

09 MAY 2024

PURCHASE ORDER

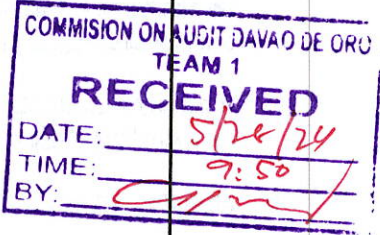
Province of Davao de Oro
Agency/Procuring Entity

Supplier: ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION Address: UNIT 1, BSC BLDG. 144, MINDANAO AVE. Q.C E-mail Tel. TIN 000-280-415-001	PO Number: 24040407 Date 04/19/24 Mode of Procurement DC PR No: 24-C1311
--	---

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

Place of Delivery: PGSO-Warehouse	Delivery
Date of Delivery: As per request	Payment

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	30287	test/s	29000	Hematology Analyzer (Complete Blood Count) MINDRAY M52	38.00	1,102,000.00



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	<u>[Signature]</u> Signature over printed name of <u>May 24, 2024</u> Date	Very truly	<u>[Signature]</u> DOROTHY M. GONZAGA Governor Authorized Official
---------	---	------------	---

GENERAL
OBR No.: 0051-05-24-103
Responsibility Center:
Amount: 1,102,000.00

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

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

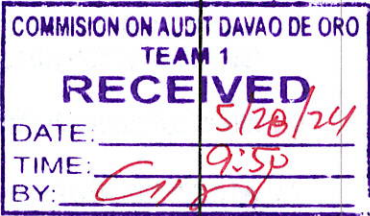
09 MAY 2024
Date
SMD

Supplier: ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION Address: UNIT 1, BSC BLDG. 144, MINDANAO AVE. Q.C E-mail Tel. TIN 000-280-415-001	PO Number: 24040407 Date 04/19/24 Mode of Procurement DC PR No: 24-C1311
--	---

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

Place of Delivery: PGSO-Warehouse	Delivery
Date of Delivery: As per request	Payment

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<p>DIRECT TO ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION</p> <p>Terms and Conditions:</p> <p>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:</p> <p>2) An additional number of test shall be added by the supplier from the procured number of test to cover the following:</p> <p>i.) Daily running of controls and calibrations</p> <p>ii.) Daily Start up</p> <p>3.) Provide Controls (normal, low, high) until such time the number of test procured is completed;</p> <p>Payment Terms:</p> <p>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.</p> <p>FOR THE USE OF VARIOUS HOSPITALS (HEMATOLOGY REAGENT) 2ND QAURTER</p>		



Total Amount in Words: One Million One Hundred Two Thousand Pesos Only	1,102,000.00
--	--------------

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 <u>Maula C. Corralita</u> Signature over printed name of <u>May 24, 2024</u> Date	Very truly DOROTHY M. GONZAGA Governor Authorized Official
---	--

GENERAL
OBR No.: 0081-05 -24-103
Responsibility Center:
Amount: 1,102,000.00

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

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

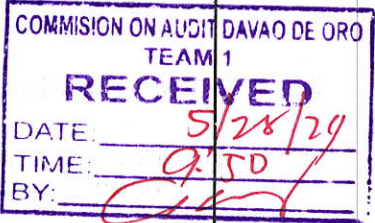
Date: MAY 2024

Supplier: ALLIED HOSPITAL SUPPLY INTERNATIONAL CORPORATION Address: UNIT 1, BSC BLDG. 144, MINDANAO AVE. Q.C E-mail Tel. TIN 000-280-415-001	PO Number: 24040407 Date 04/19/24 Mode of Procurement DC PR No: 24-C1311
--	---

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

Place of Delivery: PGSO-Warehouse	Delivery
Date of Delivery: As per request	Payment

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				THE AWARD IS BASED ON ABSTRACT NO. 2404118 UNDER BID NO.24-029 OPENED ON April 16, 2024		



Total Amount in Words: One Million One Hundred Two Thousand Pesos Only	1,102,000.00
---	--------------

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 DOROTHY M. GONZAGA Governor Authorized Official
---	---

GENERAL
OBR No.: 0051-05-24-03
Responsibility Center:
Amount: 1,102,000.00

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