Name of Procuring Entity:LGU-Provi.. of Davao de Oro Standard Form No. SF-GOOD-58

Revised:May 24,2004 Std. Form Title:Purchase Order

0 9 MAY 2024

PURCHASE ORDER

Province of Davao de Oro Agency/Procuring Entity

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M	pplier: ALLIED HOSPITAL	SUPPLY INTERNATIONAL	CORPORATION	

Page 1

Address: UNIT 1, BSC BLDG. 144, MINDANAO AVE. Q.C E-mail Tel. TIN 000-280-415-001 Gentleme				PO Number: 24040407 Date 04/19/24 Mode of Procurement PR No: 24-C1311		
<u> </u>		urnish this o	office the fo	llowing articles subject to the terms and conditions con	tained herein:	
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Da			er request	Payment		
No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
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					1 1 1 1 1	JOIT DAVAO DE ORO
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ev	case of fa ery day of	ilure to mal	ke the full d	elivery within the time specified above, a penalty of one	e tenth (1/10) of one	(1) percent for
	_	Signature	over printe	DOROTO	THYM. GONZAGA	
OE Re	sponsibilit) 0 5 1 = ty Center: 102,000.00	-05-24		horized Official	
(In	case of N	legotiated F	Purchase pu	ursuant to section 369(a) of RA 7180, this portion must	be	
Ap	rroved per	r Sanggunia	an Resolutio	on Date	[2] I 8	
	production (CEC)		No. 1	Date		

Name of Procuring Entity:LGU-Province of Davao de Oro Standard Form No. SF-GOOD-58 Revised:May 24,2004 Std. Form Title:Purchase Order

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Date_	of the latest special	and the same of th

PURCHASE ORDER

Province of Davao de Oro Agency/Procuring Entity

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Page	2
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Supplier: ALLIED HOSPITAL SUP Address: UNIT 1, BSC BLDG. 144 E-mail Tel. TIN 000-280-415-001 Gentleme	24040407 4 DC 24-C1311		
	llowing articles subject to the terms and conditions con	ntained herein:	
Place of Delivery: PGSO-Wareho Date of Delivery: As per request	use Delivery Payment		
Stock No. Unit of			1 24
No. Stock No. State Quantity	Description	Unit Cost	Amount
	DIRECT TO ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION Terms and Conditions: 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; 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 hospital to reflect the number of test done for the period. FOR THE USE OF VARIOUS HOSPITALS (HEMATOLOGY REAGENT) 2ND QAURTER	COMMISION ON AUD TEAN RECE DATE: TIME: BY:	1 1
Total Amount in Words: One Million One Hundred Two	Chousand Posos Only		1,102,000.00
In case of failure to make the full every day of delay shall be impossed. Conform Signature over print Date GENERAL OBR No.: DSI-05 -34 Responsibility Center: Amount: 1,102,000.00	Very truly ed name of ON ON ON ON ON ON ON ON ON O	OTHY M. GONZAG Governor uthorized Official	

Name of Procuring Entity:LGU-Province of Davao ue Oro Standard Form No. SF-GOOD-58 Revised:May 24,2004 Std. Form Title:Purchase Order

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Page 3

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