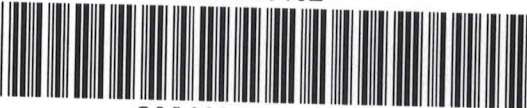


# PURCHASE ORDER

Supplier : <b>DAVAO INTERNATIONAL MEGA GAS CORPORATION</b>	P.O. Number: <b>2022010102</b>
Address : <b>KM. 25 BUNAWAN DAVAO CITY</b>	 <b>20211011338BC9A</b>
PhilGEPS Registration No. : <b>2004-17462</b>	Date : <b>Jan 18, 2022</b>
Tel./Fax No. : <b>09176321776</b>	Mode of Procurement : <b>Bidding</b>
Registration Certificate : <b>SEC</b>	P.R. No. : <b>2021101133</b>
Req. Office : <b>PEEDO - DavNor Pharmacy</b>	

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

Date of Delivery : _____	Payment Term : <b>ON ACCOUNT</b>	Delivery Term: <b>End-user shall require the delivery of items in such quantity depending on actual needs</b>
Place of Delivery : <b>DAVNOR PHARMACY</b>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
1	3,000.00 CYL	OXYGEN GAS MEDICAL STANDARD - REFILL	600.00	1,800,000.00
2	200.00 CYL	OXYGEN GAS MEDICAL FLASK TYPE - REFILL	300.00	60,000.00

Sub-Total : 1,860,000.00

<b>MEDICAL OXYGEN GAS (REFILL) FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS FOR YEAR 2022</b>	<b>GRAND TOTAL : ₱ 1,860,000.00</b>
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Grand Total Amount in Words : **ONE MILLION EIGHT HUNDRED SIXTY THOUSAND 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 :

<p style="text-align: center;"><u>ARIEL POMEYO</u> (Signature over printed name)</p> <p style="text-align: center;"><u>2/22/22</u> (Date)</p>	<p style="text-align: right;">Very truly yours,</p> <p style="text-align: right;">By the Authority of the Governor:</p> <p style="text-align: right;"><b>EDWIN I. JUBAHIB</b> Governor</p> <p style="text-align: center;"><u>ENGR. JOSIEJEAN R. RABANOZ, CE, MPA, EnP</u> Provincial Administrator</p>
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**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.

# PURCHASE ORDER

Supplier : **DAVAO INTERNATIONAL MEGA GAS CORPORATION**

P.O. Number: **2022010102**

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



**20211011338BC9A**

PhilGEPS Registration No. : **2004-17462**

Tel./Fax No. : **09176321776**

Registration Certificate : **SEC**

Date : **Jan 18, 2022**

Mode of Procurement : **Bidding**

P.R. No. : **2021101133**

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

Place of Delivery : **DAVNOR PHARMACY**

I.N.	Quantity/Unit	Item	Unit Cost	Amount
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Remarks :  
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 WEEKLY BASIS; FREE OF CHARGED TO THE THREE (3) DISTRICT HOSPITALS 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).
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.

Sub-Total : 0.00

**MEDICAL OXYGEN GAS (REFILL) FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS FOR YEAR 2022** GRAND TOTAL : **₱ 1,860,000.00**

Grand Total Amount in Words : **ONE MILLION EIGHT HUNDRED SIXTY THOUSAND 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.

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Conforme :

Ariel Romendo  
(Signature over printed name)

Very truly yours,

By the Authority of the Governor:

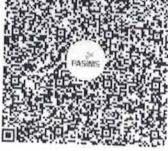
**EDWIN I. JUBAHIB**  
Governor

1/18/22  
(Date)


Jose Juan R. Rabanoz  
ENGR. JOSE JUAN R. RABANOZ, CE, MPA, EnP  
Provincial Administrator

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ALEJANDRO R. OMILA JR.



# PURCHASE ORDER

Supplier : <b>DAVAO INTERNATIONAL MEGA GAS CORPORATION</b>	P.O. Number: <b>2022010102</b>
Address : <b>KM. 25 BUNAWAN DAVAO CITY</b>	 <b>20211011338BC9A</b>
PhilGEPS Registration No. : <b>2004-17462</b>	Date : <b>Jan 18, 2022</b>
Tel./Fax No. : <b>09176321776</b>	Mode of Procurement : <b>Bidding</b>
Registration Certificate : <b>SEC</b>	P.R. No. : <b>2021101133</b>
Req. Office : <b>PEEDO - DavNor Pharmacy</b>	

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

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Place of Delivery : <b>DAVNOR PHARMACY</b>		

I.N.	Quantity/Unit	Item	Unit Cost	Amount
10. TOTAL LOT AWARDING.				

ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITALS MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT.  
 \* KAPALONG - P620,000.00  
 \* IGACOS - P620,000.00  
 \* CARMEN - P620,000.00

The award is based on Abstract No. **1220211275** dated **January 14, 2022** under Quotation No. **20218518B** opened on **December 29, 2021**

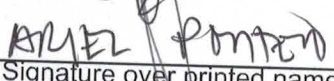

Sub-Total : 0.00

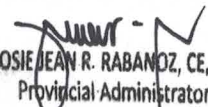
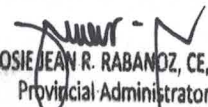
<b>MEDICAL OXYGEN GAS (REFILL) FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS FOR YEAR 2022</b>	<b>GRAND TOTAL : P 1,860,000.00</b>
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Grand Total Amount in Words : **ONE MILLION EIGHT HUNDRED SIXTY THOUSAND AND XX / 100**

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Conforme :  
  
 \_\_\_\_\_  
 (Signature over printed name)  
  
 \_\_\_\_\_  
 (Date)

Very truly yours,  
 By the Authority of the Governor:  
  
**EDWIN I. JUBAHIB**  
 Governor  
  
**ENGR. JOSIE JEAN R. RABANOZ, CE, MPA, EnP**  
 Provincial Administrator

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**ALEJANDRO R. OMILA JR.**