



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
 Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
 Date : 10/11/2022
 Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
 Date of Delivery : -

Delivery Term : Refer to Terms of Reference
 Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
1	LOT	1	Haier Biomedical Refrigerator, HAIER SN: BEDGMVET00LEL2 Scope of Services: A. One Time Preventive Maintenance Visit B. Cleaning & Testing Electrical System * Main Power Switch * Starting delay * Power delay * Compressor * Overload delay * Condenser fan motor * Defrost delay C. Refrigeration cycle * Cleaning of condenser * Check gas leakage * Cleaning of condenser filter * Check vibration & contact of tubing D. Testing alarm system * Alarm test key * Filter alarm key * Buzzer key E. Drainage * Cleaning of drain pan * Check drain hose * Floor exterior * Cleaning exterior unit * Check inner door	10,000.00	10,000.00

Control No. **3826**

SUBTOTAL : Php 10,000.00

Total Amount in Words Ten Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

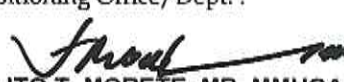
Very truly yours,

Conforme :


JULICOR B. AGRAVANTE
(Signature over printed name of Supplier)
10-20-2022
 Date

VICTOR MA. REGIS N. SOTTO
(Authorized Official)

City Mayor

Requisitioning Office/Dept. :

JOSELITO T. MORETE, MD, MMHOA, DP
(Authorized Official)

Funds Available :

JUVY A. CUENCO
Chief Accountant

Amount : _____
 OBR No. : _____



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : BIOSITE MEDICAL INSTRUMENTS	P.O. No. : 22-10-1997
Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City	Date : 10/11/2022
	Mode of Procurement: SMALL VALUE PROCUREMENT

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

Place of Delivery : Pasig City Children's Hospital	Delivery Term : Refer to Terms of Reference
Date of Delivery : -	Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
			* Check door & door gasket F. Temperature checking & calibration		

Control No. **3826** SUBTOTAL : **Php 10,000.00**

Total Amount in Words *Ten Thousand Pesos Only.*

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

<p>Conforme :</p> <p style="text-align: center;"> JULICOR P. AGRAVANTE <i>(Signature over printed name of Supplier)</i></p> <p style="text-align: center;"><u>10-20-22</u> Date</p>	<p>VICTOR MA. REGIS N. SOTTO <i>(Authorized Official)</i> City Mayor</p>
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Requisitioning Office/Dept. : JOSELITO T. MORETE, MD, MMHOA, DP <i>(Authorized Official)</i>	Funds Available : JUVY A. CUENCO <i>Chief Accountant</i>	Amount : _____ OBR No. : _____
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PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
 Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
 Date : 10/11/2022
 Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
 Date of Delivery : -

Delivery Term : Refer to Terms of Reference
 Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
2	LOT	1	Haier Biomedical Refrigerator SN: BE03L9EON000JL4D0003 Scope of Services: A. One Time Preventive Maintenance Visit B. Cleaning & Testing Electrical System * Main Power Switch * Starting delay * Power delay * Compressor * Overload delay * Condenser fan motor * Defrost delay C. Refrigeration cycle * Cleaning of condenser * Check gas leakage * Cleaning of condenser filter * Check vibration & contact of tubing D. Testing alarm system * Alarm test key * Filter alarm key * Buzzer key E. Drainage * Cleaning of drain pan * Check drain hose * Floor exterior * Cleaning exterior unit * Check inner door	10,000.00	10,000.00

Control No. **3826**

SUBTOTAL : Php 20,000.00

Total Amount in Words Twenty Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

VICTOR MA. REGIS N. SOTTO
(Authorized Official)

City Mayor

Conforme :

JULICOR P. AGRAVANTE
 (Signature over printed name of Supplier)
10-20-2022

Date

Requisitioning Office/Dept. :

JOSELITO T. MORETE, MD, MMHOA, DP
 (Authorized Official)

Funds Available :

