| ,   |   | PROVINCIAL GOVERNMENT OF CAMARINES NORTE   |                       |                   |
|---|---|--|-----------------------|-------------------|
| * * *   | D. C. C.                                      | L MEDIONI, SMEEDDDICE  |                       | 2/01025/          |
| Supplier :  |   | L MEDICAL ENTERPRISE   | P.O. No. :            | 24010354          |
| Address :   | Juan Esteves St. Guevarra Subd.  Legaspi City |  | _Date :               | 03-07-24          |
| Telephone No. :                                       | eegaspi oky                                   |  | Mode of Procurement : | SHOPPING          |
| TIN :   | 199-555-086-000                               |  | -                     |                   |
| Gentlemen:  | Please fu                                     | rnish this office the following articles subject to the terms and condition  | ons contained herein: |                   |
| Place of Delivery : CNPH                              |   |  | Delivery Term :       | 700               |
| Date of Delivery :                                    | 03/15   | 24   |                       | FULL              |
| No. Quantity  | Unit  | ITEM DESCRIPTION   | Unit Cost             | unt<br>Total Cost |
| 1 6   | unit  | Biomedical Refrigerator, BIOBASE BRAND Specifications: Model: BPR-5V50(G) Temperature Range: 2-8°C Temperature Accuracy: 0.1°C Control System: Microprocessor Control Refrigeration Type: Forced air refrigeration system Refrigerant: R600A Consumption: 85w Power Supply: AC220V±10%, 50/60Hz: AC1100V±10%, 50/60Hz Shelves: 2pcs, cold drawn steel wire impregnated | 131,995.00<br>m       | 791,970.00        |
| of every day of del  Conforme:  MARK Signature over p | e to deliver<br>ay shall be i<br>RYAN LUA     | Very truly yours   | ercent                | 792,970.00        |

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