Standard Form Number: SF - GOOD-58

Revised on: May 24, 2004

Standard Form Title: Purchase Order

Direct Contracting No. - PHO - 2020 - 004

P.R. No. - PHO - 2020 - 007

## **PURCHASE ORDER**

GARCIA MEMORIAL PROVINCIAL HOSPITAL, TALIBON, BOHOL Agency/Procuring Entity

Supplier	:		BQ BUILDERWARE	D.O. No. :	P.O. # - PHC	1-2020-117
Address		0176,	VISARRA STREET, POBLACION II, TAGBILARAN CITY	– Date :	April 24	4, 2020
Telephone N	No ·		TAODIEATON ON T	Mode of	Dir	ect
ΓΙΝ				Procurement :	Contracting	
Gentlemen/	Mesdames	:				
Place	e furnish	this Office th	ne following articles subject to the terms a	and conditions contained	herein:	
GARCIA MEMORIAL PROVINCIAL HOSPITAL,				Delivery Term: Please Read Terms & Conditions at the		
Place of Delivery:		TALIBON, BOHOL		back hereof		
Date of Deli	verv ·		REQUEST OF THE END USER AFTER	Payment Term: Upon	Completion of Deliv	ery
Jale of Deli	very.	RECE	IPT OF THE NOTICE TO PROCEED	5		
Narranty Pe	eriod:		THREE (3) MONTHS			
Item No.	QTY	UNIT	DESCRIPTION OF SU	JPPLIES .	UNIT COST	AMOUNT
item No.	QII	ONT	and the state of t	for a second		1 4
A A	1.000	ovlindore	Medical Oxygen High Grade Refill		350.00	350,000.00
1	1,000	cylinders	x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-	X-X-X-X-X-X		VVVVVVV
			AAAAAAAAAA			
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	A Liberty Co.					
			CA TO THE STATE OF			
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		- To 10	No. of the second second	Mary Land		
	-	1				
	-	NAME OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			TURES HUNDI	RED FIFTY THOUSAND	PESOS ONLY	
(total amou	unt in word	s)	I HREE HUNDI	CED FIFTT THOUGAND	th (1/10)	
In cas	se of failure	e to make th	e full delivery within the time specified ab	love, a penalty of one-ter	101 (1710)	1
of one (1)	percent for	r everyday o	of delay shall be imposed.	BY AUTHOR	HIT WELL	WERNOR
					Jen 1	0
Conforme:				Very truly yours,		NOOHINE
H &		0	0	ATTY KAT	H MANUFE D.VI	- IDROUM O
		Usan	rout		UINE NUI IINI	
		BQ BUILDE	ERWARE	ATT	Y. ARTHUR C. Y	AP N
			d name of Supplier		Governor	ν
	Jigilatale	MAV	1 8 2020			1 2
	<u> </u>	Dat	1 A 7070	Date appr	oved:	
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