JUVY A. CUENCO
Chief Accountant

Amount : _____

OBR No. : _____



PURCHASE ORDER
CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
Date : 10/11/2022
Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
Date of Delivery : -

Delivery Term : Refer to Terms of Reference
Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
			* Check door & door gasket F. Temperature checking & calibration		

Control No. **3826**

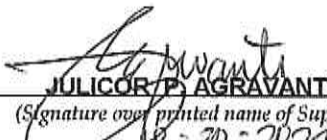
SUBTOTAL : Php 20,000.00

Total Amount in Words *Twenty Thousand Pesos Only.*

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme :


JULICOR P. AGRAVANTE
(Signature over printed name of Supplier)
10-10-2022
Date

VICTOR MA. REGIS N. SOTTO
(Authorized Official)

City Mayor

Requisitioning Office/Dept. :


JOSELITO T. MORETE, MD, MMHOA, DP
(Authorized Official)

Funds Available :

JUVY A. CUENCO
Chief Accountant

Amount : _____

OBR No. : _____



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : BIOSITE MEDICAL INSTRUMENTS	P.O. No. : <u>22-10-1997</u>
Address : <u>G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City</u>	Date : <u>10/11/2022</u>
Mode of Procurement: <u>SMALL VALUE PROCUREMENT</u>	

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

Place of Delivery : <u>Pasig City Children's Hospital</u>	Delivery Term : <u>Refer to Terms of Reference</u>
Date of Delivery : <u>-</u>	Payment Term : <u>Refer to Terms of Reference</u>

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
3	LOT	1	Hemocold Single Door Reagent Refrigerator SN: FF121DEK0720 Scope of Services: A. One Time Preventive Maintenance Visit B. Cleaning & Testing Electrical System * Main Power Switch * Starting delay * Power delay * Compressor * Overload delay * Condenser fan motor * Defrost delay C. Refrigeration cycle * Cleaning of condenser * Check gas leakage * Cleaning of condenser filter * Check vibration & contact of tubing D. Testing alarm system * Alarm test key * Filter alarm key * Buzzer key E. Drainage * Cleaning of drain pan * Check drain hose * Floor exterior * Cleaning exterior unit * Check inner door	10,000.00	10,000.00

Control No. **3826** SUBTOTAL : **Php 30,000.00**

Total Amount in Words Thirty Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme : <u>JULICOR P. AGRAVANTE</u> <i>(Signature over printed name of Supplier)</i> <u>10-20-2022</u> Date	<u>VICTOR MA. REGIS N. SOTTO</u> <i>(Authorized Official)</i> City Mayor
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Requisitioning Office/Dept. : JOSELITO T. MORETE, MD, MMHOA, DP <i>(Authorized Official)</i>	Funds Available : JUVY A. CUENCO <i>Chief Accountant</i>	Amount : _____ OBR No. : _____
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PURCHASE ORDER
CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
Date : 10/11/2022
Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
Date of Delivery : -

Delivery Term : Refer to Terms of Reference
Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
			* Check door & door gasket F. Temperature checking & calibration		

Control No. **3826**

SUBTOTAL : Php 30,000.00

Total Amount in Words *Thirty Thousand Pesos Only.*

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme :

JULIENNE P. AGGRAVANTE
(Signature over printed name of Supplier)
10-10-2022
Date

VICTOR MA. REGIS N. SOTTO
(Authorized Official)
City Mayor

Requisitioning Office/Dept. :

JOSELITO T. MORETE, MD, MMHOA, DP
(Authorized Official)

Funds Available :
JUVY A. CUENCO
Chief Accountant

Amount : _____
OBR No. : _____



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : BIOSITE MEDICAL INSTRUMENTS	P.O. No. : 22-10-1997
Address : <u>G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City</u>	Date : 10/11/2022
Mode of Procurement: SMALL VALUE PROCUREMENT	

