

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

DEC 10 2025

Page 1

Supplier: AYKOMED DRUGMART	PO Number: 25121861
Address:	Date: 12/03/25
E-mail Address:	Mode of Procurement SVP
Tel. No.:	PR Number: 25-C0964

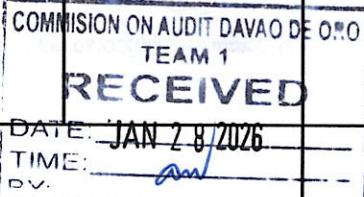
Gentlemen:

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: 10 DAYS	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	38258N	box/s	30.00	Blood Collecting tube, plastic with gel separator 4ml 50's - with CPR	1,476.00	44,280.00
2	38152N	tray	75.00	Blood Collecting tube, lavender top EDTA K3 100's 2ml - with CPR	1,451.00	108,825.00
3	38986N	bx/s	15.00	Glucometer Strips 50's x 10 boxes with free code less glucometer- with ISO	25,299.00	379,485.00
4	38555N	pc/s	3.00	Helicobacter pylori(H Pylori) 30's - with ISO	8,982.00	26,946.00
5	38987N	rtbx/s	40.00	Hepatitis B Surface Antigen Test Kit strips 100's (sample - whole blood) - with CPR	2,914.00	116,560.00
6	38547N	vials	16.00	Low Ionic Strength Solution(RAM LISS)10ml - with CPR	2,126.00	34,016.00
7	38224N	box	20.00	Microscope Glass Slide 90degree ground edge Clear - 72's - with ISO	263.00	5,260.00
8	38557N	bot/s	75.00	Urine Strips (4 parameters) 100's - with ISO	748.00	56,100.00

FOR THE USE OF DAVAO DE ORO



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

ENGR. RAUL G. MABANGLO
Governor
Authorized Official

GENERAL

OBR No.: 0676-12-25-103

Responsibility Center:

Amount: 771,472.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be

Approved per Sanggunian Resolution

Certified

Date

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

DEC 10 2025

Page 2

Supplier: AYKOMED DRUGMART	PO Number: 25121861
Address:	Date: 12/03/25
E-mail Address:	Mode of Procurement SVP
Tel. No.:	PR Number: 25-C0964
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: 10 DAYS Payment Term:

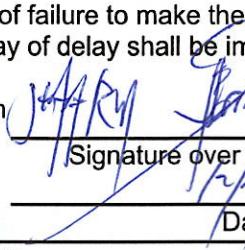
No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<p>PROVINCIAL HOSPITAL - MONTEVISTA (MEDICAL SUPPLIES) 4TH QUARTER</p> <p>THE AWARD IS BASED ON ABSTRACT NO. 2511274 UNDER REQUEST FOR QUOTATION NO.11-25-1861 OPENED ON December 01, 2025</p> <p>RECEIVED DATE: JAN 28 2026 TIME: AM</p>		

Total Amount in Words:
Seven Hundred Seventy One Thousand Four Hundred Seventy Two Pesos Only

771,472.00

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


Signature over printed name of _____
Date _____

Very truly


ENGR. RAUL G. MABANGLO
Governor
Authorized Official

GENERAL

OBR No.: 0676-12-25-103

Responsibility Center:

Amount: 771,472.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be

Approved per Sanggunian Resolution _____

Certified _____

Date _____