

Supplier: **LABSOLUTION TECHNOLOGIES, INC.** D.O. No.: **P.O.#-PHO-2020-135**

Address: **83 P. LABUCA ST., CANSOLONG, CITY OF TALISAY** Date: **May 13, 2020**

Telephone No.: _____ Mode of Procurement: **Direct Contracting**

TIN: _____

Gentlemen/Mesdames:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery: **GOVERNOR'S OFFICE, NEW CAPITOL BLDG., COGON DISTRICT, TAGBILARAN CITY** Delivery Term: Please Read Terms & Conditions at the back hereof

Date of Delivery: **FIFTEEN (15) DAYS AFTER 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	4	sets	Mindray Hematology Reagent (Diluent 8 boxes, Lyse 4 btl.)	34,995.00	139,980.00
2	1	kit	Hematology Tri-level control 3 parts for Mindray Machine	14,985.00	14,985.00
3	6	btl.	Probe Cleanser	2,485.00	14,910.00
4	10	boxes	G.E. Glucose Strips 50's	1,490.00	14,900.00
5	2	sets	DH500 Electrolyte Reagent	31,990.00	63,980.00
			X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X		
			TOTAL > > >		248,755.00
					VVVVVVV

(total amount in words) **TWO HUNDRED FORTY EIGHT THOUSAND SEVEN HUNDRED FIFTY FIVE 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: _____
LABSOLUTION TECHNOLOGIES, INC.
 Signature over printed name of Supplier
MAY 18 2020
 Date

Very truly yours,
ATTY. ARTHUR C. YAP
 Governor
 By Authority of the Governor:
ATTY. KATHRYN FE D. PIOQUINTO
 Provincial Administrator
 Date Approved: _____

Funds Available: _____
EUSTAQUIO A. SOCORIN
 Provincial Treasurer

Earmarked No. : **0535**
 Amount : **P 249,000.00**