

Republic of the Philippines

Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER Supplier: EVERYDAY ENTERPRISE P.O. Number: 2024124564 Address : ANGUS COMPLEX 81-A MC ARTHUR HIGHWAY MATINA CROSSING TALOMO DISTRICT 8000 DAVAO CITY DAVAO DEL SUR P O2024124564FD990AAF6 443-138-788-000 TIN: Nov 25, 2024 PhilGEPS Registration No. : 2013057120019962226 P.R. No.: 2024095436 Tel./Mobile/Fax No.: 09270052639 Procurement mode: Competitive Bidding Registration Certificate: DTI Req. Office: PEEDO - DDN Hospital (Kapalong Zone) Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein: Date of Delivery: Payment Term : ON ACCOUNT Delivery Term: 20 Working Days Place of Delivery : ONSITE (DDNH-KAPALONG ZONE) Partial delivery NOT ALLOWED I.N. Quantity/Unit Unit Cost Amount 1 2.00 DEFIBRILLATOR WITH AUTOMATED EXTERNA 349,000.00 698,000.00 DEFIBRILLATOR 7 INCH diagonal LCD TFT color screen. Display resolution of 800 x 480 pixels VGA. 3 waveforms display. With ready for use indicator to confirm that the device has passed it's hourly, daily, & weekly automated self test. With patient category button to quickly allow clinicians to switch between patient categories. With smart select knob for easy menu navigation. With mark event button to insert time stamp annotations on event summary. Battery: Lithium Ion Battery At least 2.5 hours monitoring on full battery; at least 100 full energy. External paddles: External adult paddles with removable adaptors to reveal pediatric paddles. Has patient contact indicator located in the paddle that lights up to signify good contact with skin. With remote charge and shock buttons present 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: Very truly yours, DAYE PHOLICOS (Signature over printed name) JUBAHIB Provincial Governor/Wf (Date) (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.



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