



**PURCHASE ORDER**

MSSSD No. 515

Procuring Department: **Oriental Mindoro Provincial Hospital**

Supplier : **CALOOCAN GAS CORPORATION** P.O.: **2 0 0 2 0 0 2** No. **0011**

Address : **Sta. Isabel, Calapan City, Oriental Mindoro**

E-mail Address : \_\_\_\_\_ Date : **February 21, 2020**

Telephone No. : \_\_\_\_\_ Mode of Procurement : **Public Bidding**

TIN : **000-295-453-000**

Gentlemen:  
 Please furnish this office the following articles subject to the te

Place of Delivery: **OMPH** Delivery Term: **within 7 working days upon the receipt of NTP**

Payment Term : **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	tanks	Medical oxygen refill <small>Medical Std</small>	1358 ✓	530.00 ✓	719,740.00 ✓
2	tanks	Medical oxygen refill, small tanks refill <small>Medical F/T</small>	5 ✓	300.00 ✓	1,500.00 ✓
3	tanks	Compressed Air, refill <small>CAI/Std</small>	197 ✓	650.00 ✓	128,050.00 ✓
					<b>849,290.00</b>
Approximately 5.66 m3 Gas/cyl 127kg/cm3 (1,800 PSI) at 70F Minimum Purity per cyl. 99.5  <b>For OMPH Patients use</b>					

**TOTAL AMOUNT IN WORD): eight hundred forty nine thousand two hundred ninety 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,  
  
**HUMERLITO A. DOLOR, MPA, PhD**  
 Provincial Governor

Conforme:   
**RICHMOND M. CHU**

Signature Over Printed Name of Supplier  
 Date 3-2-20 3/2/2020

GS-2020-004

Funds Available:  
  
**ALTHEA F. AGUTAYA**  
 Provincial Accountant

OBLIGATION REQUEST NO: \_\_\_\_\_  
 AMOUNT TF-RF OMPH : \_\_\_\_\_