City of Tapplaran BOHC

Standard Form Number: SF - GOOD-58

Revised on: May 24, 2004

Standard Form Title: Purchase Order

Negotiated Canvass No. - PHO - 2021 - 149 - Purchase Request No. - PHO - 2021 - 186.

## **PURCHASE ORDER**

TEODORO B. GALAGAR DISTRICT HOSPITAL, JAGNA, BOHOL

Agency/Procuring Entity

Address: 0410, Tamblot Street, Cogon District, Tagbilaran City  Telephone No.: Date: August 13, 2021  Telephone No.: Mode of Negotiated Procurement: Canvass  Gentlemen/Mesdames: Please furnish this Office the following articles subject to the terms and conditions contained herein: Cogon District, Tagb. CITY  Place of Delivery: GOVERNOR'S OFFICE, NEW CAPITOL BULDING, COGON DISTRICT, TAGB. CITY  SEVEN (7) DAYS AFTER RECEIPT OF NOTICE TO Payment Term: Upon Completion of Delivery  Warranty Period: THREE (3) MONTHS  Item No. QTY UNIT DESCRIPTION OF SUPPLIES UNIT COST AMOUNT  1 14 boxes Covid - 19 Ag Rapid Test Device (Nasopharyngeal) 50's 42,400.00 593,600.0  Trusted Brand XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Supplier	<del></del>		DEXTEL TRADING			P0027-1	
Telephone No.:  Telephone No.:  Tin  Gentlemen/Mesdames:  Please furnish this Office the following articles subject to the terms and conditions contained herein:  Please furnish this Office the following articles subject to the terms and conditions contained herein:  Please furnish this Office the following articles subject to the terms and conditions contained herein:  COGON DISTRICT, TAGBL CITY  SEVEN (7) DAYS AFTER RECEIPT OF NOTICE TO  PROCEED  THREE (3) MONTHS  TUNIT  DESCRIPTION OF SUPPLIES  UNIT COST  AMOUNT  1 14 - Doxes  Covid - 19 Ag Rapid Test Device (Nasopharyngeal) 50's  42,400.00  593,600.00  Trusled Brand  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1.7.72		0410. T		D.O. No. ;	P.O. # - Ph	IO - 2021 - 156	
TIN Process of Sentemen/Mesdames:  Please furnish this Office the following articles subject to the terms and conditions contained herein:  Place of Delivery:  GOVERNOR'S OFFICE, NEW CAPITOL BUILDING, Delivery Term: Please Read Terms & Conditions at COGON DISTRICT, TAGB, CITY  the back hereof.  SEVEN (7) DAYS AFTER RECEIPT OR NOTICE TO Payment Term: Upon Completion of Delivery Three (3) MONTHS  Item No. QTY UNIT DESCRIPTION OF SUPPLIES UNIT COST AMOUNT  1 14 boxes Covid-19 Ag Rapid Test Device (Nasopharyngeal) 50's 42,400.00 533,600.0  Trusted Brand WWWWW  AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	A CONTRACTOR OF THE CONTRACTOR				Date	: Augus	August 13, 2021	
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Trusted Brand  Trusted Brand  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						UNIT COST	AMOUNT	
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