

PURCHASE ORDER
PROVINCIAL GOVERNMENT OF CAMARINES NORTE

Supplier : **SOPHIES GENERAL MERCHANDISE** P.O. No. : **20030897**
 Address : **Brgy. Pinya Labo** Date : **03-26-2020**
 : **Camarines Norte**
 Telephone No. : _____ Mode of Procurement : **NEGOTIATED-**
 TIN : **184-646-631-000** **EMERGENCY CASES**

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

Place of Delivery : **CMCH** Delivery Term : **7 CD**
 Date of Delivery : **04-03-2020** Payment Term : **FULL**

Item No.	Quantity	Unit Issue	ITEM DESCRIPTION	Amount	
				Unit Cost	Total Cost
1	10	pack	Capillary Tube (Heparenized)	2,499.90	24,999.00
2	500	test	Hemopoint H2	189.90	94,950.00
3	3	bottle	Platelet Reagent (Ammonium Oxalate)	1,949.90	5,849.70
4	5	pack	WBC Pipete	2,649.90	13,249.50
5	800	piece	Specimen Bottle (Urine) 60ml	29.90	23,920.00
6	400	piece	Specimen Bottle (Stool) 60ml	29.90	11,960.00
7	20	box	Slides	1,199.90	23,998.00
8	15	box	Urine Strip	1,799.90	26,998.50
9	10	bottle	Hand Sanitizer 500ml, GREENCROSS	499.90	4,999.00
10	10	tin	Liquid Disinfectant (Spray). LYSOL	749.90	7,499.00
11	2	set	AB RH Typing Sera	3,899.90	7,799.80
12	4	box	Dengue Test Kit x 10's	12,499.90	49,999.60
13	2	box	Salmonella/Salmogen Test Kit x 10's	12,499.90	24,999.80
14	5	bottle	Lugols Iodine (500ml)	2,299.90	11,499.50
15	5	set	Hemaquick Stain Set	6,899.90	34,499.50

for Hospital Laboratory

Total amount in words: **Three Hundred Sixty Seven Thousand Two Hundred Twenty Pesos & 90/100 Only** **367,220.90**

In case of failure to deliver within the time specified above, penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

Very truly yours,

Conforme:



SOFIA P. CALMATEO

Signature over printed name of Supplier

03-27-2020

Date

JOSE VERNON A. BANAL, MD MPA
 Chief of Hospital-OIC CMCH



SUPPORTING PAPER NO. _____