



12/12

PURCHASE ORDER

Procuring Department: **OMSDH**

Supplier : **CALOOCAN GAS CORPORATION** P.O.: **1 0 0 1 9 1 2** **No. 2290**

Address : **Calapan City, Oriental Mindoro**

E-mail Address : _____ Date : **December 04, 2019**

Telephone No. : **288-2221** Mode of Procurement : **negotiated/SVP**

TIN : **000-295-453-010**

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

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

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
1	cycl	Medical Oxygen - Refill	500	550.00	275,000.00
2	cycl	Medical Oxygen - Refill (small) X-X-X-X	20	300.00	6,000.00
					281,000.00
For OMSDH patients' use.					

TOTAL AMOUNT IN WORD): two hundred eighty one 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
 HUBBERT CHRISTOPHER A. DOLOR, MD, MPA, MHA
 Provincial Administrator
HUMERLITO A. DOLOR MPA, PhD.
 Provincial Governor

Conforme:

RICHMOND CHU
 Signature Over Printed Name of Supplier
 Date 12-9-2019

Funds Available:

ALTHEA F. AGUTAYA
 Provincial Accountant

OBLIGATION REQUEST NO: 2-01-01-010 RF-OMSDH 1125-54

AMOUNT : ₱ 281,000.00