



the Philippines

PROVINCE OF ISABELA

PURCHASE ORDER

DATE: _____
BY: _____

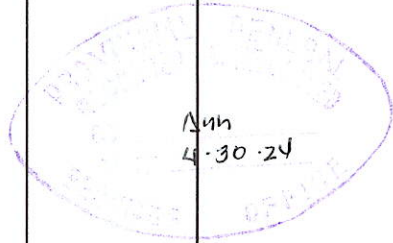
Supplier A. CUSIPAG ELECTRICAL AND MEDICAL EQUIPMENT REPAIR SERVICES
Address Tuguegarao City

P.O. No.: 24-04-10059
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	11	Preventive maintenance and calibration of the following Pharmacy Refrigerator Equipments:		
			1 unit Tabletop Centrifuge 6 placer	41,600.00	41,600.00
			1 unit Centrifuge (24 placer- Hematocrit)	22,100.00	22,100.00
			1 unit Microscope	24,050.00	24,050.00
			1 unit Dry Bath	11,050.00	11,050.00
			1 unit Bloodbank Refrigerator (MEDX Gallery)	46,800.00	46,800.00
			1 unit Bloodbank Refrigerator	46,800.00	46,800.00
			1 unit Pippeter 100-1000up (Dragonlab YE6K873908)	1,300.00	1,300.00
			1 unit Pippeter 0.5-10up (Scilogex YL3K022189)	1,300.00	1,300.00
			1 unit Pippeter 5-50up (Dragonlab GP03598)	1,300.00	1,300.00
			1 unit Pippeter 5-50up (Dragonlab GP03598)	1,300.00	1,300.00
			1 unit Pressure steam sterilizer	25,350.00	25,350.00
			SCOPE OF WORK:		
			*For replacement of control board		
			*For rewiring of electrical control		
			*For replacement of timer switch		
			*For preventive maintenance		
			*For calibration		
			*Testing and commissioning		
			SCOPE OF WORK: (4 unit Pippeter)		
			*Preventive maintenance and calibration		



(Total Amount in Words) Two Hundred Twenty Two Thousand Nine Hundred Fifty Pesos **Php 222,950.00**

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: _____ **GENERAL FUND** Date: _____