Standard Form Title: Purchase Order

**PURCHASE ORDER** 

CONG. NATALIO P. CASTILLO SR. MEMORIAL HOSPITAL, LOON, BOHOL

Agency/Procuring Entity

upplier			DEXTEL TRADING	D.O. No. :	P.O. # - PHO	- 2021 - 209
		0410, Tamblot Street, Cogon District,		Date :	Septembe	er 24, 2021
		Tagbilaran City		Mode of	Negotiated Canvass thru	
Telephone No.:				Procurement :	Emergency Cases	
entlemen,	/Mesdan	nes:		terms and conditions co	ntained hereir	1:
Pleas	e furnish	this Office	e the following articles subject to the DR'S OFFICE, NEW CAPITOL BUILDING	Delivery Term: Please	Read Terms &	Conditions at
ace of De	livery:	GOVERNO	DR'S OFFICE, NEW CAPITOL BUILDING	the back hereof	nedd fei ing ei	A TEST MARTINESSE TO THE
ate of Del	ivery:	FOUR (4)	TAGBILARAN CITY DAYS AFTER RECEIPT OF NOTICE TO PROCEED THREE (3) MONTHS		ompletion of Deli	very
	Di la gil in		DESCRIPTION OF SI	IPPLIES T	UNIT COST	AMOUNT
Item No.	QTY	UNIT	Covid - 19 Antigen Test Kit	J., LILO	850.00	85,000.00
2	100 50	kits pcs.	PPE Complete Set with suit, goggles, fa	aceshield, head cap, shoe	998.00	49,900.0
<u> </u>	-	1000000	cover, disposable gloves x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-	-x-x-x-x-x-X-X-X-X		
	and a		TOTAL	> > >		134,900.0
	174		-			VVVVVVVVV
			ONE HUNDRED THIRTY	FOUR THOUSAND NINE	HUNDRED PES	OS ONLY
(total am In ca of one (1	se of fail	ure to ma	ke the full delivery within the time sp day of delay shall be imposed.	pecified above, a penalty	of one-tenth (	1/10)
Conform	e:			Very truly yours,	1	
2	Signature	over prin	TRADING / ted name of Supplier	Date Approved:	Governor SEP 2	P
	-		<u>] 6 2021'</u> ate	Date Approved.		
Funds A	vailable:	(	A. SOCORIN	Earmarked No. : Amount :		
	E	Provincia	Treasurer			