00	4,440.00

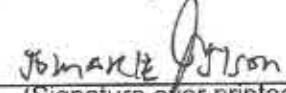
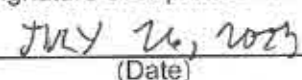
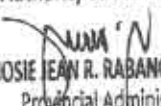
- Remarks :
1. ATLEAST TWO (2) YEARS EXPIRATION DATE FROM THE TIME OF DELIVERY.
 2. NO PARTIAL DELIVERIES.
 3. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
 4. TOTAL LOT AWARDING.
 5. SUPPLIER MUST SPECIFY THE BRAND NAME OFFERED OF EACH ITEM.
 6. SUPPLIER MUST INFORM THE R.O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO LUNTIANG PARAISO REGIONAL REHABILITATION CENTER AND THE THREE (3) DAVAO DEL NORTE HOSPITALS MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT:
*LPRRC - P16,190.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS	X
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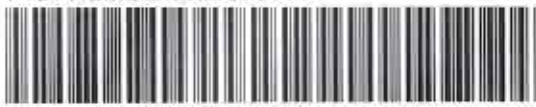
Conforme : <div style="margin-left: 40px;">  _____ (Signature over printed name) <div style="margin-left: 40px;">  _____ (Date) </div> </div>	Very truly yours, By the Authority of the Governor: <div style="margin-left: 40px;">  ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP Provincial Administrator </div> EDWIN I. JUBAHIB Governor
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Place of Delivery : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		*DDNH-KAPALONG ZONE - P1,140,136.67		
		*DDNH-CARMEN ZONE - P1,140,136.67		
		*DDNH-IGACOS ZONE - P1,140,136.66		

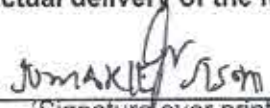
The award is based on Abstract No. **0520231526** created on **May 15, 2023** and resolved on **June 01, 2023** under Quotation No. **B20231770** opened on **May 11, 2023**

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS	
Grand Total Amount in Words : THREE MILLION FOUR HUNDRED EIGHT THOUSAND FOUR HUNDRED EIGHTY-THREE AND 80 / 100	GRAND TOTAL : P 3,408,483.80

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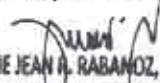
Conforme :



(Signature over printed name)
JUNY 26 2023

(Date)

Very truly yours,
By the Authority of the Governor:


ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP
Provincial Administrator

EDWIN I. JUBAHIB
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