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

Place of Delivery : <u>Pasig City Children's Hospital</u>	Delivery Term : <u>Refer to Terms of Reference</u>
Date of Delivery : <u>-</u>	Payment Term : <u>Refer to Terms of Reference</u>

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
4	LOT	1	Hemocold Single Door Reagent Refrigerator SN: FF123DEK0720 Scope of Services: A. One Time Preventive Maintenance Visit B. Cleaning & Testing Electrical System * Main Power Switch * Starting delay * Power delay * Compressor * Overload delay * Condenser fan motor * Defrost delay C. Refrigeration cycle * Cleaning of condenser * Check gas leakage * Cleaning of condenser filter * Check vibration & contact of tubing D. Testing alarm system * Alarm test key * Filter alarm key * Buzzer key E. Drainage * Cleaning of drain pan * Check drain hose * Floor exterior * Cleaning exterior unit	10,000.00	10,000.00

Control No. 3826	SUBTOTAL : Php 40,000.00
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Total Amount in Words Forty Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

<p>Conforme : <u>JULICOR P. AGRAVANTE</u> <i>(Signature over printed name of Supplier)</i> <u>10-10-2022</u> Date</p>	<p>VICTOR MA. REGIS N. SOTTO <i>(Authorized Official)</i> City Mayor</p>
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Requisitioning Office/Dept. : JOSELITO T. MORETE, MD, MMHOA, DP <i>(Authorized Official)</i>	Funds Available : JUVY A. CUENCO <i>Chief Accountant</i>	Amount : _____ OBR No. : _____
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PURCHASE ORDER
CITY GOVERNMENT OF PASIG

Agency Name

Supplier : BIOSITE MEDICAL INSTRUMENTS	P.O. No. : 22-10-1997
Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City	Date : 10/11/2022
	Mode of Procurement: SMALL VALUE PROCUREMENT

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

Place of Delivery : Pasig City Children's Hospital	Delivery Term : Refer to Terms of Reference
Date of Delivery : -	Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
			* Check inner door * Check door & door gasket F. Temperature checking & calibration		

Control No. 3826	SUBTOTAL :	Php 40,000.00
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Total Amount in Words *Forty Thousand Pesos Only.*

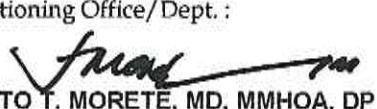
In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme :

JULICOR P. AGRAVANTE
(Signature over printed name of Supplier)
10-20-2022
 Date

VICTOR MA. REGIS N. SOTTO
(Authorized Official)
 City Mayor

Requisitioning Office/Dept. :  JOSELITO T. MORETE, MD, MMHOA, DP <i>(Authorized Official)</i>	Funds Available : JUVY A. CUENCO <i>Chief Accountant</i>	Amount : _____ OBR No. : _____
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PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
 Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
 Date : 10/11/2022
 Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
 Date of Delivery : -

Delivery Term : Refer to Terms of Reference
 Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
5	LOT	1	Hemocold Double Door Refrigerator SN: FF0052IEL0180 Scope of Services: A. One Time Preventive Maintenance Visit B. Cleaning & Testing Electrical System * Main Power Switch * Starting delay * Power delay * Compressor * Overload delay * Condenser fan motor * Defrost delay C. Refrigeration cycle * Cleaning of condenser * Check gas leakage * Cleaning of condenser filter * Check vibration & contact of tubing D. Testing alarm system * Alarm test key * Filter alarm key * Buzzer key E. Drainage * Cleaning of drain pan * Check drain hose * Floor exterior * Cleaning exterior unit * Check inner door	10,000.00	10,000.00

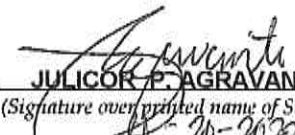
Control No. **3826** SUBTOTAL : **Php 50,000.00**

Total Amount in Words Fifty Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme :


JULICOR P. AGRAVANTE
(Signature over printed name of Supplier)
10-26-2022
 Date

VICTOR MA. REGIS N. SOTTO

(Authorized Official)

