



Republic of the Philippines
 PROVINCE OF ISABELA
PURCHASE ORDER

Supplier **A. CUSIPAG ELECTRICAL AND MEDICAL EQUIPMENT REPAIR SERVICES**
 Address **Tuguegarao City**

P.O. No.: **24-04-140045**
 Date: **April 30, 2024**

Gentlemen:

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

Place of Delivery: _____ Delivery Term: _____
 Date of Delivery: _____ Payment Term: _____

| Item No. | Unit | Quantity | Description | Unit Cost | Amount |
|----------|------|----------|--|-----------|-----------|
| 1 | job | 8 | Preventive maintenance and calibration of the following Equipment: 1 unit Microspin Centrifuge 24 Placer, Us, Vulcon 1 unit Hematocrit 24 Placer- Hettich 20 2 unit Centrifuge 1 unit Centrifuge TDZ4AS-WS 1 unit Agglutination Viewer 1 unit Dry Bath- model DSD 100 Digisystem 1 unit Water Bath 10 ltrs. SCOPE OF WORK: *For checking of all parameters *For preventive maintenance *For calibration *For repair all non functioning component *Testing and commissioning | | |
| | | | | 22,100.00 | 22,100.00 |
| | | | | 22,100.00 | 22,100.00 |
| | | | | 22,100.00 | 44,200.00 |
| | | | | 22,100.00 | 22,100.00 |
| | | | | 6,500.00 | 6,500.00 |
| | | | | 11,050.00 | 11,050.00 |
| | | | | 10,400.00 | 10,400.00 |

PROVINCIAL GENERAL
 APPROVED
 Ann
 4-30-24

(Total Amount in Words) One Hundred Thirty Eight Thousand Four Hundred Fifty Pesos. **Php 138,450.00**

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.

Very truly yours,

RODOLFO T. ALBANO III
 Governor

Conforme:

**A. CUSIPAG ELECTRICAL AND MEDICAL
 EQUIPMENT REPAIR SERVICES**
 (Signature over printed name)

4-30-24
 (Date)

In case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished).

Approved per Sanggunian Resolution No.: _____

Certified Correct: _____

Date: _____