



# PURCHASE ORDER

Supplier : PRYCE GASES, INC.

P.O. Number: 2022083537

Address : PRK BAYANIHAN BRGY VISAYAN VILLAGE



020220835370525F21B9

PhilGEPS Registration No. : 201302663731701602610

Tel./Fax No. : 09190793797

Registration Certificate : SEC

Date : Aug 04, 2022

P.R. No. : 2022043075

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

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
1	5,000.00 CYL	OXYGEN GAS MEDICAL STANDARD - REFILL	400.00	2,000,000.00

- Remarks :  
PRYCEGAS (PGI)  
MO2 STD.-1,800 PSITERMS 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.

**FOR THE CONSUMPTION OF THE THREE (3) DDN 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 :   
(Signature over printed name)  
9-6-2022  
(Date)

Very truly yours,

**EDWIN L. 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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I.N.	Quantity/Unit	Item	Unit Cost	Amount
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9. THE ISSUANCE OF SALES/CHARGE INVOICE MUST BE EVERY 1ST WEEK OF THE SUCCEEDING MONTH.

10. TOTAL LOT AWARDEE.

ITEMS TO BE CHARGED TO THE THREE (3) DDN HOSPITALS MOOE UNDER MEDICAL, DENTAL AND LABORATORY SUPPLIES ACCOUNT.

\*KAPALONG - P 1,000,000.00

\*IGACOS - P 1,000,000.00

\*CARMEN - P 1,000,000.00

The award is based on Abstract No. **0720223491** created on **July 22, 2022** and resolved on **August 04, 2022** under Quotation No. **20224084B** opened on **July 21, 2022**

**FOR THE CONSUMPTION OF THE THREE (3) DDN HOSPITALS**

Grand Total Amount in Words : **TWO MILLION AND XX / 100**

GRAND TOTAL : **₱ 2,000,000.00**

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

Conforme : JON PAUL JUBAHIB  
(Signature over printed name)

Very truly yours,

EDWIN I. JUBAHIB  
Governor

9-8-2022  
(Date)

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.