

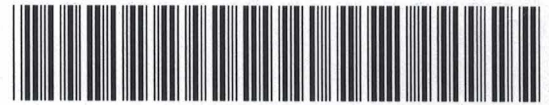


# PURCHASE ORDER

Supplier : **KARVIN PHARMA CENTER**

P.O. Number: **2021121018**

Address : **Tacurong City, Sultan Kudarat, Region 12**



**202110085773B90**

PhilGEPS Registration No. : **20040230011293787910**

Tel./Fax No. : **09075328515**

Registration Certificate : **DTI**

Date : **Dec 10, 2021**

Mode of Procurement : **Bidding**

P.R. No. : **2021100857**

Req. Office : **PEEDO - DavNor Pharmacy**

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

Date of Delivery : \_\_\_\_\_ Payment Term : **ON ACCOUNT**

Delivery Term: **15 Calendar Days**

Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	133.00	CYLINDEFOXYGEN CYLINDER MEDICAL STANDARD * STEEL CYLINDER (OXYGEN CONTENT OF 5,660 L IS INCLUDED) * DIMENSIONS (HEIGHT X DIAMETER) - 52 INCHES X 9 INCHES * APPROXIMATE FULL WEIGHT - 78 KG. * OXYGEN CAPACITY - 5, 660 L * SERVICE PRESSURE - 1,800 PSI	8,580.00	1,141,140.00
2	133.00	SET OXYGEN REGULATOR SET (HEAVY DUTY)	5,490.00	730,170.00
3	11.00	UNIT MEDICAL DUAL TANK HAND TRUCK TROLLEY * STEEL CYLINDER TROLLEY * CAPACITY - 100-200 KG. * EASY HANDLING * LOW ROLLING RESISTANCE * ANTI-CORROSIVE * HEAVY DUTY	10,980.00	120,780.00

Sub-Total : 1,992,090.00

FOR THE USED OF THE THREE (3) DISTRICT HOSPITALS.

GRAND TOTAL : **₱ 1,992,090.00**

Grand Total Amount in Words : **ONE MILLION NINE HUNDRED NINETY-TWO THOUSAND NINETY AND XX / 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 :

Marjorie J. Javela  
(Signature over printed name)

01-14-2022  
(Date)

Very truly yours,

By the Authority of the Governor:

**EDWIN I. JUBAHIB**  
Governor

Josie Jean R. Rabanoz  
ENGR. JOSIE JEAN R. RABANOZ, MPA, EnP  
Provincial Administrator

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.

ALEJANDRO R. OMILA JR.

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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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Remarks :

1. NO PARTIAL DELIVERIES.
2. ALL ITEMS MUST BE QUOTED, FAILURE TO DO SO WILL BE DISQUALIFIED AS A BIDDER
3. TOTAL LOT AWARDING.
4. SUPPLIER MUST INFORM THE R. O. INSPECTORY TEAM UPON DELIVERY OF THE ITEMS.

ALL ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITAL CAPITAL OUTLAY UNDER MEDICAL EQUIPMENT ACCOUNT.

\*KAPALONG - P664,990.00

\*IGACOS - P664,990.00

\*CARMEN - P664,990.00

The award is based on Abstract No. **1120211008** dated **December 09, 2021** under Quotation No. **20217480B** opened on **November 25, 2021**

Sub-Total : 0.00

**FOR THE USED OF THE THREE (3) DISTRICT HOSPITALS.**

**GRAND TOTAL : ₱ 1,992,090.00**

Grand Total Amount in Words : **ONE MILLION NINE HUNDRED NINETY-TWO THOUSAND NINETY AND XX / 100**

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Conforme :

*Marjorie J. Jambela*  
\_\_\_\_\_  
(Signature over printed name)

*01-14-2022*  
\_\_\_\_\_  
(Date)

Very truly yours,  
By the Authority of the Governor:

**EDWIN I. JUBAHIB**  
Governor

*Josie R. Rabanoz*  
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