




PURCHASE ORDER

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| Supplier : NEED INK SALES & SERVICES | P.O. Number: 2025051312  O20250513126A3790B1B |
| Address : DOOR 2 TAN BLDG., 775 DACUDAO AVE. AGDAO BRGY. PACIANO BANGROY POBLACION DISTRICT DAVAO CITY 8000 | Date : May 09, 2025 P.R. No. : 2025042137 Procurement mode: Shopping B (Regular Purchase) |
| TIN: 206-149-524-000 PhilGEPS Registration No. : 2006051011133212594 Tel./Mobile/Fax No. : 09439095587 Registration Certificate : DTI | |
| Req. Office : PEEDO - DDN Hospital (Kapalong Zone) | |

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

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|---|----------------------------------|--|
| Date of Delivery : _____ | Payment Term : ON ACCOUNT | Delivery Term: 15 Working Days Partial delivery NOT ALLOWED |
| Place of Delivery : PGSO Warehouse | | |

| I.N. | Quantity/Unit | Item | Unit Cost | Amount |
|------|---------------|--|-----------|------------|
| 1 | 100.00 PC | TONER CARTIDGE FOR CANON IMAGECLASS LBP6030 MONOCHROME LASER STANDALONE PRINTER TONER AND PRINTER TIE-UP OPT-85AO W/ FREE USED PRINTER | 1,350.00 | 135,000.00 |

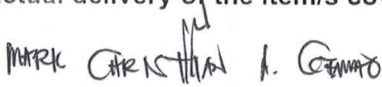

Remarks :
Tie-up with printer
free using printer, free maintenance, parts and labor
with 2 years Toner Cartridge warranty.

The award is based on Abstract No. **0520251194** created on **May 05, 2025** under Quotation
No. **C20251420** opened on **April 15, 2025**

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|--|-----------------------------------|
| ForDavao del Norte Hospital-Kapalong Zone use. | |
| Grand Total Amount in Words : ONE HUNDRED THIRTY-FIVE THOUSAND AND XX / 100 | GRAND TOTAL : ₱ 135,000.00 |

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.

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| Conforme :  _____ (Signature over printed name) MAY 16, 2025 _____ (Date) | Very truly yours,  GALE GUADALUPE G. MORILLERO, MSIRG, MPA Assistant Provincial Administrator (Administration) EDWIN I. JUBAHIB Governor _____ (Date) |
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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.

ALEJANDRO R. OMILA JR.