

Standard Form Number: SF - GOOD-58

Revised on: May 24, 2004

Funds Available:

Standard Form Title: Purchase Order

Negotiated Canvass No. - PHO - 2022 - 018

P.R. No. - PHO - 2022 - 039



## PURCHASE ORDER

GARCIA MEMORIAL PROVINCIAL HOSPITAL, TALIBON, BOHOL

|  |                     |   | Agency/Procuring Entity  |                     | 00 NII .E                 |  |
|--|---------------------|---|--|---------------------|---------------------------|--|
| Supplier   | :                   | LA  | ABSOLUTION TECHNOLOGIES INC. D.O. No.  | P.O. # - PH         | P.O. # - PHO - 2022 - 085 |  |
| Address  | :                   | ALP Tower 3rd Floor, Tres de Abril Street,  |  |                     |                           |  |
| Telephone  | Labangon City, Cebu |   | Labangon City, Cebu Date   | June 02, 2022       |                           |  |
| Telephone No.:<br>TIN :  |                     | Mode of   |  | Neg                 | Negotiated                |  |
| I IIN CALLED AND AND AND AND AND AND AND AND AND AN  |                     | Procurement:  |  | Ca                  | Canvass                   |  |
| Gentlemen/   | Mesdame             | es:   | 3 7010.30 3  |                     |                           |  |
| Plea   | se furnish          | this Office   | the following articles subject to the terms and conditions containe  | d horoin:           |                           |  |
| The section of the se |                     | GOVERN  | NOR'S OFFICE NEW CAPITOL BLILL DING. Delivery Torm: Place  | o Bood Torma 8 O    |                           |  |
| Place of Delivery:   |                     | GOVERNOR'S OFFICE, NEW CAPITOL BUILDING, Delivery Term: Please Read Terms & Conditions at the TAGBILARAN CITY back hereof |  |                     |                           |  |
| Date of Deli   | WOD!                | FIFTEEN   | V (15) DAYS AFTER RECEIPT OF NOTICE  TO PROCEED  TO PROCEED  Payment Term: Upo   |                     |                           |  |
|  |                     | ,   | TO PROCEED Payment Term: Upo   | n Completion of Del | ivery                     |  |
| Warranty Pe  | eriod:              | in the style  | THREE (3) MONTHS   |                     |                           |  |
| 14 14  |                     | or aniton   | autodio na afundano man comensula se i   |                     |                           |  |
| Item No.   | QTY                 | UNIT  | DESCRIPTION OF SUPPLIES  | UNIT COST           | AMOUNT                    |  |
| 1  | 4                   | box   | HAV Test casette pack 25's   | 8,798.00            | 35,192.00                 |  |
| 2  | 5                   | box   | Salmonella typhi IgG/IgM combo rapid test pack 30's  | 17,278.00           | 86,390.00                 |  |
| 3  | 5                   | box   | Capillary tubes (haematocrit tubes) Na heparinized 80iu//ml 10 10 100's  | x 219.00            | 1,095.00                  |  |
| 4  | 2                   | box   | Nescofilm/Paraffin film 4 inch x 125 ft.   | 3,299.00            | 6,598.00                  |  |
| 5  | 5                   | pack  | Citrated tube 100's  | 1,995.00            | 9,975.00                  |  |
| 6  | 20                  | box   | Drug test kit Bioline Validated by DOH   | 5,099.00            | 101,980.00                |  |
| 7 20<br>VSC  | 500                 | pcs   | Urine bottle (60ml polyethelyne, wide mouth with screw cap container adequate for workload) validated by DOH (for drug testing use   | 74.00               | 37,000.00                 |  |
| 1000 100   | 21-111-139          | 50 8n s   | X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-   |                     |                           |  |
|  | 1 42 27%            | DOMESTIC  | TOTAL > >  | >                   | 278,230.00                |  |
|  |                     | <b> </b>  |  |                     | VVVVVVVVV                 |  |
|  |                     |   | [13] [16] [16] [16] [16] [16]  |                     |                           |  |
|  |                     |   | TO THE SAME OF THE PARTY OF THE |                     |                           |  |
| (total amou  | int in wo           | rds)  | TWO HUNDRED SEVENTY EIGHT THOUSAND TWO H   | UNIDATA TURBEN      | 25505 21444               |  |
|  |                     |   | the full delivery within the time are alfalled.  | UNDRED THIRTY       | PESOS ONLY                |  |
| of one (1) r   | orcont f            | or overved  | the full delivery within the time specified above, a penalty   | of one-tenth (1/    | 10)                       |  |
| or one (1) p   | ercent it           | or everya   | y of delay shall be imposed.   |                     | -                         |  |
| Conforme   | s senionis          |   | mand has the spectal to the terminal   |                     |                           |  |
| comorne  | Transaction         | MA  | Very truly yours,  |                     |                           |  |
|  |                     | MA  |  |                     | - '11                     |  |
| norther .  |                     | MA  | •  |                     |                           |  |
|  |                     | 1111 /  | INOLOGIES INC.   | Y. ARTHUR C. YA     | AP                        |  |
| Signa  | ture ove            | erlightnited  | d name of Supplier   | Governor            |                           |  |
|  | ar ala é            | JAN 1   | TOWN TO BUILDING TO THE REAL PROPERTY OF THE PARTY OF THE |                     | vitariju i                |  |
|  |                     |   | By Auth  | ority of the Gove   | rnor:                     |  |
|  |                     | Date  |  | 0                   |                           |  |
|  |                     |   | 1 % ii v == 1 % i  | MAX                 | January III               |  |
|  |                     |   | KATHYF   |                     | INTO L                    |  |
|  |                     |   | Provi  | ncial Administra    |                           |  |
|  |                     |   | Date Approved:   | JUN U 2 21          | J22, J                    |  |

Date Approved: