

SEP 10 2025

PURCHASE ORDER

Province of Davao de Oro  
Agency/Procuring Entity

Supplier: ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION	PO Number: 25081000
Address: UNIT 1, BSC BLDG. 144, MINDANAO AVE. Q.C	Date: 08/26/25
E-mail Address:	Mode of Procurement DC
Tel. No.:	PR Number: 25-C0597
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	32000.00	<b>Hematology Analyzer (Complete Blood Count)</b>  <b>DIRECT CONTRACTING TO ALLED 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	38.00	1,216,000.00

COMMISSION ON AUDIT DAVAO DE ORO  
TEAM 1  
RECEIVED  
DATE: 10/01/24  
TIME:  
BY:

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</div>	<div>ENGR. RAUL G. MABANGLO</div> <div>Governor</div> <div>Authorized Official</div>
<div>Date</div>	

GENERAL  
OBR No.: 0016-10-25-103  
Responsibility Center:  
Amount: 1,216,000.00

(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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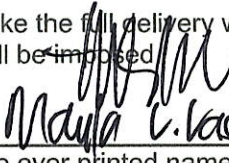
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Please furnish this office the following articles subject to the terms and conditions contained herein:

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Date of Delivery: AS PER REQUEST	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<p>prepared by the requesting hospital to reflect the number of test done for the period.</p> <p>FOR THE USE OF VARIOUS HOSPITALS (HEMATOLOGY ANALYZER) 3RD QUARTER</p> <p>THE AWARD IS BASED ON ABSTRACT NO. 2508023 UNDER BID NO.25-046 OPENED ON August 20, 2025</p> <div>COMMISSION ON AUDIT DAVAO DE ORO TEAM 1 RECEIVED DATE: 10/16/25 TIME:  BY: </div>		

Total Amount in Words: One Million Two Hundred Sixteen Thousand Pesos Only	1,216,000.00
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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 9/11/25	Very truly  ENGR. RAUL G. MABANGLO Governor Authorized Official
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GENERAL  
OBR No.: 0014-10-25-103  
Responsibility Center:  
Amount: 1,216,000.00

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