City Mayor

Requisitioning Office/Dept. :


JOSELITO T. MORETE, MD, MMHOA, DP
(Authorized Official)

Funds Available :

JUVY A. CUENCO
Chief Accountant

Amount : _____

OBR No. : _____



PURCHASE ORDER
CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
Date : 10/11/2022
Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
Date of Delivery : -

Delivery Term : Refer to Terms of Reference
Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
			* Check door & door gasket F. Temperature checking & calibration		

Control No. **3826** SUBTOTAL : **Php 50,000.00**

Total Amount in Words Fifty Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

VICTOR MA. REGIS N. SOTTO
(Authorized Official)

City Mayor

Conforme :

Julicor P. Agravante
JULICOR P. AGRAVANTE
(Signature over printed name of Supplier)

Date

Requisitioning Office/Dept. :
Josecito T. Morete
JOSELITO T. MORETE, MD, MMHOA, DP
(Authorized Official)

Funds Available :
JUVY A. CUENCO
Chief Accountant

Amount : _____
OBR No. : _____



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
 Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
 Date : 10/11/2022
 Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
 Date of Delivery : -

Delivery Term : Refer to Terms of Reference
 Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
6	LOT	1	Hemocold Single Door Freezer SN: COD926DEK0526 Scope of Services: A. One Time Preventive Maintenance Visit B. Cleaning & Testing Electrical System * Main Power Switch * Starting delay * Power delay * Compressor * Overload delay * Condenser fan motor * Defrost delay C. Refrigeration cycle * Cleaning of condenser * Check gas leakage * Cleaning of condenser filter * Check vibration & contact of tubing D. Testing alarm system * Alarm test key * Filter alarm key * Buzzer key E. Drainage * Cleaning of drain pan * Check drain hose * Floor exterior * Cleaning exterior unit * Check inner door	10,000.00	10,000.00


Control No. **3826** **SUBTOTAL :** **Php 60,000.00**

Total Amount in Words Sixty Thousand Pesos Only.

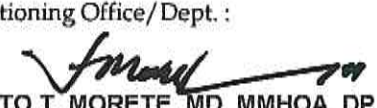
In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme :


JULICOR P. AGRAVANTE
(Signature over printed name of Supplier)
10-10-2022
 Date

VICTOR MA. REGIS N. SOTTO
(Authorized Official)
 City Mayor

Requisitioning Office/Dept. :

JOSELITO T. MORETE, MD, MMHOA, DP
(Authorized Official)

Funds Available :

JUVY A. CUENCO
Chief Accountant

Amount : _____
 OBR No. : _____



PURCHASE ORDER
CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
Date : 10/11/2022
Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
Date of Delivery : -

Delivery Term : Refer to Terms of Reference
Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
			* Check door & door gasket F. Temperature checking & calibration		

Control No. **3826** SUBTOTAL : **Php 60,000.00**

Total Amount in Words Sixty Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme :

JULICOR B. AGRAVANTE
(Signature over printed name of Supplier)
10-20-2022
Date

VICTOR MA. REGIS N. SOTTO
(Authorized Official)

City Mayor

Requisitioning Office/Dept. :

JOSELITO T. MORETE, MD, MMHOA, DP
(Authorized Official)

Funds Available :

JUVY A. CUENCO
Chief Accountant

Amount : _____
OBR No. : _____



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
 Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
 Date : 10/11/2022
 Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
 Date of Delivery : -

Delivery Term : Refer to Terms of Reference
 Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
7	LOT	1	Hemocold Single Door Freezer SN: COD141DEK0820 Scope of Services: A. One Time Preventive Maintenance Visit B. Cleaning & Testing Electrical System * Main Power Switch * Starting delay * Power delay * Compressor * Overload delay * Condenser fan motor * Defrost delay C. Refrigeration cycle * Cleaning of condenser * Check gas leakage * Cleaning of condenser filter * Check vibration & contact of tubing D. Testing alarm system * Alarm test key * Filter alarm key * Buzzer key E. Drainage * Cleaning of drain pan * Check drain hose * Floor exterior * Cleaning exterior unit * Check inner door	10,000.00	10,000.00

