

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

Page 1

NOV 26 2025

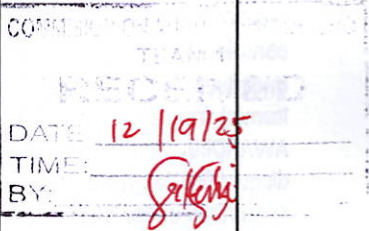
Supplier: ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION	PO Number: 25111751
Address: UNIT 1, BSC BLDG. 144, MINDANAO AVE. Q.C	Date: 11/24/25
E-mail Address:	Mode of Procurement DC
Tel. No.:	PR Number: 25-C0882
TIN: 000-280-415-001	

Gentlemen:

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

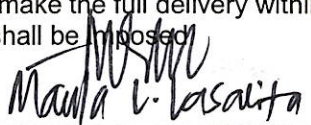
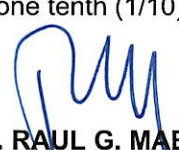
Place of Delivery: PGSO WAREHOUSE	Delivery Term:
Date of Delivery: AS PER REQUEST	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	30287N	test/s	24600.00	Hematology Analyzer (Complete Blood Count) TERMS AND CONDITION: 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 reagent, 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 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 hospitals to reflect the number of test done for the period.	38.00	934,800.00



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	 Signature over printed name of Dec. 3, 2025 Date	Very truly	 ENGR. RAUL G. MABANGLO Governor Authorized Official
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GENERAL
OBR No.: 0088-12-25-103
Responsibility Center:
Amount: 934,800.00

(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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Address: UNIT 1, BSC BLDG. 144, MINDANAO AVE. Q.C	Date: 11/24/25
E-mail Address:	Mode of Procurement DC
Tel. No.:	PR Number: 25-C0882
FAX: 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
				<p>DIRECT CONTRACTING: ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION</p> <p>FOR THE USE OF VARIOUS HOSPITALS (HEMATOLOGY ANALYZER REAGENT) 4TH QUARTER</p> <p>THE AWARD IS BASED ON ABSTRACT NO. 2511175 UNDER BID NO.25-066 OPENED ON November 21, 2025</p> <div><p>COMPTROLLER GENERAL</p><p>RECEIVED</p><p>DATE: 12/19/25</p><p>TIME: 8:45 AM</p><p>BY: [Signature]</p></div>		

Total Amount in Words: Nine Hundred Thirty Four Thousand Eight Hundred Pesos Only	934,800.00
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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	Very truly
<p>Signature over printed name of <u>Maula L. Kasalita</u></p> <p>Date <u>Dec-3, 2025</u></p>	<p>ENGR. RAUL G. MABANGLO</p> <p>Governor</p> <p>Authorized Official</p>

GENERAL
OBR No.: 008813-25-103
Responsibility Center:
Amount: 934,800.00

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