




PURCHASE ORDER

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| Supplier : BIOSITE MEDICAL INSTRUMENTS Address : GROUND FLOOR 555 MANGA STREET CORNER LUISA STREET JUNA SUBD MATINA CROSSING TALOMO DISTRICT 8000 DAV TIN: 186-612-653-000 PhilGEPS Registration No. : 200711175241926171339 Tel./Mobile/Fax No. : 09255585758 Registration Certificate : DTI | P.O. Number: 2024124566  02024124566A15275610 Date : Nov 25, 2024 P.R. No. : 2024095442 Procurement mode: Competitive Bidding |
| Req. Office : PEEDO - DDN Hospital (Kapalong 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: 30 Working Days Partial delivery NOT ALLOWED |
| Place of Delivery : onsite (DDNH-KAPALONG ZONE) | |

| I.N. | Quantity/Unit | Item | Unit Cost | Amount |
|------|---------------|--|------------|------------|
| 1 | 1.00 PC | FETAL AND MATERNAL MONITOR Specifications Application Can measure Fetal Monitor Rate, Uterus Contraction, Fetal Movement Twin monitoring function Display 12.1" high resolution (800x600) LCD display, 100-220V; 50/60Hz or higher Alarm Audio-visual alarm and programmable alarm on probe off-position and abnormal FHR Dimension Overall dimension must not higher than 383mm L x 383mm W x 124mm H Weight must not higher than 4kg Printer Built-in 152mm x 13.5m Z-fold thermal printer with adjustable tracing speed Thermal Printing speed 1cm/min, 2cm/min, 3cm/min Battery Rechargeable built-in battery up to 4 hours working time | 363,000.00 | 363,000.00 |

For Davao del Norte Hospital-Kapalong Zone use.

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 : Joanah R. Cabaral _____ (Signature over printed name) 12/27/24 _____ (Date) | Very truly yours,  EDWAN M. JUBAHIB Provincial Governor _____ (Date) |
|---|---|

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 : **BIOSITE MEDICAL INSTRUMENTS**

P.O. Number: 2024124566

Address : **GROUND FLOOR 555 MANGA STREET CORNER LUISA STREET
JUNA SUBD MATINA CROSSING TALOMO DISTRICT 8000 DAV**



O2024124566A15275610

TIN: **186-612-653-000**
PhilGEPS Registration No. : **200711175241926171339**
Tel./Mobile/Fax No. : **09255585758**
Registration Certificate : **DTI**

Date : **Nov 25, 2024**
P.R. No. : **2024095442**
Procurement mode: **Competitive Bidding**

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

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

Date of Delivery : _____ Payment Term : **ON ACCOUNT**

Place of Delivery : **onsite (DDNH-KAPALONG ZONE)**

Delivery Term: **30 Working Days**
Partial delivery NOT ALLOWED

| I.N. | Quantity/Unit | Item | Unit Cost | Amount |
|------|---------------|---|-----------|--------|
| | | Parameters With ultrasonic Doppler for measuring the Fetal Heart Rate, 50-210 BPM TOCO external measuring method with 0-100% measuring range Fetal movement recording manual button marking and Automatic FM identifying function With NIBP, SPO2, ECG, Respiration and Temperature monitoring. With Trolley EDAN MODEL: F9 WITH TROLLEY | | |

Remarks :
-include actual demonstration of unit.
-with 2 years warranty and PMS of unit.

The award is based on Abstract No. **1120244007** created on **November 05, 2024** and resolved on **November 25, 2024** under Quotation No. **B20244711** opened on **November 04, 2024**

For Davao del Norte Hospital-Kapalong Zone use.

Grand Total Amount in Words : **THREE HUNDRED SIXTY-THREE THOUSAND AND
XX / 100**

GRAND TOTAL : **P 363,000.00**

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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 : **Joanah R. Cabaral**

(Signature over printed name)

Very truly yours,

12/27/24

(Date)

EDWIN T. JUBAHIB
Provincial Governor

(Date)

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.