Control No. **3826** SUBTOTAL : **Php 70,000.00**

Total Amount in Words Seventy Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

VICTOR MA. REGIS N. SOTTO
 (Authorized Official)

City Mayor

Conforme :

(Signature)
JULICOR B. AGRAVANTE
 (Signature over printed name of Supplier)

Date

Requisitioning Office/Dept. :

(Signature)
JOSELITO T. MORETE, MD, MMHOA, DP
 (Authorized Official)

Funds Available :

JUVY A. CUENCO
 Chief Accountant

Amount : _____

OBR No. : _____



PURCHASE ORDER
CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**

P.O. No. : **22-10-1997**

Address : **G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City**

Date : **10/11/2022**

Mode of Procurement: **SMALL VALUE PROCUREMENT**

Gentlemen:

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

Place of Delivery : **Pasig City Children's Hospital**

Delivery Term : **Refer to Terms of Reference**

Date of Delivery : **-**

Payment Term : **Refer to Terms of Reference**

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
			* Check door & door gasket F. Temperature checking & calibration		

Control No. **3826**

SUBTOTAL : Php 70,000.00

Total Amount in Words *Seventy Thousand Pesos Only.*

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

VICTOR MA. REGIS N. SOTTO
(Authorized Official)

City Mayor

Conforme :

Julicor P. Agravante
JULICOR P. AGRAVANTE
(Signature over printed name of Supplier)
10-20-2022

Date

Requisitioning Office/ Dept. :

Josecito T. Morete
JOSELITO T. MORETE, MD, MMHOA, DP
(Authorized Official)

Funds Available :

JUVY A. CUENCO
Chief Accountant

Amount : _____

OBR No. : _____



PURCHASE ORDER
CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
Date : 10/11/2022
Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
Date of Delivery : -

Delivery Term : Refer to Terms of Reference
Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
8	LOT	1	Thermoscientific Refrigerator (Pharmacy) SN: 0115185701131214 Scope of Services: A. One Time Preventive Maintenance Visit B. Cleaning & Testing Electrical System * Main Power Switch * Starting delay * Power delay * Compressor * Overload delay * Condenser fan motor * Defrost delay C. Refrigeration cycle * Cleaning of condenser * Check gas leakage * Cleaning of condenser filter * Check vibration & contact of tubing D. Testing alarm system * Alarm test key * Filter alarm key * Buzzer key E. Drainage * Cleaning of drain pan * Check drain hose * Floor exterior * Cleaning exterior unit * Check inner door	10,000.00	10,000.00

Control No. **3826**

SUBTOTAL : Php 80,000.00

Total Amount in Words Eighty Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme :

JULICOR P. AGGRAVANTE
(Signature over printed name of Supplier)
10-10-2022
Date

VICTOR MA. REGIS N. SOTTO
(Authorized Official)
City Mayor

Requisitioning Office/Dept. :

JOSELITO T. MORETE, MD, MMHOA, DP
(Authorized Official)

Funds Available :

JUVY A. CUENCO
Chief Accountant

Amount : _____
OBR No. : _____



PURCHASE ORDER
CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1 997
Date : 10/11/2022
Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
Date of Delivery : -

Delivery Term : Refer to Terms of Reference
Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
			* Check door & door gasket F. Temperature checking & calibration		

Control No. **3826** SUBTOTAL : **Php 80,000.00**

Total Amount in Words Eighty Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme :

Julicor B. Agravante
JULICOR B. AGRAVANTE
(Signature over printed name of Supplier)
10-10-2022
Date

VICTOR MA. REGIS N. SOTTO
(Authorized Official)

