

Republic of the Philippines

Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier: BEROVAN MARKETING INC.

Address: J.P LAUREL AVENUE BAJADA DAVAO CITY

TIN:

000-310-215-000

PhilGEPS Registration No. : 200402-2992-2140836990

Tel./Mobile/Fax No.: 09209543764 Registration Certificate: SEC

Req. Office: Provincial Health Office

P.O. Number: 2025062142



Date: Jun 26, 2025 P.R. No.: 2025052920

Procurement mode: Shopping B (Regular

Purchase)

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

Date of Delivery : _____

Payment Term : ON ACCOUNT Delivery Term: 15 Calendar Days

| Place | of Delivery: PHO | O WAREHOUSE | Partial delivery NOT ALLOWED | |
|-------|------------------|--|------------------------------|-----------|
| I.N. | Quantity/Unit | Item | Unit Cost | Amount |
| 1 | 2,050.00 PCS | DRUG TESTING KIT WITH URINE CONTAINER -SCREW-CAPPED, WIDE MOUTH, 60ML CAPACITY POLYETHYLENE SPECIMEN CONTAINER BIOLINE | 46.50 | 95,325.00 |
| 2 | 33.00 BOX | EXAMINATION GLOVES, 100'S -POWDER FREE -MEDIUM -100s PER BOX ROSEMED | 230.00 | 7,590.00 |
| 3 | 30.00 PC | Alcoho 70% 500ml ISOPRO | 100.00 | 3,000.00 |
| 4 | 20.00 BOT | Disinfectant -1 LITER LYSOL, MAC 2L | 345.25 | 6,905.00 |
| 5 | 23.00 BOX | EXAMINATION GLOVES (SMALL) -POWDER FREE -100s PER BOX ROSEMED | 230.00 | 5,290.00 |

Green Procurement Terms and Conditions

| SUPPLIES TO I | BE USE FOR PHO DRUG TESTING LABORATORY | the second secon |
|----------------------------|--|--|
| | | * ,0 |
| In case for every day o | e of failure to make the full delivery within the time specified about of delay shall be imposed. | ve, a penalty of one-tenth (1/10) of one percent |
| I here days before t | by conform that NOTICE TO DELIVER shall be served to the line actual delivery of the item/s covered by this Purchase Ord | PLACE OF DELIVERY statest herein three (3) |
| Conforme : | TEACHER A-BUST | Ily yours, GALE GUADALIPE G. MORTHLERO, MSIRG, MHRAV Assistant Provincial Administrator (Administration) |
| _ | (Signature over printed name) | EDWIN I. JUBAHIB Governor |
| _ | 7 - <i>v</i> ₁ - <i>v</i> ₅ (Date) | (Date) |
| NOTE: Th | nis is an important paper and will cause great inconvenience i | f lost. Claim for payment from the Provincial |

Treasurer supported by this form to be attached to the voucher.

ALEJANDRO R. OMILA JR.



Republic of the Philippines

Province of Davao del Norte Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier: **BEROVAN MARKETING INC.**

Address: J.P LAUREL AVENUE BAJADA DAVAO CITY

TIN:

000-310-215-000

PhilGEPS Registration No. : 200402-2992-2140836990

Tel./Mobile/Fax No. : 09209543764

Registration Certificate: SEC

Req. Office: Provincial Health Office

P.O. Number: 2025062142



O2025062142E38B95E5D

Date: <u>Jun 26, 2025</u> P.R. No.: <u>2025052920</u>

Procurement mode: Shopping B (Regular

Purchase)

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

Date of Delivery : PHO WAREHOUSE

Payment Term : **ON ACCOUNT**

Delivery Term: 15 Calendar Days

Partial delivery NOT ALLOWED

I.N.

Quantity/Unit

Item

Unit Cost

Amount

PLASTIC TRASH BAG

1. The suppliers shall supply products which are made of polyethylene (PE).

SUPPLIES TO BE USE FOR PHO DRUG TESTING LABORATORY

Treasurer supported by this form to be attached to the voucher.

The award is based on Abstract No. **0620251748** created on **June 10**, **2025** under Quotation No. **C20252202** opened on **June 05**, **2025**

| Grand Total Amount in Words : | ONE HUNDRED HUNDRED TEN AN | EIGHTEEN ID XX / 100 | THOUSAND | ONE | GRAND TOTAL → 118,110.00 | | | |
|--|-------------------------------|-------------------------|---------------|----------|---|--|--|--|
| 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 : (Signat | ure over printed na | ame) | V | ery trul | y yours, GALE GUADALUPE G. MORRILLERO, MSLRG, MHRM Assistant Provincial Administrator (Administration) EDWIN I. JUBAHIB | | | |
| | 7-21-2 (Date) | | | | (Date) | | | |
| NOTE: This is an impo | ortant paper and v | vill cause gr | eat inconveni | ence if | lost. Claim for payment from the Provincial | | | |

ALEJANDRO R. OMILA JR.