

Republic of the Philippines
Province of Davao del Norte
 Government Center, Mankilam, Tagum City

PURCHASE ORDER

Supplier : <u>DAVAO INTERNATIONAL MEGA GAS CORPORATION</u> PhilGEPS Registration No. : <u>2004-17462</u> Address : <u>KM.26,BRGY.BUNAWAN,DAVAO CITY</u> Tel / Fax #: <u>236-0257</u> Registration Certificate : <u>DTI</u>	P.O. No. : <u>2021104251</u> Date : <u>October 14, 2021</u> Mode of Procurement : <u>Bidding</u> P.R. No. : <u>21084249</u>
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Req. Off.: PEEDO - ADMIN.

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

Place of Delivery <u>DAVNOR PHARMACY</u> Date of Delivery: _____ Payment Term : <u>ON ACCOUNT</u>	Delivery Term: End-users shall require the delivery of items in such quantity, depending on actual needs.
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Item No.	Quantity/Unit	Description	Unit Cost	Amount
1	2,000 CYL	OXYGEN GAS MEDICAL STANDARD - REFILL	600.00	1,200,000.00

TERMS AND CONDITIONS:

1. DELIVERY TERM: END-USERS SHALL DETERMINE THE QUANTITY OF CYLINDERS TO BE DELIVERED, DEPENDING ON ACTUAL NEEDS.
2. MODE OF PAYMENT: MONTHLY BASIS.
3. BIDDING FOR ONE (1) YEAR SUPPLY BUT DELIVERY SHALL BE ON A WEEKLY BASIS; FREE OF CHARGE TO THE THREE (3) DISTRICT HOSPITAL NAMELY; DDNH - CARMEN, KAPALONG AND IGACOS.
4. INITIAL DELIVERY MUST BE 150 CYLINDERS OF STANDARD OXYGEN GAS BUT ADDITIONAL QUANTITY MAY BE REQUIRED AS THE NEED ARISES. THE 150 CYLINDERS WILL BE DISTRIBUTED TO THE 3 HOSPITALS (50 CYLINDERS PER HOSPITAL).

MEDICAL OXYGEN (REFILL) FOR THE CONSUMPTION OF THE THREE (3) DISTRICT HOSPITAL.

GRAND TOTAL :P 1,200,000.00


Grand Total Amount in Words : **ONE MILLION TWO HUNDRED THOUSAND and 0/100**

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.

I hereby conform that NOTICE TO DELIVER shall be served to the PLACE OF DELIVERY stated herein three(3) days before the actual delivery of the item/s covered by this Purchase Order.

Conforme:

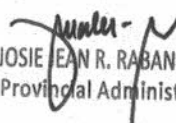
Very truly yours,


 (Signature over printed name)

 (Date)

EDWIN I. JUBAHIB
Governor

By the Authority of the Governor:


 ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
 Provincial Administrator

The winning bidder shall be required to submit a warranty security/certificate during delivery of the item.

NOTE : This is an important paper and will cause great inconvenience if lost. Claim for payment from the Provincial Treasurer supported by this form to be attached to the voucher.

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PhilGEPS Registration No. : <u>2004-17462</u>	Date : <u>October 14, 2021</u>
Address : <u>KM.26,BRGY.BUNAWAN,DAVAO CITY</u>	Mode of Procurement : <u>Bidding</u>
Tel / Fax #: <u>236-0257</u>	P.R. No. : <u>21084249</u>
Registration Certificate : <u>DTI</u>	

Req. Off.: PEEDO - ADMIN.

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

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Date of Delivery: _____ Payment Term : <u>ON ACCOUNT</u>	

Item No.	Quantity/Unit	Description	Unit Cost	Amount
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5. NO RENTAL FEES FOR CYLINDER OF STANDARD OXYGEN.

6. THE CONTENT OF EVERY CYLINDER OF OXYGEN GAS MEDICAL STANDARD MUST BE 1,800psi OR 41 LITERS.

7. THE R.O. HAVE THE RIGHT TO PERFORM RANDOM CHECKING OF CYLINDERS TO DETERMINE ACCURATE LOAD OF MEDICAL OXYGEN BASED ON THE AGREED CONTENT.

8. ISSUANCE OF SALES/CHARGE INVOICE AND PROCESSING OF PAYMENT IS ON A MONTHLY BASIS BASED ON THE ACTUAL CONSUMPTION OR QUANTITY DELIVERED ON A PARTICULAR PERIOD.

9. THE ISSUANCE OF SALES/CHARGE INVOICE MUST BE EVERY 1ST WEEK OF THE SUCCEEDING MONTH.

10. TOTAL LOT AWARDING.

MEDICAL OXYGEN (REFILL) FOR THE CONSUMPTION OF THE THREE (3) DISTRICT HOSPITAL.	SUB TOTAL :P
	GRAND TOTAL :P 1,200,000.00

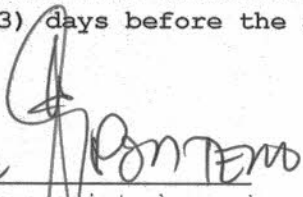
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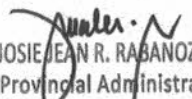
Very truly yours,


 (Signature over printed name)

EDWIN I. JUBAHIB
Governor

11/9/21
 (Date)

By the Authority of the Governor:


 ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP
 Provincial Administrator

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