City Mayor

Requisitioning Office/Dept. :
Josecito T. Morete
JOSELITO T. MORETE, MD, MMHOA, DP
(Authorized Official)

Funds Available :
JUVY A. CUENCO
Chief Accountant

Amount : _____
OBR No. : _____



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
 Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
 Date : 10/11/2022
 Mode of Procurement: SMALL VALUE PROCUREMENT

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

Place of Delivery : Pasig City Children's Hospital Delivery Term : Refer to Terms of Reference
 Date of Delivery : - Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
9	LOT	1	Artico Blood Bank Refrigerator SN: 0145-1045487 Scope of Services: A. One Time Preventive Maintenance Visit B. Cleaning & Testing Electrical System * Main Power Switch * Starting delay * Power delay * Compressor * Overload delay * Condenser fan motor * Defrost delay C. Refrigeration cycle * Cleaning of condenser * Check gas leakage * Cleaning of condenser filter * Check vibration & contact of tubing D. Testing alarm system * Alarm test key * Filter alarm key * Buzzer key E. Drainage * Cleaning of drain pan * Check drain hose * Floor exterior * Cleaning exterior unit * Check inner door	10,000.00	10,000.00

Control No. **3826** SUBTOTAL : **Php 90,000.00**

Total Amount in Words Ninety Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme :


JULICOR P. AGRAVANTE
(Signature over printed name of Supplier)
10-20-2022
 Date

VICTOR MA. REGIS N. SOTTO
(Authorized Official)
 City Mayor

Requisitioning Office/Dept. :

JOSELITO T. MORETE, MD, MMHOA, DP
(Authorized Official)

Funds Available :

JUVY A. CUENCO
Chief Accountant

Amount : _____
 OBR No. : _____



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : BIOSITE MEDICAL INSTRUMENTS
 Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
 Date : 10/11/2022
 Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
 Date of Delivery : -

Delivery Term : Refer to Terms of Reference
 Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
			* Check door & door gasket F. Temperature checking & calibration		
10	LOT	1	Thermo Biosafety Cabinet SN: 153383-1216 Scope of Work for Biosafety Cabinet II * One-Time Preventive Maintenance and Calibration * Inflow Velocity Test * Downflow Velocity Test * Filter Integrity Test * Light Intensity Test * Noise Level Test * Smoke Pattern Test * Cleaning of internal and external parts * Test run and validation of the unit	23,000.00	23,000.00

Control No. **3826** SUBTOTAL : **Php 113,000.00**

Total Amount in Words One Hundred Thirteen Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme :

JULICOR P. AGRAVANTE
(Signature over printed name of Supplier)
10-20-2022
 Date

VICTOR MA. REGIS N. SOTTO
(Authorized Official)
 City Mayor

Requisitioning Office/Dept. : JOSELITO T. MORETE, MD, MMHOA, DP <i>(Authorized Official)</i>	Funds Available : JUVY A. CUENCO <i>Chief Accountant</i>	Amount : _____ OBR No. : _____
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PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : BIOSITE MEDICAL INSTRUMENTS	P.O. No. : 22-10-1997
Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City	Date : 10/11/2022
Mode of Procurement: SMALL VALUE PROCUREMENT	

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

Place of Delivery : Pasig City Children's Hospital	Delivery Term : Refer to Terms of Reference
Date of Delivery : -	Payment Term : Refer to Terms of Reference

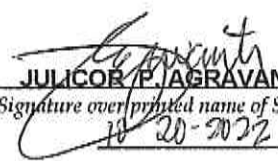
ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
11	LOT	1	Biobase Biosafety Cabinet SN: BSC11A20051460 Scope of Work for Biosafety Cabinet II * One-Time Preventive Maintenance and Calibration * Inflow Velocity Test * Downflow Velocity Test * Filter Integrity Test * Light Intensity Test * Noise Level Test * Smoke Pattern Test * Cleaning of internal and external parts * Test run and validation of the unit	23,000.00	23,000.00


