




PURCHASE ORDER

Supplier : SABCARE MARKETING	P.O. Number: 2025093629
Address : # 236 MAHARLIKA HIGHWAY ISABANG 4301 LUCENA CITY (CAPITAL) QUEZON PHILIPPINES	 02025093629969A1DB7C
TIN: 259-802-816-00000	Date : Sep 22, 2025
PhilGEPS Registration No. : 201708-145747-109515854	P.R. No. : 2025053361
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:

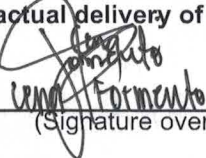

Date of Delivery : _____	Payment Term : ON ACCOUNT	Delivery Term: End-user shall require the delivery of items in such quantity depending on actual needs
Place of Delivery : DAVNOR PHARMACY		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	30.00 PC	ENDOTRACHEAL TUBE SIZE 3-0 -WITH CUFFED, THERMORESISTANT MEDICAL GRADE PVC -NON-TOXIC TRANSPARENT TUBING -FITTED WITH STANDARD 15MM CONNECTOR -FULL LENGHT RADIO OPAQUE LINE TO ASSESS PROPER POSITIONING OF ET TUBE RADIO-GRAPHICALLY -NON-PYROGENIC AND LATEX-FREE -DISPOSABLE, STERILE AND SINGLE PACK TOPCARE	149.00	4,470.00
2	450.00 roll	Elastic bandage 6 x 5 individual packed roll -WOVEN ELASTIC CLOTH MADE OF COTTON AND SYNTHETIC THREAD -LIGHT, SOFT, POROUS AND WASHABLE -70% COTTON, 30% RUBBER THREAD SURE-GUARD	60.00	27,000.00
3	100.00 PC	ENDOTRACHEAL TUBE SIZE 7-0 WITH STYLET -WITH CUFFED, THERMORESISTANT MEDICAL GRADE PVC -NON-TOXIC TRANSPARENT TUBING -FITTED WITH STANDARD 15MM CONNECTOR -FULL LENGHT RADIO OPAQUE LINE TO ASSESS PROPER POSITIONING OF ET TUBE	232.00	23,200.00

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (MEDICAL SUPPLIES TO BE USED FOR INTRA VENOUS THERAPY, ENDOTRACHEAL INTUBATION AND RESUSCITATION)

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.

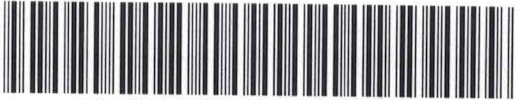
Conforme :	Very truly yours,
 _____ (Signature over printed name)	 EDWIN J. JUBAHIB Governor
11-10-25 _____ (Date)	_____ (Date)

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.

ALEJANDRO R. OMILA JR.



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Place of Delivery : DAVNOR PHARMACY		

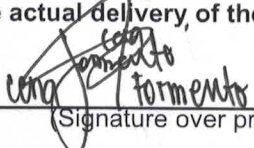
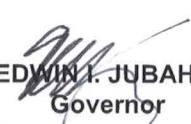
I.N.	Quantity/Unit	Item	Unit Cost	Amount
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The award is based on Abstract No. **0820252656** created on **August 07, 2025** and resolved on **August 28, 2025** under Quotation No. **B20252889** opened on **August 07, 2025**

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS (MEDICAL SUPPLIES TO BE USED FOR INTRAVENOUS THERAPY, ENDOTRACHEAL INTUBATION AND RESUSCITATION)	
Grand Total Amount in Words : FOUR MILLION EIGHT HUNDRED THIRTY-FIVE THOUSAND NINE HUNDRED FOUR AND 40 / 100	GRAND TOTAL : ₱ 4,835,904.40

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 I. JUBAHIB Governor
11-10-25 _____ (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.

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