

PURCHASE ORDER

Province of Davao de Oro  
Agency/Procuring Entity

Page 1

Supplier: BIOSITE MEDICAL INTSTRUMENTS	PO Number: 24040473
Address:	Date 04/30/24
E-mail	Mode of DC
Tel.	Procurement
TIN	PR No: 24-C1308

Gentleme

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

Place of Delivery: PGSO-Warehouse

Delivery

Date of Delivery: As per request

Payment

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	30288	test/s	5125	Electrolytes Analyzer (Sodium,Potassium,Chloride,Calcium)	123.00	630,375.00

RESTRICTED

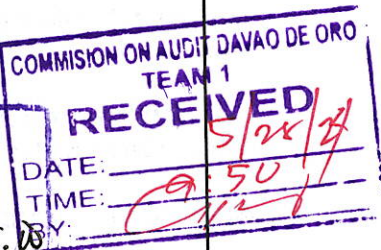
CONTROL NO.

2024-0142

P. 420.775.13

SIGNED

8/15/24



Total Amount in Words:

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform

JENINAH PROW  
Signature over printed name of

Date

Very truly

DOROTHY M. GONZAGA  
Governor  
Authorized Official

GENERAL

OBR No.: 0157-05-24-103

Responsibility Center:

Amount: 630,375.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be

Approved per Sanggunian Resolution

Certified

Date

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Page 2

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Tel.	PR No: 24-C1308
TIN	

Gentlemen

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Delivery

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Payment

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<p><b>DIRECT TO BIOSITE MEDICAL INSTRUMENTS</b></p> <p><b>Terms and Conditions:</b></p> <p>1.) Supplier shall provide all supplies and reagents with an expiration date of at least one (1) year upon delivery within the prescribed time, with ISO or Certificate of Product Registration which is valid within the current year. For slow moving reagents, it should be replaced at least three (3) months prior to the expiry date free of charge:</p> <p>2) An additional number of test shall be added by the supplier from the procured number of test to cover the following:</p> <p>i.) Daily running of controls and calibrations</p> <p>ii.) Daily Start up</p> <p>3.) Provide Controls until such time the number of test procured is completed;</p> <p><b>Payment Terms:</b></p> <p>Supplier shall bill the requisitioning office on a monthly basis based on the number of test completed. An inventory report shall be prepared by the requesting hospital to reflect the number of test done for the period.</p> <p><b>FOR THE USE OF VARIOUS HOSPITALS (ELECTROLYTES) 2ND QUARTER</b></p>		



Total Amount in Words:

Six Hundred Thirty Thousand Three Hundred Seventy Five Pesos Only

630,375.00

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform

Signature over printed name of

Date

Very truly

DOROTHY M. GONZAGA  
Governor  
Authorized Official

GENERAL

OBR No.: 0157-03-24-103

Responsibility Center:

Amount: 630,375.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be

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## PURCHASE ORDER

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Page 3

Supplier: BIOSITE MEDICAL INSTRUMENTS					PO Number: 24040473	
Address:					Date 04/30/24	
E-mail					Mode of DC	
Tel.					Procurement	
TIN					PR No: 24-C1308	
Gentlemen						
Please furnish this office the following articles subject to the terms and conditions contained herein:						
Place of Delivery: PGSO-Warehouse				Delivery		
Date of Delivery: As per request				Payment		
No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<b>THE AWARD IS BASED ON ABSTRACT NO. 2404185 UNDER BID NO.24-030 OPENED ON April 25, 2024</b>  <b>Brand and Model: Genrui GE 300</b> <b>Warranty : 6 months</b> <b>Price Validity: 90 calendar days</b>		
						<div>COMMISSION ON AUDIT DAVAO DE ORO TEAM 1 <b>RECEIVED</b> DATE: 5/28/24 TIME: 9:50 BY: [Signature]</div>
Total Amount in Words: <b>Six Hundred Thirty Thousand Three Hundred Seventy Five Pesos Only</b>						630,375.00
In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.						
Conform <u>[Signature]</u> Signature over printed name of <u>[Signature]</u> Date <u>5/28/24</u>				Very truly  <b>DOROTHY M. GONZAGA</b> Governor Authorized Official <u>[Signature]</u>		
GENERAL OBR No.: <u>0157-05-24-103</u> Responsibility Center: Amount: 630,375.00						
(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be						
Approved per Sanggunian Resolution _____				Date _____		
Certified _____						