



PURCHASE ORDER

Supplier : EAH MEDICINE & MEDICAL SUPPLIES MARKETING	P.O. Number: 2024082346
Address : IGACOS DAVAO DEL NORTE	 O20240823463EE35A41B
PhilGEPS Registration No. : 201903484741084242891 Tel./Mobile/Fax No. : 09561675352 Registration Certificate : DTI	Date : Aug 01, 2024 P.R. No. : 2024052927 Procurement mode: Competitive Bidding
Req. Office : Provincial Social Welfare and Development Office	

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 Working Days Partial delivery NOT ALLOWED
Place of Delivery : PGSO Warehouse		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	20.00 PC	WHEELCHAIR-PEDIA CLOCK CARE	4,800.00	96,000.00
2	19.00 PC	SINGLE CANE CLOCK CARE	345.00	6,555.00
3	20.00 PC	WALKER CLOCK CARE	1,170.00	23,400.00
4	65.00 PC	WHEELCHAIR-ADULT CLOCK CARE	4,500.00	292,500.00
5	20.00 PC	WHITE CANE CLOCK CARE	260.00	5,200.00
6	30.00 PC	CRUTCHES CLOCK CARE	585.00	17,550.00

Remarks :
durable and in good condition. with Davnor LOGO

The award is based on Abstract No. **0720242291** created on **July 26, 2024** and resolved on **August 01, 2024** under Quotation No. **B20243087** opened on **July 25, 2024**

to be used by PWD WITHIN DAVAO DEL NORTE	
Grand Total Amount in Words : FOUR HUNDRED FORTY-ONE THOUSAND TWO HUNDRED FIVE AND XX / 100	GRAND TOTAL : ₱ 441,205.00

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 : _____ Very truly yours, _____

(Signature over printed name)

9/10/24
(Date)

EDWIN J. JUBAHIB
Governor *[Signature]*

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. OMILAJR.