




PURCHASE ORDER

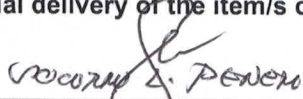
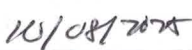

Supplier : PAULINBILLE EVENTS	P.O. Number: 2025093356
Address : 2/F GOLD JULIAN ST.SAN RAFAEL VILLAGE BARANGAY 9-A POBLACION DISTRICT 8000 CITY DAVAO DAVAO DEL SUR PHILIPPINES	 O2025093356AD91D1C41
TIN: 473-429-003-00000	Date : Sep 02, 2025
PhilGEPS Registration No. : 201609-187102-2067909361	P.R. No. : 2025063613
Tel./Mobile/Fax No. : 09952042383	Procurement mode: Competitive Bidding
Registration Certificate : DTI	
Req. Office : PEEDO - DDN Hospital (Carmen Zone)	

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

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: 10 Calendar Days
Place of Delivery : PGSO Warehouse		Partial delivery NOT ALLOWED

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	1.00 LOT	VINYL FLOORING ROLLFORM 2MM X 5FTX45FT WITH COVING, COPPING STRIPS AND FORMER OVER SELF-LEVELING EPOXY BOND. Locally Made Anti-Bacterial Hospital Grade Homogeneous Resilient Sheet Available in a wide variety of color Continuous flooring installation Landed Price.	450,000.00	450,000.00

The award is based on Abstract No. **0720252461** created on **July 25, 2025** and resolved on **September 02, 2025** under Quotation No. **B20252869** opened on **July 24, 2025**

REPAIR AND MAINTENANCE OF HOSPITAL FLOORING FOR HOSPITAL USE	
Grand Total Amount in Words : FOUR HUNDRED FIFTY THOUSAND AND XX / 100	GRAND TOTAL : P 450,000.00
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.	
Conforme :  _____ (Signature over printed name)  _____ (Date)	Very truly yours,  _____ GALE GUADALUPE G. MONTILLERO, MSRG, MHRM Assistant Provincial Administrator (Administration) EDWIN I. JUBAHIB Governor _____ (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.

ALEJANDRO R. OMILA JR.