




PURCHASE ORDER

Supplier : <u>LYR MARKETING & FURNITURE CENTER</u>	P.O. Number: <u>2025082790</u>
Address : <u>Dalisay Gante Road., Maugppo West, Tagum City</u>	 O20250827900FC58EB26
TIN: <u>259-000-901-000</u>	Date : <u>Aug 05, 2025</u>
PhilGEPS Registration No. : <u>2014039620943998581</u>	P.R. No. : <u>2025074414</u>
Tel./Mobile/Fax No. : <u>09212804264</u>	Procurement mode: <u>Shopping B (Regular Purchase)</u>
Registration Certificate : <u>DTI</u>	
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 : <u>ON ACCOUNT</u>	Delivery Term: 30 Working Days
Place of Delivery : <u>PGSO Warehouse</u>		Partial delivery NOT ALLOWED

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	150.00 PC	CHAIR MONOBLOC, W/ BACKREST W/OUT ARMREST 200kg seat load capacity ISO level 5 passed certified product quality indoor and outdoor passed color WHITE FIESTA	345.00	51,750.00

Remarks :
30 WORKING DAYS

Green Procurement Terms and Conditions



MONOBLOCK CHAIRS
1. The chairs shall be marked for recycling according to ISO 11469 or equivalent and must not contain additions of other materials that may hinder their recycling.

The award is based on Abstract No. **0720252567** created on **July 30, 2025** under Quotation No. **C20253265** opened on **July 24, 2025**

For Patient watcher of Pedia Ward, Medicine Ward, OB Ward and Emergency Room of Davao del Norte Hospital-Kapalong Zone	
Grand Total Amount in Words : FIFTY-ONE THOUSAND SEVEN HUNDRED FIFTY AND XX / 100	GRAND TOTAL : ₱ 51,750.00

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 :	Very truly yours,	
 (Signature over printed name)		JOEPREY C. MIRAFUENTES MPA Supervising Admin. Officer
<u>08/08/25</u> (Date)		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.