




PURCHASE ORDER

Supplier : <b>DUBC MULTIPURPOSE COOPERATIVE</b>	P.O. Number: <b>2025061939</b>
Address : <b>DOOR #7 MANTEX ARCADE, MAGALLANES STREET, BGRY - 2-A, POBLACION DISTRICT, DAVAO CITY</b>	 <b>O20250619391DC260B02</b>
TIN: <b>006-842-176-000</b>	Date : <b>Jun 17, 2025</b>
PhilGEPS Registration No. : <b>200802-19057-1011396209</b>	P.R. No. : <b>2025031929</b>
Tel./Mobile/Fax No. : <b>09507837872</b>	Procurement mode: <b>Shopping B (Regular Purchase)</b>
Registration Certificate : <b>SEC</b>	
Req. Office : <b>PEEDO - DDN Hospital (Carmen Zone)</b>	

Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:


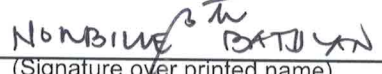
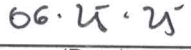
Date of Delivery : _____	Payment Term : <b>ON ACCOUNT</b>	Delivery Term: <b>10 Calendar Days</b>
Place of Delivery : <b>PGSO Warehouse</b>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	2.00 GAL	LACQUER THINNER (Premium Grade)		
2	25.00 pc	2" Paint Brush		
3	10.00 roll	Duct Tape		
4	50.00 PC	Cutting disk #4		
5	50.00 ROLL	TEFLON		
6	2.00 GALS.	PAINT THINNER		
7	50.00 PC	#120 Sandpaper		
8	30.00 pc	4" Baby Paint Roller w/ Handle and Foam		
9	10.00 gal	Quick Dry Enamel White (Prem. Grade)		
10	1.00 GALS.	CLEAR GLOSS SOLVENT		
11	50.00 pc/s	2" x 2" x 12' Lauan Lumber		
12	30.00 sheet	5mm thk Marine Plywood		
13	2.00 GAL	WOOD GLUE		
14	2.00 GAL	Glazing Putty		
15	40.00 pc	3/4" x 4' x 8' marine Plywood		
16	10.00 KLS.	COMMON NAIL # 2"		
17	6.00 GAL	Flatwall Enamel Paint		

PURCHASE OF MATERIALS FOR HOSPITAL BLDGS AND STRUCTURE.

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

I hereby conform that **NOTICE TO DELIVER** shall be served to the **PLACE OF DELIVERY** stated herein **three (3) days before the actual delivery of the item/s covered by this Purchase Order.**


Conforme :	Very truly yours,	 <b>GALE GUABALUPE G. MORTILLERO, MSIRG, MHMM</b> Assistant Provincial Administrator (Administration) <b>EDWIN I. JUBAHIB</b> Governor
 (Signature over printed name)		
 (Date)		

NOTE: This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

RHEA GIN M. RAMOS



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Req. Office : <u>PEEDO - DDN Hospital (Carmen Zone)</u>	

Gentlemen: Please furnish this office the following articles subject to terms and conditons contained herein:

Date of Delivery : _____	Payment Term : <u>ON ACCOUNT</u>	Delivery Term: <u>10 Calendar Days</u>
Place of Delivery : <u>PGSO Warehouse</u>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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18	1.00 GALS.	BODY FILLER (POLITUFF)		
19	5.00 kg/s	4" CW Nails		

Green Procurement Terms and Conditions

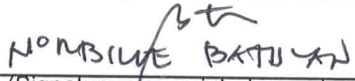
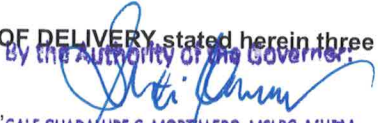
PAINTS AND VARNISHES  
1. The product shall not contain mercury, lead, cadmium, hexa-valent chromium, barium, antimony, as well as tributyltin (TBT) and triphenyltin (TPT). If the above substances exist in the product as impurities or contaminant, their total weight shall be less than 0.1% of the product. The use of Bariumsulfate (Barite) is excluded from this limitation.  
2.The packaging shall be accompanied by a brief statement discouraging improper disposal of the material and encouraging consultation which local authorities for disposal requirements or recycling opportunities as specified in RA 9003 under article 4.

The award is based on Abstract No. **0620251737** created on **June 10, 2025** under Quotation No. **C20252180** opened on **June 05, 2025**

<b>PURCHASE OF MATERIALS FOR HOSPITAL BLDGS AND STRUCTURE.</b>	
Lot Price Amount in Words : <u>ONE HUNDRED EIGHTEEN THOUSAND AND XX / 100</u>	LOT PRICE: <u>₱ 118,000.00</u>

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

I hereby conform that **NOTICE TO DELIVER** shall be served to the **PLACE OF DELIVERY** stated herein three (3) days before the actual delivery of the item/s covered by this Purchase Order.

Conforme :  _____ (Signature over printed name)  06.15.25 _____ (Date)	Very truly yours,  _____ GALE GUADALUPE G. MORILLERO, MSRG, WHRM Assistant Provincial Administrator (Administration) EDWIN I. JUBAHIB Governor _____ (Date)
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