



## PURCHASE ORDER

Supplier : <b>SIMYAKI ENTERPRISES</b>	P.O. Number: <b>2022073190</b>
Address : <b>BONIFACIO ST.DAVAO CITY</b>	 <b>O2022073190329668C29</b>
PhilGEPS Registration No. : <b>2020102309951832273365</b>	Date : <b>Jul 07, 2022</b>
Tel./Fax No. : <b>09301883577</b>	P.R. No. : <b>2022043076</b>
Registration Certificate : <b>DTI</b>	Procurement mode: <b>Competitive Bidding</b>
Req. Office : <b>PEEDO - DavNor Pharmacy</b>	

Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:

Date of Delivery : _____	Payment Term : <b>ON ACCOUNT</b>	Delivery Term: <b>10 Calendar Days</b>
Place of Delivery : <b>DAVNOR PHARMACY</b>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	3,000.00 KIT	COVID-19 ANTIGEN RAPID TEST	94.00	282,000.00
2	15,000.00 PCS	URINE STRIPS	4.10	61,500.00
3	6,000.00 PCS	SAMPLE CUPS (FOR SERUM)	8.00	48,000.00

Remarks :


1. ATLEAST TWO (2) YEARS EXPIRATION 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 AWARDEE.
5. ANTIGEN RAPID TEST MUST BE DOH ACCREDITED AND THE WINNING SUPPLIER MUST PROVIDE A COPY OF CERTIFICATE OF PRODUCT REGISTRATION (CPR) UPON DELIVERY.
6. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITALS MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT.

\*KAPALONG - P 222,000.00

\*IGACOS - P 222,000.00

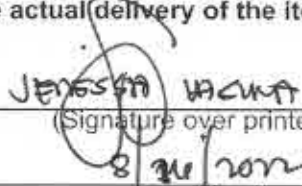
\*CARMEN - P 222,000.00

<b>FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS</b>	
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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)  
8/20/2022  
\_\_\_\_\_  
(Date)

Very truly yours,

  
EDWIN T. 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.



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Req. Office : <b>PEEDO - DavNor Pharmacy</b>	

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Date of Delivery : _____ Payment Term : <b>ON ACCOUNT</b> Place of Delivery : <b>DAVNOR PHARMACY</b>	Delivery Term: <b>10 Calendar Days</b>
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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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The award is based on Abstract No. **0620223068** created on **June 20, 2022** and resolved on **July 07, 2022** under Quotation No. **20223396B** opened on **June 16, 2022**

<b>FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS</b>	
Grand Total Amount in Words : <b>THREE HUNDRED NINETY-ONE THOUSAND FIVE HUNDRED AND XX / 100</b>	GRAND TOTAL : <b>₱ 391,500.00</b>

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 : \_\_\_\_\_ Very truly yours, \_\_\_\_\_

  
 \_\_\_\_\_  
 (Signature over printed name)  
  
  
 \_\_\_\_\_  
 (Date)

  
**EDWIN F. JUBAHIB**  
 Governor

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ALEJANDRO R. OMILA JR.