



PURCHASE ORDER

Supplier : REDEMP MEDICAL SUPPLY	P.O. Number: 2025030379
Address : BLOCK 15 LOT 29 ROSEVILLE SUBD... ALFONSO ANGLIONGTO SR. BUHANGIN DISTRICT 8000 DAVAO CITY DAVAO DEL SUR PHILIPPINES	 O2025030379424287822
TIN: 705-010-783	Date : Mar 04, 2025
PhilGEPS Registration No. : 379040	P.R. No. : 2025020747
Tel./Mobile/Fax No. : 09656476746	Procurement mode: Shopping B (Regular Purchase)
Registration Certificate : DTI	
Req. Office : Provincial Health Office	

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

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: 20 Calendar Days
Place of Delivery : PGSO Warehouse		Partial delivery NOT ALLOWED

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	1,500.00 KIT	Drug Testing Kit -WITH URINE CONTAINER(SCREW-CAPPED, WIDE MOUTH, 60ML CAPACITY POLYETHYLENE SPECEMIN CONTAINER) rightsign	64.00	96,000.00
2	5.00 BOX	GLOVES, EXAM (M) -POWDER FREE RX dr. care/indoplast/unimex	320.00	1,600.00
3	10.00 BOTTLE	Ethyl Alcohol 70%, 500 mL Solution Bottle alcoplus/greencross	120.00	1,200.00
4	5.00 BOX	GLOVES, EXAM (S) -POWDER FREE RX dr. care/indoplast/unimex	320.00	1,600.00

The award is based on Abstract No. **0220250258** created on **February 19, 2025** under
Quotation No. **C20250361** opened on **February 13, 2025**

MEDICAL SUPPLIES TO BE USE FOR DRUG TESTING LABORATORY	
Grand Total Amount in Words : ONE HUNDRED THOUSAND FOUR HUNDRED AND XX / 100	GRAND TOTAL : ₱ 100,400.00

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 : JEMAR B. ROSAGARAN (Signature over printed name) MARCH 20, 2025 (Date)	Very truly yours, GALE GUADALUPE G. MORTILLO, MSW, LHM 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.

RHEA GIN M. RAMOS