



# PURCHASE ORDER

Supplier : **GLORSO MEDICA**

P.O. Number: **2024082343**

Address : **A&J BLDG, MT. APO STREET DAVAO CITY 8000**



**O20240823439261CBC1F**

PhilGEPS Registration No. : **2006081097750860373**

Tel./Mobile/Fax No. : **09176525247**

Registration Certificate : **DTI**

Date : **Jul 19, 2024**

P.R. No. : **2024042405**

Procurement mode: **Competitive Bidding**

Req. Office : **Provincial Health 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: **15 Calendar Days**

Place of Delivery : **PGSO Warehouse**

**Partial delivery NOT ALLOWED**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	1,664.00 VIAL	ANTI-RABIES VACCINE -Vero Cell <b>ABHAYRAB</b>	833.00	1,386,112.00

The award is based on Abstract No. **0620241692** created on **June 07, 2024** and resolved on **July 19, 2024** under Quotation No. **B20241949** opened on **June 06, 2024**

To be use for prevention of Human rabies cases

Grand Total Amount in Words : **ONE MILLION THREE HUNDRED EIGHTY-SIX THOUSAND ONE HUNDRED TWELVE AND XX / 100**

GRAND TOTAL :

**₱ 1,386,112.00**

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)

\_\_\_\_\_  
 (Date)

**EDWIN J. JIBAHIB**  
 Governor

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.**