

PURCHASE ORDER

Province of Davao de Oro
 Agency/Procuring Entity

OCT 24 2024

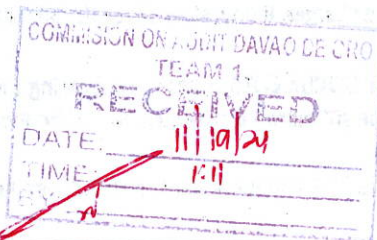
Supplier: MMJS PHARMACY AND MEDICAL SUPPLIES	PO Number: 24101747
Address:	Date: 10/18/24
E-mail Address:	Mode of Procurement: SVP
Tel. No.:	PR Number: 24-C1681
TIN: 912-031-312-000	

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: 10 days	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	02117	cont.	9.00	Activated glutaraldehyde solution 5L/container - with CPRAIDEX	2,580.00	23,220.00
2	02149	roll/s	20.00	Bandage, Gauze 36 inches x 100 yards, 2 ply fine course mesh - with CPRSUNMED/PARTNERS	1,780.00	35,600.00
3	16229	pc/s	3.00	Infra Red Digital Thermometer	2,898.00	8,694.00
4	02270	pc/s.	5.00	Kelly Pad - Rubber no CPRSUNMED	1,097.00	5,485.00
5	08362	unit/s	10.00	Oxygen Gauge - with ISO	3,848.00	38,480.00
6	02326	gal/s	3.00	Povidone Iodine 7.5% (Cleanser) - with CPRBETASOL	1,498.00	4,494.00
7	02327	gal/s	3.00	Povidone, Iodine 10% (antiseptic) - with CPRPOVIN FOR THE USE OF DDOPH-MARAGUSAN(MDLS) 4TH QUARTER	1,208.00	3,624.00

THE AWARD IS BASED ON ABSTRACT NO. 2410243 UNDER REQUEST FOR QUOTATION NO.10-24-3156 OPENED ON October 15, 2024



Total Amount in Words: One Hundred Nineteen Thousand Five Hundred Ninety Seven Pesos Only	119,597.00
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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 FRANCES MARIE S. HORTAL, RPH License #: 0098020 Very truly

Signature over printed name of FRANCES MARIE S. HORTAL **DOROTHY M. GONZAGA**
 Date 11-12-24 Governor
Authorized Official MADYLLJANT P. PAVES, RN
 Executive Assistant II

GENERAL OBR No.: 0159-11-24-103
 Responsibility Center:
 Amount: 119,597.00

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