



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
		20. Stickers includes company logo as specified by the client (maximum of 2 sets logo) ✓ 21. Flourescent light ✓ 22. Heartsine Automated External Defibrillator ✓ 23. Portable Cardiac Monitor ✓ 24. Portable Suction Machine ✓ 25. Portable Ventilator ✓ 26. Intubation Kit/Airway Kit ✓ 27. Install 24v outlets ✓ 28. Scoop Stretcher ✓ 29. Head Immobilizer ✓ 30. Kendrick Extrication Device (KED) ✓ 31. Traction Splint Kit ✓ X-X-X-X For use of OMPH. ✓			

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 : _____