

## Republic of the Philippines

## BENGUET STATE UNIVERSITY

La Trinidad, Benguet

## PURCHASE ORDER

| Supplier:          |                 | NORT                         | THEAST MEDICAL TRADING   |                         |                      |            |
|--------------------|-----------------|------------------------------|--|-------------------------|----------------------|------------|
|                    |                 |                              |  | P.O No.:                | 2026-03-161-71       |            |
| Address:           |                 | PHIL-AM I                    | BARANGAY, BAGUIO CITY  | Date:                   | Mark EO,             | 2123       |
| Tin:               |                 |                              |  | Mode of<br>Procurement: | NP-SMALL VALUE PE    | ROCUREMENT |
|                    |                 |                              |  | PR No.:                 | 2023-02-261          |            |
| Gentlemen:         | Please fu       | rnich this                   | office the following articles subject to the terms an  | d conditions c          | <br>ontained herein  |            |
| Place of Delivery: |                 | 1                            | EDICAL CLINIC  |                         | FOB Destination      |            |
| Date of Delivery:  | 00.041.51       |                              |  | Delivery Term:          | within 30 days       |            |
| Date of Delivery.  | Stock/          | NDAR DAYS UPON RECEIPT OF PO |  | Payment Term:           |                      |            |
| Item no.           | Property<br>No. | Unit                         | PARTICULAR   | Quantity                | Unit Cost            | Amount     |
| A.<br>13           |                 | box                          | Diluit-Hx, 20 Liters; compatible with HEMAX 330<br>Hematology Analyzer, expiry date must be at least<br>1 year from date of delivery                                 | 3                       | 10,800.00            | 32,400.00  |
| 14                 |                 | bot                          | EZ-Cleaner, 1 Liter, Compatible with HEMAX 330<br>Hematology Analyzer, expiry date must be at least<br>1 year from date of delivery                                  | 3                       | 5,800.00             | 17,400.00  |
| 15                 |                 | box                          | Lyse-HX3, 500 mL, 2 bottles/box, compatible with HEMAX 330 Hematology analyzer, expiry date must be at least 1 year from date of delivery                            | 1                       | 8,850.00             | 8,850.00   |
| 16                 |                 | bot                          | Probe Cleaner, compatible with HEMAX 330<br>Hematology analyzer, expiry date must be at least<br>1 year from date of delivery  | 1                       | 5,800.00             | 5,800.00   |
| 17                 |                 | set                          | Hematology control, 1 set of low, normal, high controls, compatible with HEMAX 330 Hematology analyzer, expiry date must be at least 3 months from date of delivery  | 2                       | 15,500.00            | 31,000.00  |
| B.<br>1            |                 | box                          | Microscopic lens wipe, disposable lint - free<br>Kimwipes, 280 wipes per box, single ply,<br>laboratory microscopic use  | 2                       | 300.00               | 600.00     |
| 3                  |                 | piece                        | Hemocytometer cover slip, 100 coverslip/set, glass   | 2                       | 180.00 360.00        |            |
| 4                  |                 | piece                        | Specimen cup, laboratory use for urine and stool sample, sterile, 50 - 100 mL, disposable, clear plastic, screw type cap   | 200                     | 12.00 <b>2,400</b> . |            |
| 7                  |                 | bot                          | Zonrox bleach, 1 gallon, original;<br>Expiry date: at least 2 years from date of delivery  | 3                       | 250.00               | 750.00     |
| 8                  |                 | box                          | Syringe with needle gauge 23, 100/box, 5mL sterile, single use/disposable, nont-toxic, non-pyrogenic, latex free Expiry Date: at least 2 years from date of delivery | 2                       | 738.00               | 1,476.00   |

| 4.                               |          |          |  |  |                 |                          |                   |  |  |
|----------------------------------|----------|----------|--|--|-----------------|--------------------------|-------------------|--|--|
| 9                                |          | box      | sterile, single use/o<br>pyrogenic, latex fre  | e gauge 21, 100/box, 5mL<br>disposable, nont-toxic, non-<br>ee<br>st 2 years from date of delivery | 2               | 738.00                   | 1,476.00          |  |  |
|                                  |          |          | XXXXXXXXXX                                     | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |                 |                          |                   |  |  |
| TOTAL                            |          |          |  |  |                 |                          | 102,512.00        |  |  |
| Total Amount in \                | Nords: ( | One Hu   | indred 'TWO T                                  | housand Five Hundred   | Pesos Or        | nly                      |                   |  |  |
|                                  |          |          | e full delivery within<br>ne undelivered item/ | time specified above, a penalty of s.  | of one-tenth (1 | /10) of one per          | cent for every    |  |  |
|                                  |          |          |  |  |                 |                          | Very truly yours, |  |  |
| Signature over-Prin              | DAHAME   | Supplier |  |  | FELIP           | E SALAING C<br>President | OMILA             |  |  |
| Fund Cluster:<br>Funds Available | IGI      |          | IMELDA B. GALIN                                | ORS/BURS No.:_<br>Date of the ORS/E  | BURS: AP        |                          |                   |  |  |