



# PURCHASE ORDER CITY OF BATAC

ORIGINAL COPY



Supplier: <b>BDSCIENTIA MEDICAL AND DIAGNOSTIC SUPPLIES</b>	P.O. No: <b>041, 2024-08-01</b>
Address: Lot 2A Gladiola Street, Upper Qm., Baguio City	Date: <b>AUG 21 2024</b>
E-mail Address:	Mode of Procurement: Public Bidding
Telephone No.:	PR No.: 100-2024-04-053
TIN: 182-871-851-000	Date: 04/19/2024

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

Place of Delivery: GSO, CITY HALL, CITY OF BATAC, I.N Delivery Term: FOB destination; freight prepaid

Date of Delivery: w/in 30 upon receipt of NTP Payment Term:

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
			<b>Laboratory Reagents for Blood Chemistry Machine</b>		
1	2	box	Blood Urea Nitrogen (R1-3 bots x 65 mL) (R2-3 bots x 20 mL)	45,570.00	91,140.00
2	3	box	Blood Uric Acid (4 bots x 65 mL)	32,000.00	96,000.00
3	4	box	Cholesterol Reagent (5 bots x 65 mL)	23,800.00	95,200.00
4	10	box	Cholesterol Reagent, Normal and Pathologic (N-1 bot x 5 mL) (P-1 bot x 5 mL)	31,042.00	310,420.00
5	4	box	Creatinine (R1-3 bots x 52 mL) (R2-3 bots x 20 mL)	48,500.00	194,000.00
6	4	box	Glucose (5 bots x 65 mL)	16,950.00	67,800.00
7	4	box	HDL-C Direct (R1-3 bots x 53 mL) (R2-3 bots x 20 mL)	98,500.00	394,000.00
			<b>x-x-x-x-Page 1 of 2 -x-x-x-x</b>	<b>Sub-total</b>	<b>1,248,560.00</b>

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

Very truly yours,

**ENGR. ALBERT D. CHUA**  
City Mayor

Conforme:

**IANA KRYSITINE C. SAJONAS**  
SENIOR STENOGRAPHIC OFFICER  
Signature Over Printed Name

8-22-24  
Date (mm/dd/yyyy)



# PURCHASE ORDER CITY OF BATAC

Supplier: <b>BDSCIENTIA MEDICAL AND DIAGNOSTIC SUPPLIES</b>	P.O. No: <i>CHD - 2024 - 08-021</i>
Address: Lot 2A Gladiola Street, Upper Qm., Baguio City	Date: <b>AUG 21 2024</b>
E-mail Address:	Mode of Procurement: Public Bidding
Telephone No.:	PR No.: 100-2024-04-053
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Date of Delivery: w/in 30 upon receipt of NTP	Payment Term:

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT COST	AMOUNT
8	3	box	Multicalibrator (5 bots x 3mL)	20,346.00	61,038.00
9	1	pc	Cuvette	80,000.00	80,000.00
10	1	box	SGOT (AST) (R1-3 bots x 63 mL) (R2-3 bots x 20 mL)	33,150.00	33,150.00
11	1	box	SGPT (ALT) (R1-3 bots x 63 mL) (R2-3 bots x 20 mL)	33,150.00	33,150.00
12	4	box	Triglyceride (5 bots x 65 mL)	33,250.00	133,000.00
13	2	bot	Alkaline Detergent (1 bot x 1000 mL)	12,200.00	24,400.00
14	1	pack	Sample cups 500's	17,800.00	17,800.00
			Laboratory Reagents for Hematology Machine		
15	3	box	Diluent 5D, 20L	22,500.00	67,500.00
16	3	bot	Lyse 1, 200 ml	12,500.00	37,500.00
17	3	bot	Lyse 2, 500 ml	28,000.00	84,000.00
18	1	set	5 Part Hematology Control	45,500.00	45,500.00
19	3	bot	Elite H Clean, 50 ml	11,800.00	35,400.00
			<b>x-x-x-x-x-Page 2 of 2 -x-x-x-x-x</b>	<b>Sub-total</b>	<b>652,438.00</b>
				<b>Sub-total (Page 1)</b>	<b>1,248,560.00</b>
				<b>Sub-total (Page 2)</b>	<b>652,438.00</b>

(TOTAL AMOUNT IN WORDS)	ONE MILLION NINE HUNDRED THOUSAND NINE HUNDRED NINETY-EIGHT & 00/100 PESOS	<b>1,900,998.00</b>
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Very truly yours,

*[Signature]*  
IANA KRISTINE C. SAJONAS  
SENIOR SALES OFFICER

*[Signature]*  
**ENGR. ALBERT D. CHUA**  
City Mayor

Conforme: \_\_\_\_\_

Signature Over Printed Name

8-22-24  
Date (mm/dd/yyyy)