



PURCHASE ORDER

Supplier : **DAVAO INTERNATIONAL MEGA GAS CORPORATION**

P.O. Number: **2023124913**

Address : **KM. 25 BUNAWAN DAVAO CITY**



O2023124913727B84475

PhilGEPS Registration No. : **200411394691510734850**
Tel./Fax No. : **09176321776**
Registration Certificate : **SEC**

Date : **Nov 13, 2023**
P.R. No. : **2023095173**
Procurement mode: **Competitive Bidding**

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**
Place of Delivery : **DAVNOR PHARMACY**

Delivery Term: **End-user shall require the delivery of items in such quantity depending on actual needs**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	10,000.00 CYL	OXYGEN GAS MEDICAL STANDARD - REFILL MEGA GAS	314.00	3,140,000.00
2	75.00 CYL	OXYGEN GAS MEDICAL FLASK TYPE - REFILL MEGA GAS	314.00	23,550.00

Remarks :

ADDITIONAL REQUIREMENTS:

1. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT LICENSE TO OPERATE AS DRUG MANUFACTURERS ISSUED BY THE PHILIPPINE FOOD AND DRUG ADMINISTRATION. AND HAVE AN EXISTING OXYGEN PLANT WITHIN THE PROVINCE OF DAVAO DEL NORTE OR DAVAO CITY.
2. ORIGINAL/CERTIFIED TRUE COPY OF VALID AND CURRENT CERTIFICATE OF PRODUCT REGISTRATION (CPR) AS MEDICAL GRADE OXYGEN AND MUST CONFORM WITH THE ITEMS BID.

FAILURE TO SUBMIT ANY OF THE POST-QUALIFICATION REQUIREMENTS ON TIME, OR A FINDING AGAINST THE VERACITY THEREOF, SHALL DISQUALIFY THE BIDDER FOR AWARD.

TEARMS 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 WEEKLY BASIS; FREE OF CHARGED TO THE THREE (3) DDN HOSPITALS NAMEDLY; DDNH-CARMEN ZONE, 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 THREE (3) HOSPITALS (50 CYLINDERS PER HOSPITAL).
5. NO RENTAL FEES FOR CYLINDER OF STANDARD OXYGEN.

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

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 :

ARIEL C. PONTENO
(Signature over printed name)
2/21/24
(Date)

Very truly yours,

ENGR. JOSE JEAN R. RIBANGZ, BE, WPA, EnP
Provincial Administrator
EDWIN I. JUBAHIB
Governor

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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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.

ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITALS MOOE UNDER DRUGS AND MEDICINES ACCOUNT:

*DDNH-KAPALONG ZONE - P1,543,154.17

*DDNH-IGACOS ZONE - P1,543,154.17

*DDNH-CARMEN ZONE - P1,543,154.16

The award is based on Abstract No. **1020234120** created on **October 31, 2023** and resolved on **November 13, 2023** under Quotation No. **B20235013** opened on **October 26, 2023**

FOR THE CONSUMPTION OF THE THREE (3) DAVAO DEL NORTE HOSPITALS

Grand Total Amount in Words : **THREE MILLION ONE HUNDRED SIXTY-THREE THOUSAND FIVE HUNDRED FIFTY AND XX / 100**

GRAND TOTAL : **₱ 3,163,550.00**

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 in the above three (3) days before the actual delivery of the item/s covered by this Purchase Order.

Conforme :

(Signature over printed name)

(Date) 12/21/23

Very truly yours,

ENGR. JOSE JEAN R. RAMOS, CE, WPA, EnP
Provincial Administrator
EDWIN I. JUBAHIB
Governor

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ALEJANDRO R. OMILA JR.