

07 DEC 2024

PURCHASE ORDER

Province of Davao de Oro
 Agency/Procuring Entity

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: 24112000 Date: 11/22/24 Mode of Procurement: DC PR Number: 24-C1710
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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	5005.00	Hematology Analyzer (Complete Blood Count) DIRECT TO ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION 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 (normal, low, high) 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 DDOPH-MARAGUSAN	38.00	190,190.00

COMMISSION ON AUDIT DAVAO DE ORO
 TEAM 1
RECEIVED
 DATE: 12-01-24
 TIME: 2:36
 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 *[Signature]* Very truly
 Signature over printed name of _____
 Date Dec-5, 2024

DOROTHY M. GONZAGA
 Governor
 Authorized Official
By Authority of the Governor
[Signature]
HADYLLJAN N. PEÑALES, RN
 Executive Assistant II

GENERAL
 OBR No.: 0008-12-24-107
 Responsibility Center:
 Amount: 190,190.00

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

02 DEC 2024

PURCHASE ORDER
 Province of Davao de Oro
 Agency/Procuring Entity

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: 24112000 Date: 11/22/24 Mode of Procurement DC PR Number: 24-C1710
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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
				AND DDOPH-LAAK (HEMATOLOGY ANALYZER)4TH QUARTER THE AWARD IS BASED ON ABSTRACT NO. 2411541 UNDER BID NO.24-080 OPENED ON November 20, 2024 Brand and Model : Mindray BC 5150 Warranty : 6 months Price Validity : 90 days		

COMMISSION ON AUDIT DAVAO DE ORO
 TEAM 1
RECEIVED
 DATE: 12-09-24
 TIME: 2:30
 BY: *[Signature]*

Total Amount in Words:
One Hundred Ninety Thousand One Hundred Ninety Pesos Only 190,190.00

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 *Maryla C. Casalita* Very truly
 Signature over printed name of **DOROTHY M. GONZAGA** Authority of the Governor:
 Date Dec-5, 2024 Governor
 Authorized Official **MADYLLJAN N. PERALES, RN** Executive Assistant II

GENERAL
 OBR No.: 0008-12-24-1077
 Responsibility Center:
 Amount: 190,190.00

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