Control No. 3826	SUBTOTAL :	Php 136,000.00
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Total Amount in Words *One Hundred Thirty-six Thousand Pesos Only.*

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme :  JULICOR P. AGRAVANTE <i>(Signature over printed name of Supplier)</i> Date: <u>10-20-2022</u>	VICTOR MA. REGIS N. SOTTO <i>(Authorized Official)</i> City Mayor
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Requisitioning Office/ Dept. :  JOSELITO T. MORETE, MD, MMHOA, DP <i>(Authorized Official)</i>	Funds Available : JUVY A. CUENCO <i>Chief Accountant</i>	Amount : _____ OBR No. : _____
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PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
 Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : 22-10-1997
 Date : 10/11/2022
 Mode of Procurement: SMALL VALUE PROCUREMENT

Gentlemen:

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

Place of Delivery : Pasig City Children's Hospital
 Date of Delivery : _____

Delivery Term : Refer to Terms of Reference
 Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
12	LOT	1	Thermo CO2 Incubator Model: Heracell 150i Scope of Works: A. One Time Preventive Maintenance Visit B. Cleaning & Disinfection of Unit C. Heater Checking D. Control Panel Testing E. Electrical Testing F. Leak Testing G. CO2 tank checking H. Circulation fan I. Cleaning exterior unit J. Check inner door K. Check doo/Lid & Door gasket. L. Temperature checking & Calibration.	13,000.00	13,000.00
13	LOT	1	My Block Dry Bath SN: BSA5000-E-1032 Scope of Works: One-Time Preventive Maintenance Check mechanical parts Cleaning of the units Test run the units	5,000.00	5,000.00


Control No. **3826** **SUBTOTAL : Php 154,000.00**

Total Amount in Words One Hundred Fifty-four Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Very truly yours,

Conforme :


JULICOR P. AGRAVANTE
 (Signature over printed name of Supplier)
10-20-2022
 Date

VICTOR MA. REGIS N. SOTTO
 (Authorized Official)
 City Mayor

Requisitioning Office/Dept. :

JOSELITO T. MORETE, MD, MMHOA, DP
 (Authorized Official)

Funds Available :

JUVY A. CUENCO
 Chief Accountant

Amount : _____
 OBR No. : _____



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : **BIOSITE MEDICAL INSTRUMENTS**
 Address : G/F 555, Mangga Street Corner, Luisa Street, Juna Subdivision, Davao City

P.O. No. : **22-10-1997**
 Date : **10/11/2022**
 Mode of Procurement: SMALL VALUE PROCUREMENT

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

Place of Delivery : Pasig City Children's Hospital Delivery Term : Refer to Terms of Reference
 Date of Delivery : - Payment Term : Refer to Terms of Reference

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
14	LOT	1	BMS Tube Sealer SN: 371214090084 Scope of Works: One-Time Preventive Maintenance Check mechanical parts Cleaning of the units Test run the units	5,000.00	5,000.00
15	LOT	1	Sartorius/Entris 2241-1s (Pharmacy)	8,000.00	8,000.00
16	LOT	1	Top Loading Balance Sartorius *Purchase Order shall cover all items found in the Terms of Reference ***** Nothing Follows *****	8,000.00	8,000.00

Preventive Maintenance of Laboratory Equipments for the use of Pasig City Children's Hospital

Control No. **3826** **GRAND TOTAL :** **Php 175,000.00**

Total Amount in Words One Hundred Seventy-five Thousand Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conforme :

JULICOR P. AGRAVANTE
(Signature over printed name of Supplier)

 Date

Very truly yours,

VICTOR MA. REGIS N. SOTTO
(Authorized Official)

 City Mayor

Requisitioning Office/Dept. :

JOSELITO T. MORETE, MD, MMHOA, DP
(Authorized Official)

Funds Available :

JUVY A. CUENCO
 Chief Accountant

Amount : ₱ 175,000.-
100-5022-09-
 OBR No. : 0371-0021