



PURCHASE ORDER

Supplier : Light Horizon Medical Supplies

P.O. Number: **2023124968**

Address : Door-1, NUD Building, Ponciano St, Davao City



O202312496887E49D734

PhilGEPS Registration No. : 202102242178311689385
 Tel./Fax No. : 09108863245
 Registration Certificate : DTI

Date : **Nov 30, 2023**
 P.R. No. : **2023106096**
 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: **20 Calendar Days**

Place of Delivery : **PGSO Warehouse**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	10.00 unit	BLOOD PRESSURE ANEROID SPHYGMOMANOMETER WITH STETHOSCOPE AND STAND WHEELS FOR PEDIA Manometer: 20-300mmHg with zero stop pin Accuracy:+-3mmHg Air System: Nylon Cuff with latex bag, bulb & valves with double head stethoscope standard with 5 legs base unit with caster PROHEALTH CARE	11,675.00	116,750.00
2	10.00 Unit	BLOOD PRESSURE ANEROID SPHYGMOMANOMETER WITH STETHOSCOPE AND STAND WHEELS FOR ADULT Manometer: 20-300mmHg with zero stop pin Accuracy:+-3mmHg Air System: Nylon Cuff with latex bag, bulb & valves with double head stethoscope standard with 5 legs base unit with caster PROHEALTH CARE	10,841.00	108,410.00
3	40.00 Unit	THERMOMETER INFRARED Working temperature: ambient temperature 10.0 ? -35.0 ?(50.0?- 95.0?) Power supply voltage: DC 3.0V 2 * AAA alkaline battery (not included)	2,501.00	100,040.00

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 :

Gemma B. Mozol
 (Signature over printed name)

01-08-24
 (Date)

Very truly yours,

By the Authority of the Governor*

EDWIN I. JUBAHIB
 Governor

Engr. Josie Jean R. Rabangz, OE, 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.



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I.N.	Quantity/Unit	Item	Unit Cost	Amount
		Product size: L * W * H: 149 * 90 * 45mm Measuring range: 35 ? -42.9 ?(95.0?-109.2?) (Body temperature mode) Accuracy: 35 ? -42 ?(95.0?-107.6?) : ± 0.2 ? (± 32.4?) Outside 35 ? -42 ?(95.0?-107.6?): ± 0.3 ? (± 32.5?) Measuring distance: 1 cm ~ 3cm Storage transportation: -20 ? ~ + 55 ? (-68.0? ~+131.0?), relative humidity: =93% Trichromatic backlight: 32?-37.2? Green 37.3? -38? Yellow 38.1-42.9? Red(only tricolor edition) PHICON		
4	25.00 PC	KELLY PAD with high quality rubber color red thickness up to 15mm washable, easy to clean DR.CARE	2,710.00	67,750.00

For Davao del Norte Hospital-Kapalong Zone use.

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Conforme :

Gennio B. Mazon
 (Signature over printed name)

01-08-27
 (Date)

Very truly yours,

By the Authority of the Governor*

EDWIN I. JUBAHIB
 Governor

Engr. Josie Jean R. Rabanoz, CE, MPA, EnP
 Provincial Administrator

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The award is based on Abstract No. **1120234330** created on **November 14, 2023** and resolved on **November 30, 2023** under Quotation No. **B20235408** opened on **November 13, 2023**

For Davao del Norte Hospital-Kapalong Zone use.

Grand Total Amount in Words : **THREE HUNDRED NINETY-TWO THOUSAND NINE HUNDRED FIFTY AND XX / 100**

GRAND TOTAL : ₱ 392,950.00

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Gemma B. Mazon
 (Signature over printed name)

1-08-24
 (Date)

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 By the Authority of the Governor

ENGR. JOHIE JEAN R. RABANGZ, OE, MPA, EnP
 Provincial Administrator

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