

PROVINCE OF BOHOL City of Tagbilaran

BOHOL

Standard Form Number: SF - GOOD-58

Revised on: May 24, 2004

Standard Form Title: Purchase Order

Negotiated Canvass No. - PHO - 2021 - 030 Purchase Request No. - PHO - 2021 - 057

PURCHASE ORDER

CLARIN COMMUNITY HOSPITAL, CLARIN, BOHOL Agency/Procuring Entity

Address : 168, Real Oppus Street, Poblacion, Baclayon, Baclayon, Date : Address : Bohol	
	ugust 06, 2021
	Negotiated
TIN : Procurement :	Canvass
Gentlemen/Mesdames:	
Please furnish this Office the following articles subject to the terms and conditions contained	herein:
Place of Politicant CLARIN COMMUNITY HOSPITAL, CLARIN, Delivery Term: Please Read Te	rms & Conditions at
Place of Delivery: <u>BOHOL</u> the back hereof	
FIVE (5) DAYS LIPON RECEIPT OF NOTICE TO	
Date of Delivery : PROCEED Payment Term: Upon Complete	ion of Delivery
Warranty Period: THREE (3) MONTHS	
Item No. QTY UNIT DESCRIPTION OF SUPPLIES UNIT C	OST AMOUNT
1 2 units Diagnostic Set 15,000	
2 1 unit Emergency Cart 70,000	
3 2 units Heavy Duty Dopplers 10,000	
4 6 units Heavy Duty Nebulizer 6,000	
5 1 unit Laryngoscope (Adult) 40,000	
6 7 units Steel/Aluminum IV 2,300	
Stands with 4 Hooks for IV Lines with Roller wheels	10,100.00
X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-	
TOTAL > > >	212,100.00
	VVVVVVV
The second secon	to the state of the
(total amount in words) TWO HUNDRED TWELVE THOUSAND ONE HUNDRED PE	V INO 202
	TOO ONE!
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.	Target and the State St
	A to the second
Conforme: Very truly yours,	
	1
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C2	
ANISRA MARKETING ATTY. ARTHU	<u> C. YAP</u>
ANISRA MARKETING Signature over printed name of Supplier Governo	
Signature over printed name of Supplier Governo	or
	or
Signature over printed name of Supplier Governo	or
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Signature over printed name of Supplier Date By Authority of the ATTY. KATHYRINGE Provincial Adm Date approved: Funds Available:	D. PIOQUINTO inistrator