



PURCHASE ORDER

Supplier : **NEW UNITED LAMINATED FLOORING SUPPLY INC.**

P.O. Number: **2023062061**

Address : **888 NATIVIDAD'S TOWNHOUSE, BACACA ROAD, DAVAO CITY**



O202306206115793778C

PhilGEPS Registration No. : **201703173312314647224**

Tel./Fax No. : **09336190064**

Registration Certificate : **SEC**

Date : **Jun 05, 2023**

P.R. No. : **2023021332**

Procurement mode: **Bidding**

Req. Office : **PEEDO - DavNor Pharmacy**

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 : **DAVNOR PHARMACY**

Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	15,000.00 PCS	IV CANNULA G18 BBRAUN	143.00	2,145,000.00
2	15,000.00 PCS	IV CANNULA G20 BBRAUN	143.00	2,145,000.00
3	15,000.00 PCS	IV CANNULA G24 BBRAUN	143.00	2,145,000.00
4	15,000.00 PCS	MACROSET BBRAUN	121.00	1,815,000.00
5	10,000.00 PCS	MICROSET BBRAUN	135.00	1,350,000.00
6	540.00 PCS	MONOSYN 1.0 W/NEEDLE ROUND BBRAUN/ J&J	870.00	469,800.00
7	540.00 PCS	MONOSYN 3.0 W/NEEDLE ROUND BBRAUN/ J&J	700.00	378,000.00
8	180.00 PCS	NOVOSYN QUICK 2.0 W/NEEDLE ROUND 140CM BBRAUN/ J&J	500.00	90,000.00
9	180.00 PCS	NOVOSYN QUICK 3.0 W/NEEDLE ROUND 140CM BBRAUN/ J&J	500.00	90,000.00
10	1,800.00 PCS	NOVOSYN QUICK W/DOUBLE NEEDLE BBRAUN/ J&J	625.00	1,125,000.00
11	360.00 PCS	NOVOSYN 2.0 W/NEEDLE ROUND 140CM	500.00	180,000.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

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.

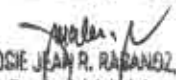
Conforme :



(Signature over printed name)
1/10/24

(Date)


Very truly yours,


ENGR. JOSIE JEAN R. RASANO, OE, WPA, EnP
Provincial Administrator
EDWIN I. JUBAHIB
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. OMILA JR.

PURCHASE ORDER

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Address : 888 NATIVIDAD'S TOWNHOUSE, BACACA ROAD, DAVAO CITY	 O202306206115793778C
PhilGEPS Registration No. : 201703173312314647224	Date : Jun 05, 2023
Tel./Fax No. : 09336190064	P.R. No. : 2023021332
Registration Certificate : SEC	Procurement mode: Bidding
Req. Office : PEEDO - DavNor Pharmacy	

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 Calendar Days
Place of Delivery : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
		BBRAUN/ J&J		
12	180.00 PCS	SILK 2.0 W/NEEDLE CUTTING BBRAUN/ J&J	119.00	21,420.00
13	180.00 PCS	SILK 3.0 W/NEEDLE CUTTING BBRAUN/ J&J	119.00	21,420.00
14	72.00 PCS	SILK 0 STRANDS BBRAUN/ J&J	285.00	20,520.00
15	1,500.00 PCS	SPINAL NEEDLE G25 BBRAUN	99.00	148,500.00
16	500.00 PCS	SURGICAL BLADE NO. 15 FEATHER	29.00	14,500.00
17	500.00 PCS	SURGICAL BLADE NO. 10 FEATHER	29.00	14,500.00
18	500.00 PCS	SURGICAL BLADE NO. 20 FEATHER	29.00	14,500.00
19	50.00 PCS	SURGICAL SKIN STAPLER BBRAUN/ETHICON	1,550.00	77,500.00

- Remarks :
1. ATLEAST TWO (2) YEARS EXIRATION DATE FROM THE TIME OF DELIVERY.
 2. NO PARTIAL DELIVERIES.
 3. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER.
 4. TOTAL LOT AWARDING.

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

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 : _____
(Signature over printed name)

Very truly yours, **ENGR. JOSIE JEAN R. PANGANZ, CE, MPA, EnP**
Provincial Administrator
EDWIN I. JUBAHIB
Governor

(Date)

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Delivery Term: **10 Calendar Days**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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5. SUPPLIER MUST SPECIFY THE BRAND NAME OFFERED OF EACH ITEM AND SUBMIT A COPY OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) UPON DELIVERY.

6. SUPPLIER MUST SUBMIT A COPY OF INTERNATIONAL STANDARD ORGANIZATION (ISO) 13485:2016 OF THE PRODUCT FROM THE MANUFACTURER, FAILURE TO COMPLY WILL BE DISQUALIFIED AS A BIDDER.

7. SUPPLIER MUST INFORM THE R.O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEM TO BE CHARGED TO THE THREE (3) DAVAO DEL NORTE HOSPITALS MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT:

*DDNH-KAPALONG ZONE - P4,176,313.34

*DDNH-CARMEN ZONE - P4,176,313.33

*DDNH-IGACOS ZONE - P4,176,313.33

The award is based on Abstract No. **0420231278** created on **April 24, 2023** and resolved on **June 08, 2023** under Quotation No. **B20231311** opened on **April 20, 2023**

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

Grand Total Amount in Words : **TWELVE MILLION TWO HUNDRED SIXTY-FIVE THOUSAND SIX HUNDRED SIXTY AND XX / 100**

GRAND TOTAL : **₱ 12,265,660.00**

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.

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Conforme :

(Signature over printed name)

Very truly yours,

ENGR. JOSIE JEAN R. BASANZ, OE, WPA, EnP
Provincial Administrator
EDWIN I. JUBAHIB
Governor

11/0/24

(Date)

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ALEJANDRO R. OMILA JR.