

PURCHASE ORDER

PROVINCIAL GOVERNMENT OF DAVAO DEL SUR
Matti, Digos City

Supplier :	<u>LIGHT HORIZON MEDICAL SUPPLIES</u>	P.O. No. :	<u>G-043-22CB</u>
Address :	<u>214-C San Gabriel St., Buhangin, Davao City</u>	Date :	<u>APR 22 2022</u>
Email/Tel# :	<u>lighthorizon21@yahoo.com / 09656476746</u>	Mode of Procurement :	<u>Competitive Bidding</u>
TIN :	<u>338-970-194-000</u>	End-User :	<u>PHO</u>
PR. No./Date	<u>0376-CB-22 03/01/2022</u>		


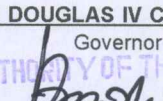
Gentlemen :
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery :	<u>PGSO Warehouse</u>	Delivery Term :	<u>FOB Destination</u>
Date of Delivery :	<u>Within 7 working days upon receipt of P.O.</u>	Payment Term :	<u>Credit Basis</u>

Item No.	Unit	Item and Description	Brand Name (if Applicable)	Qty	Unit Cost	Total Cost
1	box	Rapid Antigen Test (RAT) based on Immunoflourescent Assay bx of 25's (Compatible to ICHROMA II machine), approved by DOH-FDA, at least 1 year expiration upon delivery of item ***** FOR PHO/DSPH LABORATORY USE. 70% PREPAREDNESS, MITIGATION & RESPONSE COVID-19 RELATED EXPENSES 5-02-03-080	ICHROMA	63	15,750.00	992,250.00
					SUBTOTAL	992,250.00

Reminder :	Delivery shall be made not later than 12:00 noon		
Total Amount in words:	Nine Hundred Ninety Two Thousand Two Hundred Fifty Pesos	TOTAL	992,250.00

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

Conforme	 Genito B. Mozol LIGHT HORIZON MEDICAL SUPPLIES Signature over Printed Name / Date <u>05-11-22</u> Date	Very truly yours MARC DOUGLAS IV CHAN CAGAS Governor  BY AUTHORITY OF THE GOVERNOR. ATTY. HERBERT R. GONZALES PROVINCIAL ADMINISTRATOR
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