

Date 29 FEB 2024
 SMD

PURCHASE ORDER

Province of Davao de Oro
 Agency/Procuring Entity

Supplier: OCTAGENE SYSTEMS INC. Address: E-mail: Tel. TIN	PO Number: 24020054 Date 02/21/24 Mode of Procurement DC PR No: 24-C0991
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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
1	30608	test/s	1800	Blood Urea Nitrogen (BUN) (for semi-automatic) Dialab	44.00	79,200.00
2	30609	test/s	3000	Creatinine (for semi-automatic) Dialab	22.00	66,000.00
3	30610	test/s	3000	Glucose (for semi-automatic) Dialab	24.00	72,000.00
4	30611	test/s	2750	High Density Lipoprotein(HDL) (for semi-automatic) Dialab	92.00	253,000.00
5	30612	test/s	1500	Serum Glutamic Oxaloacetic Transaminase(SGOT) (for semi-automatic) Dialab	32.00	48,000.00
6	30613	test/s	2250	Serum Glutamic Pyruvic Transaminase(SGPT) (for semi-automatic) Dialab	32.00	72,000.00
7	30614	test/s	5000	Total Cholesterol (for semi-automatic) Dialab	32.00	160,000.00
8	30615	test/s	3000	Triglyceride (for semi-automatic) Dialab	58.00	174,000.00
9	30616	test/s	1750	Uric Acid (for semi-atutomatic) Dialab	35.00	61,250.00

COMMISSION ON AUDIT DAVAO DE ORO
TEAM 1

RECEIVED

DATE: 3/5/24
 TIME: 2:05
 BY: [Signature]

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 _____ Very truly
 Signature over printed name of _____
 Date _____

DOROTHY M. GONZAGA
 Governor
 Authorized Official

GENERAL
 OBR No.: ORR2-02-24-103
 Responsibility Center:
 Amount: 985,450.00

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

PURCHASE ORDER

Province of Davao de Oro
 Agency/Procuring Entity

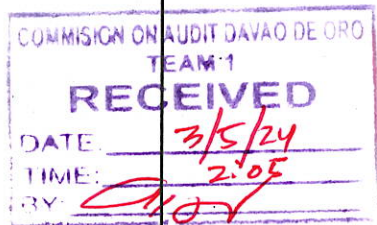
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No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				DIRECT TO OCTAGENE SYSTEMS INCORPORATED Terms and Conditions: 1.) Supplier shall provide all supplies and reagents with an expiration date of at least one (1) year upon delivery 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 (N Control and P control) 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		



Total Amount in Words: Nine Hundred Eighty Five Thousand Four Hundred Fifty Pesos Only	985,450.00
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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 _____ Very truly
 Signature over printed name of _____
 Date 2/4/24

DOROTHY M. GONZAGA
 Governor
 Authorized Official

GENERAL
 OBR No.: 0182-02-24-103
 Responsibility Center:
 Amount: 985,450.00

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

PURCHASE ORDER

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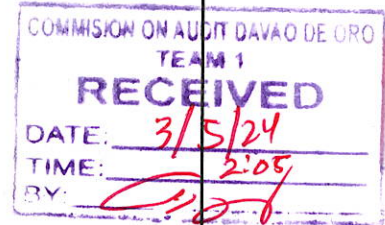
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 Date of Delivery: As per request Payment

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				(BLOOD CHEM SEMI AUTOMATIC) 1ST QUARTER THE AWARD IS BASED ON ABSTRACT NO. 2402076 UNDER BID NO.24-007 OPENED ON February 20, 2024 Brand and Model: Dialab		



Total Amount in Words:
Nine Hundred Eighty Five Thousand Four Hundred Fifty Pesos Only 985,450.00

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] Very truly
 Signature over printed name of **DOROTHY M. GONZAGA**
 Date 2/14/24 Governor
 Authorized Official

GENERAL
 OBR No.: 0182-00-24-103
 Responsibility Center:
 Amount: 985,450.00

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