




Republic of the Philippines
Province of Davao del Norte
Government Center, Mankilam, Tagum City

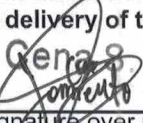

PURCHASE ORDER

Supplier : SABCARE MARKETING	P.O. Number: 2025093628
Address : # 236 MAHARLIKA HIGHWAY ISABANG 4301 LUCENA CITY (CAPITAL) QUEZON PHILIPPINES	 O2025093628AC54AF3B6
TIN: 259-802-816-00000	Date : Sep 22, 2025
PhilGEPS Registration No. : 201708-145747-109515854	P.R. No. : 2025053406
Tel./Mobile/Fax No. : 09464143699	Procurement mode: Competitive Bidding
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:

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs
Place of Delivery : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	360.00 BOX	SURGICAL GLOVES SIZE 7.0 50'S -STERILE, POWDER FREE, LATEX SURGICAL GLOVES -ERGONOMIC DESIGN, NON-PYROGENIC AND LOW ENDOTOXIN INDOPLAS	1,548.00	557,280.00
2	50.00 BOX	SURGICAL GLOVES 8.0 (50 PAIRS/BOX) -STERILE, POWDER FREE, LATEX SURGICAL GLOVES -ERGONOMIC DESIGN, NON-PYROGENIC AND LOW ENDOTOXIN INDOPLAS	1,535.00	76,750.00
3	10.00 BOX	TRANSPARENT IV DRESSING W/BORDERS 2 INCHES X 2 1/4 INCHES PEDIA -WITH DELIVERY FRAME SYSTEM, BREATHABLE, HYPOALLERGENIC -WATERPROOF, IMPERMEABLE TO BACTERIA AND VIRUSES -WITH STERILE SOFT CLOTH TAPE STRIPS, LATEX FREE -BEST FOR PEDIATRIC 3M	5,480.00	54,800.00
4	10.00 BOX	TRANSPARENT IV DRESSING W/NOTCH 6CM X 7CM ADULT	4,032.00	40,320.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (SURGICAL AND MEDICAL SUPPLIES)	
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)	Very truly yours,  EDWIN J. JUBAHIB Governor _____ (Date)
_____ (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



Republic of the Philippines
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Government Center, Mankilam, Tagum City

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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:

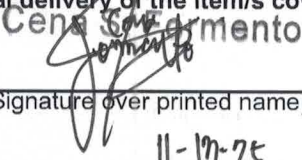
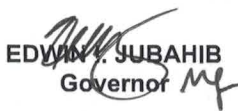
Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs
Place of Delivery : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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OF MEDICAL SUPPLIES TO BE DELIVERED THROUGH THE REGISTERED EMAIL ADDRESS OF THE SUPPLIER.
10. THE SUPPLIER MUST DELIVER THE REQUESTED ITEMS IN COMPLETE QUANTITY WITHIN 15 DAYS UPON RECEIPT OF THE EMAIL. FAILURE TO COMPLY, PENALTY OF LATE DELIVERY WILL BE IMPOSED.
11. THE DELIVERED ITEMS MUST BE THE BASIS FOR BILLING AND ISSUANCE OF SALES/CHARGE INVOICE.
12. SUPPLIER MUST INFORM THE REQUISITIONING OFFICE INSPECTORATE TEAM FIVE (5) DAYS BEFORE THE DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO DDNH-KAPALONG ZONE MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT.

The award is based on Abstract No. **0820252655** created on **August 07, 2025** and resolved on **August 28, 2025** under Quotation No. **B20252887** opened on **August 07, 2025**

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (SURGICAL AND MEDICAL SUPPLIES)	
Grand Total Amount in Words : TWO MILLION THREE HUNDRED FIFTY-FOUR THOUSAND SIX HUNDRED TEN AND XX / 100	GRAND TOTAL : ₱ 2,354,610.00
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) 11-17-25	Very truly yours,  EDVIN A. SUBAHIB 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.	

RHEA GIN M. RAMOS