



Republic of the Philippines
Cebu Normal University
 Osmeña Boulevard, Cebu City
 Telephone Number : 254-6813

PURCHASE ORDER

Supplier : JETMED ENTERPRISE	P.O. No. : 22-07-220
Address : Catotal Bldg. Unit 202 km.5 Mc Arthur Highway Brgy. Matina Crossing Talomo District Davao City	Date : July 6, 2022
Tel.No. : NO TELEPHONE	RC Code : COM
TIN : 706-447-041-000 / Philgeps no.: 2017091396371836386988	Mode of Procurement Public Bidding

GENTLEMEN :

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

Purpose : CNU-VSMMC College of Medicine use	Delivery Term : 60 calendar days upon receipt of NTP
Place of Delivery : Cebu Normal University	Payment Term : Through ADA from 5 to 7 days after complete delivery
Date of Delivery : September 4, 2022	

Acct Code	Qty	Unit	Description	Unit Cost	Total Amount
	10	units	Water Bath (Hot, Duo) Features: - Stainless steel inner chamber and upper cover - Adopt new design structure, which could avoid the leakage of steam - PID microprocessor controller, LED display Technical Parameters: - Capacity: 11L - Temp. Range: RT. -100°C - Temp. Fluctuation: ±0.5°C - Temp. Accuracy: ≤±1°C - Time Range: 0-999 min - Power: 1000W - Power Supply: AC110/220V±10%, 50/60Hz - Internal size (mm): 300*300*130 - External size (mm): 345*345*220 - Packing size (mm): 400*400*280 - Net Weight (kg): 6.5 - Gross Weight (kg): 7.5 - Warranty: One (1) year Parts and Service - Brand: Biobase - Model: SY-2L4H - Country of Origin: China	65,000.00	650,000.00

PAGE 1 OF 1 SHEET	GROSS PAYABLE AMOUNT	650,000.00
	DISCOUNT, if any	-
	NET PAYABLE AMOUNT	650,000.00

GRAND TOTAL	IN FIGURES :	Php650,000.00
	IN WORDS : SIX HUNDRED FIFTY THOUSAND PESOS ONLY	

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

CONFORME :

SLENDA S. MACANEORA 07/21/22
SUPPLIER'S SIGNATURE OVER PRINTED NAME and DATE

DR. DAISY R. PALOMPON
 OIC - SUC President III

Funds Available :

ROCHE E. OCAMPO
Accountant

ALOBS NO. : _____
AMOUNT : _____