



PURCHASE ORDER

Procuring Department: **Governor's Office**

Supplier : **BT INDUSTRIES INC.** P.O.: **1 0 0 2 0 0 3** **No. 0096**

Address : **118 Kanlaon St., Sta. Mesa Heights, Quezon City**

E-mail Address : _____ Date : **March 23, 2020**

Telephone No. : _____ Mode of Procurement : **Negotiated/Emergency**

TIN : _____

Gentlemen:

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

Place of Delivery: **PGO** Delivery Term: **w/ in 7 calendar days upon receipt of NTP**

Payment Term : **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
		*Ambulance stretcher, fully collapsible (imported) ✓ 4 wheels w/ foam & safety belt ✓ *Install ambulance stretcher assembly, oxygen tank ✓ holder stainless steel locally assembled ✓ *BEACON type warning light, red/blue lens combination ✓ strobe type with holder bracket (option to all red/all green) ✓ *Siren and speaker with public address (PA) system ✓ including handheld microphone ✓ *Fire Extinguisher, portable 5 lbs. capacity w/ holder, ✓ wall mounted ✓ *Portable flashlight, 2 battery Dry cell side d. ✓ *One portable medical oxygen tank with content and ✓ holder 20 lbs. capacity ✓ *Window curtain local made, cotton fabric, LH/RH side ✓ and rear medical green color and TINT rear windshield ✓ and side windows door side of van - one way green ✓ scratch proof & non-fading ✓ *Fabricated steen medicine cabinet, with front cover ✓ (flexi glass) ✓ *Oxygen tank gauge regulator and de-humifier, w/ nasal cannul ✓ <i>continuation at the next page...</i>			

TOTAL AMOUNT IN WORD): five million pesos only

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent for everyday of delay shall be imposed.

Very truly yours

[Signature]
HUMERLITO A. DOLOR MPA, PhD.
 Provincial Governor

Conforme:

[Signature]
GENIE ALLI

Signature Over Printed Name of Supplier

Date **03 - 25 - 2020**

Funds Available:

[Signature]
ALTHEA F. AGUTAYA
 Provincial Accountant ✓

OBLIGATION REQUEST NO: _____

AMOUNT : _____