## **PURCHASE ORDER**

Province of Davao de Oro Agency/Procuring Entity

Page 1

PO Number: 24040473

Supplier: BIO Address: E-mail Tel. TIN	SITE MEDI	CAL INTST	PO Number: 24040473  Date 04/30/24  Mode of DC  Procurement  PR No: 24-C1308		
Gentleme Please fu	ırnish this o	ffice the fol	lowing articles subject to the terms and conditions con	tained herein:	
Place of Deli			Delivery Payment		
Date of Deliv		er request	Description	Unit Cost	Amount
No. Stock No.	Issue test/s	Quantity 5125	Electrolytes Analyzer	123.00	630,375.00
			(Sodium,Potassium,Chloride,Calcium)	COMMISION ON AUDITEAN RECE DATE: TIME:	DAVAO DE ORO
		8+1 	CONTROL NO. 2024-0148 & UNO. 77 SIGNED & Isla	τ. Δ	
		31	Contract to the second second second second	and the state of	*
Total Amou	ınt in Words	s:			
GENERA OBR No.	Signat	Date	Noted name of DOF	ROTHYM. GONZAC Governor Authorized Official	ane (1) percent for
Amount:	ibility Cente 630,375.0 of Negotiate	0	e pursuant to section 369(a) of RA 7180, this portion m	nust be	
Aprroved Certified	l per Sangg	junian Resc	olution Date		

Revised Way 24,2004 Std. Form Title Purchase Order

## **PURCHASE ORDER**

Province of Davao de Oro Agency/Procuring Entity

Page 2

Supplier: BIOSITE MEDICAL INTSTRUMENTS Address:					PO Number: 24040473 Date 04/30/24		
E-m				/	Mode of D	С	
Tel.					Procurement PR No: 24-	C1308	
TIN					PH NO. 24	01300	
Ger	ntleme Please fu	rnish this o	ffice the follo	wing articles subject to the terms and conditions conta	ained herein:	*	
			O-Warehous	e Delivery Payment			
Dat	e of Delive	ery: As pe	er request	Fayillent	- · ·		
No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount	
				Terms and Conditions:  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:  2) An additional number of test shall be added by the supplier from the procured number of test to cover the following:  i.) Daily running of controls and calibrations  ii.) Daily Start up  3.) Provide Controls until such time the number of test procured is completed;  Payment Terms:  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.  FOR THE USE OF VARIOUS HOSPITALS (ELECTROLYTES) 2ND QUARTER	COMMISION ON TO THE PROPERTY OF THE PROPERTY O	AUDIT DAVAO DE ORO EAM 1  ELVEP29  9:50	
S	otal Amou ix Hundro	nt in Words ed Thirty	s: Thousand T	hree Hundred Seventy Five Pesos Only		630,375.00	
	In case of every day Conform	of delay sh	YNATA Nure over prin	Very truly ted name of DOR	OTHY M. GONZAG Governor Authorized Official	one (1) percent for	
	Responsi	ロリカナ bility Cente			Salonizod Omodi	/	
-	Amount: 630,375.00 (In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be						
	Aprroved Certified	per Sangg	unian Resolu	ution Date			

## **PURCHASE ORDER**

Revised Nay 34,2004 Sel. Form Title Purchas

> Province of Davao de Oro Agency/Procuring Entity

Page 3

ddress: mail		CAL INTSTF	PO Number: 24040473  Date 04/30/24  Mode of DC  Procurement  PR No: 24-C1308		
entleme Please fu	rnish this o	ffice the follo	owing articles subject to the terms and conditions cont	ained herein:	
		O-Warehous	se Delivery		
ate of Deliv	ery: As p	er request	Payment		
o. Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
			THE AWARD IS BASED ON ABSTRACT NO. 2404185 UNDER BID NO.24-030 OPENED ON April 25, 2024  Brand and Model: Genrui GE 300 Warranty: 6 months Price Validity: 90 calendar days	COMMISION OF RECEIVED TIME:	9:50
Total Amo	unt in Word	ds:	Three Hundred Seventy Five Pesos Only		630,375.00
In case of every da	of failure to y of delay s Signa	make the furshall be imported by the important of the imp	Il delivery within the time specified above, a penalty of osed.  Very truly inted name of DO	FOROTHY M. GONZ Governor Authorized Officia	AGN
Respon	sibility Cen	ter: 00			
(In case	of Negotia d per Sanç	ited Purchas ggunian Res	e pursuant to section 369(a) of RA 7180, this portion blution Date	must be	