



## PURCHASE ORDER

Procuring Department: **OMPH**

Supplier : **BT INDUSTRIES INC.** P.O.: **1 0 0 2 0 0 3** No. **0097**

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: **OMPH** Delivery Term: **w/ in 7 calendar days upon receipt of NTP**  
 Payment Term : **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
		8. Portable flashlight, 2 battery Dry cell side d. ✓			
		9. One portable medical oxygen tank with content and holder 20 lbs. capacity ✓			
		10. 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 ✓			
		11. Fabricated steel medicine cabinet, with front cover (flexi glass) ✓			
		12. Oxygen tank gauge regulator and de-humifier, w/ nasal cannul ✓			
		13. Minor first aid kit including bag or box, local ✓			
		14. BP Apparatus aneroid type, with standard stethoscope ✓			
		15. Baumanometer (USA) Blood pressure Gauge, wall mounted ✓			
		16. Ambubag with resucitator. Adult and Pedia combination. (Imported) ✓			
		17. Minor surgical kit with bag (imported) ✓			
		18. IV bottle holder, ceiling mounted, stainless steel shafting ✓			
		19. Lettering of word "AMBULANCE" front and rear portion of van. ✓			
		<b>continuation at the next page...</b>			

**TOTAL AMOUNT IN WORD): three million and five hundred thousand 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 **3-24-2020**

Funds Available:

*[Signature]*  
**ALTHEA F. AGUTAYA**  
 Provincial Accountant

OBLIGATION REQUEST NO: \_\_\_\_\_

AMOUNT : \_\_\_\_\_