

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

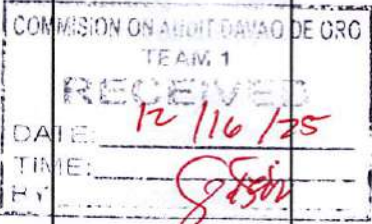
NOV 26 2025

Supplier: BIOSITE MEDICAL INSTRUMENTS	PO Number: 25111752
Address: GROUND FLOOR 555, MANGA STREET CORNER LUISA	Date: 11/24/25
E-mail Address:	Mode of Procurement DC
Tel. No.:	PR Number: 25-C0881
TIN:	

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

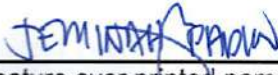

Place of Delivery: PGSO WAREHOUSE	Delivery Term:
Date of Delivery: AS PER REQUEST	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	30288N	test/s	7200.00	Electrolytes Analyzer (Sodium, Potassium, Chloride, Calcium) 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.	123.00	885,600.00



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	
	Signature over printed name of		ENGR. RAUL G. MABANGLO
	Date		Governor
			Authorized Official

GENERAL
OBR No.: 0087-12-25-103
Responsibility Center:
Amount: 885,600.00

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


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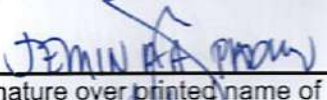
Gentlemen:
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Date of Delivery: AS PER REQUEST	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<p>DIRECT CONTRACTING: BIOSITE MEDICAL INSTRUMENTS INC.</p> <p>FOR THE USE OF VARIOUS HOSPITALS (ELECTROLYTES ANALYZER REAGENT) 4TH QUARTER</p> <p>THE AWARD IS BASED ON ABSTRACT NO. 2511176 UNDER BID NO.25-067 OPENED ON November 21, 2025</p> <div>COMMISSION ON AUDIT DAVAO DE ORO TEAM 1 RECEIVED DATE: 12/16/25 TIME: BY: </div>		

Total Amount in Words: Eight Hundred Eighty Five Thousand Six Hundred Pesos Only	885,600.00
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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 ENGR. RAUL G. MABANGLO Governor Authorized Official
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GENERAL
OBR No.: 0087-12-25-103
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