



PURCHASE ORDER

Supplier : **REDEMP MEDICAL SUPPLY**

P.O. Number: **2023062034**

Address : **P2 B15 L29 EDSA ST. ROSEVILLE SUB. ALFONSO ANGIONGTO
 SR. BUHANGIN DIST. DAVAO CITY**



O20230620340A45F0C85

PhilGEPS Registration No. : **379040**
 Tel./Fax No. : **082-2385420**
 Registration Certificate : **DTI**

Date : **Jun 14, 2023**
 P.R. No. : **2023021171**
 Procurement mode: **Section 52.1b**

Req. Office : **PEEDO - DDN Hospital (Carmen Zone)**

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 : **PGSO Warehouse**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	15.00 UNIT	BP APPRATUS WITH STAND It has measurement range of 0-300mmHg and a display of 0-300mmhg(Round Aneroid Scale) Our Aneroid Sphygmomanometer offers high precision and accuracy for measurement. Dial Type Floor Standing RX DR.CARE	5,600.00	84,000.00

The award is based on Abstract No. **0620231846** created on **June 06, 2023** under Quotation No. **C20232406** opened on **June 01, 2023**

PURCHASE OF BP APPARATUS WITH STAND FOR THE USE OF DDNH-CARMEN ZONE

Grand Total Amount in Words : **EIGHTY-FOUR THOUSAND AND XX / 100**

GRAND TOTAL : **₱ 84,000.00**

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 :

LEO D. NACION
 Redemp Medical Suppl.

(Signature over printed name)

Jun 14, 2023
 (Date)

Very truly yours,

By the Authority of the Governor:

EDWIN I. JUBAHIB
 Governor

ENGR. JOSE 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.