

# PURCHASE ORDER

Province of Davao de Oro  
 Agency/Procuring Entity

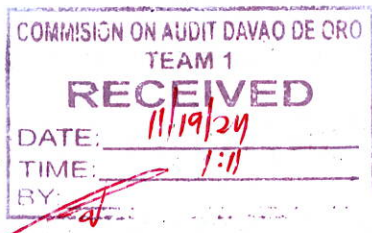
NOV 05 2024

Supplier: ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION Address: UNIT 1, BSC BLDG. 144, MINDANAO AVE. Q.C E-mail Address: Tel. No.: TIN: 000-280-415-001	PO Number: 24101778 Date: 10/25/24 Mode of Procurement: DC PR Number: 24-G1625
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Gentlemen:  
 Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: PGSO-Warehouse	Delivery Term:
Date of Delivery: As per request	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	30287N	test/s	12000.00	<b>Hematology Analyzer (Complete Blood Count) DIRECT TO ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION</b>  <b>FOR THE USE OF HOSPITALS</b>  <b>THE AWARD IS BASED ON ABSTRACT NO. 2410270 UNDER BID NO.24-069 OPENED ON October 22, 2024</b>  <b>Brand and Model : BC 5150 Mindray</b> <b>Warranty : 6 months</b> <b>Price Validity: 90 days</b>	38.00	456,000.00



Total Amount in Words:  
**Four Hundred Fifty Six Thousand Pesos Only** 456,000.00

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 *Maria C. Vasquez* Very truly  
 Signature over printed name of \_\_\_\_\_  
 Date Nov. 21, 2024

**DOROTHY M. GONZAGA**  
 Governor  
 Authorized Official *MADYLLIAN PERALES*  
 Executive Assistant II

GENERAL  
 OBR No.: 0769-11-24-105  
 Responsibility Center:  
 Amount: 456,000.00

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