

Date 12 9 FEB 2024
 SMD

PURCHASE ORDER

Province of Davao de Oro
 Agency/Procuring Entity

Supplier: BIOSITE MEDICAL INSTRUMENTS	PO Number: 24020055
Address:	Date 02/21/24
E-mail:	Mode of Procurement DC
Tel.:	PR No: 24-C0987
TIN:	

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	6250	Electrolytes Analyzer (Sodium, Potassium, Chloride, Calcium)	123.00	768,750.00



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 <u>JEMINAH PABLO</u> Signature over printed name of _____ <u>3/4/24</u> Date _____	Very truly	<u>DOROTHY M. GONZAGA</u> Governor Authorized Official
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GENERAL
 OBR No.: 0196-02-24-103
 Responsibility Center:
 Amount: 768,750.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be Approved per Sanggunian Resolution _____ Date _____ Certified _____

Date **29 FEB 2024**
 SMD

PURCHASE ORDER

Province of Davao de Oro
 Agency/Procuring Entity

Supplier: BIOSITE MEDICAL INSTRUMENTS Address: E-mail: Tel. TIN	PO Number: 24020055 Date 02/21/24 Mode of Procurement DC PR No: 24-C0987
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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
				<p>DIRECT TO BIOSITE MEDICAL INSTRUMENTS 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;</p> <p>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.</p> <p>FOR THE USE OF VARIOUS HOSPITALS(ELECTROLYTES ANALYZER) 1ST QUARTER</p> <p>THE AWARD IS BASED ON ABSTRACT</p>		

COMMISSION ON AUDIT DAVAO DE ORO
 TEAM 1
RECEIVED
 DATE: 3/5/24
 TIME: 2:05
 BY: *[Signature]*

Total Amount in Words: Seven Hundred Sixty Eight Thousand Seven Hundred Fifty Pesos Only	768,750.00
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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 (1) percent for every day of delay shall be imposed.

Conform *JEMINAH [Signature]* Very truly
 Signature over printed name of _____
 Date 3/4/24

DOROTHY M. GONZAGA
 Governor
 Authorized Official

GENERAL
 OBR No.: **0186-02-24-103**
 Responsibility Center:
 Amount: 768,750.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be
 Approved per Sanggunian Resolution _____ Date _____
 Certified _____