


**PURCHASE ORDER**  
**CLARIN COMMUNITY HOSPITAL, CLARIN, BOHOL**  
Agency/Procuring Entity

Supplier	<b>NEWBORN SCREENING CENTER - CENTRAL VISAYAS</b>	D.O. No.	P.O. # - PHO - 2021 - 069
Address	Eversley Childs Sanitarium and General Hospital, Mandaue City, Cebu	Date	June 01, 2021
Telephone No. / TIN		Mode of Procurement	Negotiated Canvass thru Agency to Agency

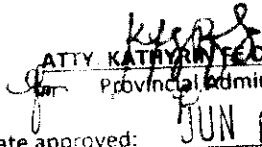
Gentlemen/Mesdames:  
Please furnish this Office the following articles subject to the terms and conditions contained herein:  
Place of Delivery: CLARIN COMMUNITY HOSPITAL, CLARIN, BOHOL Delivery Term: Please Read Terms & Conditions at the back hereof.  
Date of Delivery: FIVE (5) DAYS UPON RECEIPT OF NOTICE TO PROCEED Payment Term: Upon Completion of Delivery  
Warranty Period: THREE (3) MONTHS


Item No.	QTY	UNIT	DESCRIPTION OF SUPPLIES	UNIT COST	AMOUNT
1	100	kits	Newborn Screening Collection Kit - Expanded x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x	1,750.00	175,000.00
					vvvvvv

(total amount in words) **ONE HUNDRED SEVENTY FIVE THOUSAND PESOS ONLY**  
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 everyday of delay shall be imposed.

Conforme:   
**CHERYL R. RUBIA**  
Admin Assistant - NSCCV  
**NEWBORN SCREENING CENTER - CENTRAL VISAYAS**  
Signature over printed name of Supplier  
JUN 07 2021  
Date

Very truly yours,  
**ATTY. ARTHUR C. YAP**  
Governor  
By Authority of the Governor:

  
**ATTY. KATHRYN L. PIOQUINTO**  
Provincial Administrator  
Date approved: JUN 01 2021

Funds Available:   
**EUSTAQUITO A. SOCORIN**  
Provincial Treasurer  
Earmarked No. : - 0517  
Amount : P 175,000.00