



## PURCHASE ORDER

MSSSD No. 125

Procuring Department: **Provincial Health Office**

Supplier : **SOUTHSIDE BIOMEDICAL & SERVICES COMPANY, LTD.** P.O.: **1 0 0 1 9 0 9** **No. 0996**

Address : **131 Rosevelt, Quezon City**

E-mail Address : \_\_\_\_\_ Date : **September 19, 2019**

Telephone No. : **0950-135-0937** Mode of Procurement : **Shopping**

TIN : **009-315-670-000**

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

Place of Delivery: **PHO-OMPH** Delivery Term: **w/ in 7 calendar days upon receipt of P.O**

Payment Term : **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	unit	Hot Plate Magnetic stirrer OHAUS	1		<del>39,500.00</del>
2	unit	Ph Meter LUTRON	1		<del>19,800.00</del>
3	unit	Incubator (w/ digital temp.) BIOBASE	1		<del>108,000.00</del>
4	unit	Water Bath GALEON	1		<del>94,600.00</del>
5	unit	Biosafety Cabinet Hepa Filter BIOBASE	1		<del>39,700.00</del>
6	unit	Bacteriometer/Bunsen burner FISHER SCIENTIFIC	1		<del>19,400.00</del>
					<b>321,000.00</b>

X-X-X-X

For PHO-Water Analysis use.

A/P 2020

211111  
1-07-05-110

**TOTAL AMOUNT IN WORD): three hundred twenty one thousand pesos only**

In case of 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.

By Authority of the Governor:  
 Very truly yours  
**HUMERLITO A. DOLOR, MD, MPA, MHA**  
 Provincial Administrator  
**HUMERLITO A. DOLOR MPA, PhD.**  
 Provincial Governor

Conforme:

**RAMON M. ACHA**  
 Signature Over Printed Name of Supplier  
 Date 9-27-19

<p>Funds Available:</p> <p style="text-align: center;">  <b>ALTHEA F. AGUTAYA</b>          Provincial Accountant</p>	<p>OBLIGATION REQUEST NO: <u>4999 (42019)</u></p> <p>AMOUNT : <u>₱321,000.00</u></p>
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