

APR 08 2025

PURCHASE ORDER  
Province of Davao de Oro  
Agency/Procuring Entity

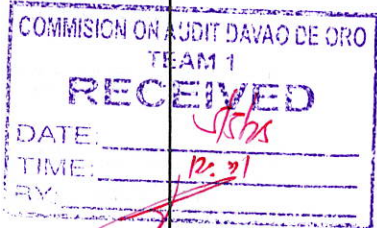
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Supplier: ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION	PO Number: 25030364
Address: UNIT 1, BSC BLDG. 144, MINDANAO AVE. Q.C	Date: 03/26/25
E-mail Address:	Mode of Procurement DC
Tel. No.:	PR Number: 25-C0078
TIN: 000-280-415-001	

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	13000.00	<b>Hematology Analyzer (Complete Blood Count)</b> <b>DIRECT CONTRACTING TO ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION</b>  <b>Terms and Conditions:</b> 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; <b>Payment Terms:</b> 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.  <b>FOR THE USE OF DDOPH-LAAK AND DDOPH-MARAGUSAN (HEMATOLOGY ANALYZER) 1ST QUARTER</b>	38.00	494,000.00



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	Very truly
<div>Signature over printed name of Date</div>	<div>DOROTHY M. GONZAGA Governor Authorized Official</div>

GENERAL OBR No.: 0129-04-25-109 Responsibility Center: Amount: 494,000.00	Authority of the Governor: MAYLLJANN. REALES Executive Assistant II
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(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be  
Approved per Sanggunian Resolution \_\_\_\_\_  
Certified \_\_\_\_\_ Date \_\_\_\_\_

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PURCHASE ORDER  
Province of Davao de Oro  
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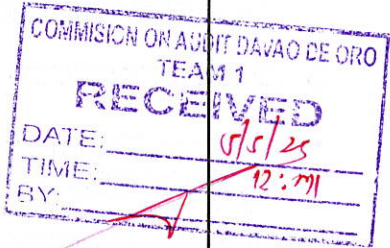
Page 2

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: 25030364 Date: 03/26/25 Mode of Procurement DC PR Number: 25-C0078
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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
				THE AWARD IS BASED ON ABSTRACT NO. 2502155 UNDER BID NO.25-012 OPENED ON March 24, 2025  Brand and Model :Mindray M52 Warranty: 6 months Price Validity: 90 days		



Total Amount in Words: Four Hundred Ninety Four Thousand Pesos Only	494,000.00
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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 _____ Signature over printed name of _____ Date _____	Very truly  DOROTHY M. GONZAGA Governor Authorized Official
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GENERAL OBR No.: 0187- 64- 25- 167 Responsibility Center: Amount: 494,000.00	By Authority of the Governor: MADYLLJAN C. PENALES Executive Assistant
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(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be  
Approved per Sanggunian Resolution \_\_\_\_\_  
Certified \_\_\_\_\_ Date \_\_\_\_\_