

Republic of the Philippines

Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier: NEED INK SALES & SERVICES P.O. Number: 2025041115 Address: DOOR 2 TAN BLDG., 775 DACUDAO AVE. AGDAO BRGY. PACIANO BANGOY POBLACION DISTRICT DAVAO CITY 8000 O20250411151CEAD7202 TIN: 206-149-524-000 Date: Apr 21, 2025 PhilGEPS Registration No. : 2006051011133212594 P.R. No.: 2025031641 Tel./Mobile/Fax No.: 09439095587 Procurement mode: Shopping B (Regular Registration Certificate: DTI Purchase) Req. Office: PEEDO - DDN Hospital (Carmen Zone) Gentlemen: Please furnish this office the following articles subject to terms and conditions contained herein: Date of Delivery: Payment Term : ON ACCOUNT Delivery Term: 10 Calendar Days Place of Delivery: PGSO Warehouse I.N. Quantity/Unit Item **Unit Cost** Amount 1 20.00 CART **TONER** 5,780.00 115,600.00 TL-410XDL 410 TONER CARTRIDGE FOR PHANTUM M7200FDW MONOCROME LASER MULTIFUNCTION PRINTER AND PRINTER TIE **TL-410X PANTUM**

Remarks : THIS IS A TIE-UP OF PRINTER

The award is based on Abstract No. 0320250797 created on March 25, 2025 under Quotation No. C20250982 opened on March 20, 2025

| PURCHASE OF OTHER SUPPLIES FOR THE USE OF DDNH-CARMEN ZONE. | | | | |
|--|--|----------------------|-----------------------------------|-------------------|
| Grand Total Ar | nount in Words: ONE HUNDRED FIFTEEN HUNDRED AND XX / 100 | THOUSAND SIX | GRAND TOTAL : | ₱ 115,600.00 |
| 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 : | Inma Course of a Commo | Very tru | ly yours, GALE GUADALUPE G. MORI | |
| | (Signature over printed name) WAA シング | | EDWIN I. J | |
| | (Date) | | (Date | e) |
| NOTE: 1 | his is an important paper and will cause gre | eat inconvenience if | f lost. Claim for payment fr | om the Provincial |

Treasurer supported by this form to be attached to the voucher.