

## PURCHASE ORDER CITY GOVERNMENT OF PASIG

Agency Name

| Supplier :                                    | REGENAII                     | RE INDUSTRIAL S                  | SUPPLIES   | P.O. N   | P.O. No. : 23-07-0438                         |  |                          |  |  |
|---|------------------------------|----------------------------------|--|--|---|--|--------------------------|--|--|
| Address: 120 Tolentino St. Del Monte., 0      |                              |                                  | ISUSON SE LONOVIE:   |  | and the small the second of the second        |  | 07/19/2023               |  |  |
|   |                              |                                  | - Angel  |  | Mode  | of Procurement: SMAL                         | L VALUE PROCUREMENT      |  |  |
| Gentlemen:                                    | Please fu                    | rnish this offic                 | ce the following articles  | subject to the terms ar  | nd conditions co                              | ontained herein:                             |                          |  |  |
| Place of Del<br>Date of Del                   |                              | asig City Gener                  | ral Hospital   | Delivery Term: Please refer to Terms of Reference Payment Term: within 45 days upon completion of delivery |   |  |                          |  |  |
| ITEM  |                              |                                  |  | 769V   | 769V  |  |                          |  |  |
| NO.   | UNIT                         | QTY                              | DE   | ESCRIPTION   | The amornion of                               | COST   | AMOUNT                   |  |  |
| 1   | UNIT                         | rough<br>ery, if not<br>pplier.  | DIOXIDE AUTOMATIONAL SPECIFICATIONS  1. Installers and Designe competency for the specific sp | LLATION OF MEDICAL C MANIFOLD SYSTEM  ers must have the capabilit cialized knowledge require               |   | 797,000.00                                   |                          |  |  |
| take to be set have                           |                              | int.<br>shall be paid            | 2018 Edition(NFPA -99 -  | he National Fire Protetion  Medical Health Care Fac  | 8. Delivery<br>9. Paymen                      |  |                          |  |  |
| the sign of the county and county of the city |                              |                                  | 2. Carbon Dioxide Auton  | natic Manifold System, Sta   | ack Mounted                                   | 10. Item No.                                 |                          |  |  |
|   |                              |                                  | 3. System Capacity:  * Manifold Capacity is 3 tank cylinders  @ left bank and 3 tank cylinders  @ right tank = 6 tank cylinders  * Manifold Pressure is 1800 to 2000 PSI  * Hospital Demand: 70 PSI  |  |   |  |                          |  |  |
|   |                              | ficial of the                    | 4. Power Rating : 230VA  | ic - ounz , i phase  | is. Penaity                                   |  |                          |  |  |
|   |                              |                                  | 5. Fully Automatic Chang   | ge Over  | upplier's repres<br>n <b>g Official</b> - the |  |                          |  |  |
|   |                              | norized<br>the contract          | 6. Complete with headers assembly and individual isolation   |  |   |  |                          |  |  |
|   |                              |                                  | 7. With Bypass valve and   | d regulator  | pared in three                                | B. Itshall be pro                            |                          |  |  |
|   |                              | e DV upon                        | Provide tank protection     with check valves and  | n, individual isolation valve<br>Inficon leak detector.  | Original                                      |  |                          |  |  |
|   |                              | nitted five                      | 9. The LED Control System  |  | - COA Audito                                  | ' Duplicate<br>Triplicare                    |                          |  |  |
| For the use                                   | e of PCGH -                  | Operating Room                   | for the use of Pasig City Gen  | DP and to notberned repeated the PO.   | erani de de para                              |  |                          |  |  |
|   |                              | cate the                         | e Sanggunian shall indi<br>Ical Sangguniang appro  | ise, the Secretary to the  |   |  |                          |  |  |
| - 1   |                              |                                  | certified correct portion  | certify the fact in tire of  |   |  |                          |  |  |
| Control No.                                   | and the                      | orde Sanan Hi                    | undred Ninety-seven Tho  | nicand Pacoc Only  | dispute arising                               | GRAND TOTAL :                                | Php 797,000.00           |  |  |
| In c  | ase of the f<br>day of delay | ailure to make to shall be impos | the full delivery within the ted as provided for by the,   | time specified above, a pe<br>2016 IRR of RA 9184.   | STATE OF THE                                  | TOT DELIVE IN SICK VO                        | ent                      |  |  |
|   |                              |                                  | or service delivered. T<br>duration of the contrac   |  | very to suspend                               | y truly yours,                               |                          |  |  |
| Conforme                                      |                              | acquarlo                         | tax return (electronical x payment made to   |  |   | CTOR MA REGIS N. SOTTO (Authorized Official) |                          |  |  |
|   | CHE                          | RISTINE B. C                     | ARAVANA  nme of Supplier)  |  |   | City Mayor                                   | Ciui)                    |  |  |
|   | (8                           | 2/10                             | 2023   |  |   | Oity Mayor                                   |                          |  |  |
|   |                              | Da                               | te   |  | <i>n</i>                                      |  |                          |  |  |
| Requisition                                   | ning Offic                   | e/Dept. :                        |  | Funds Available :  |   | Amount: P                                    | 797, 006.60              |  |  |
| P   |                              | CASTRO JR.                       | ē  | JUVY A./CL   |   | OBR No. : 106                                | 797, 006.60<br>- 2623-05 |  |  |
|   | Aut                          | horized Officia                  | ι)   | Chief Acco   | untunt  | 1 00   | Page - 1                 |  |  |



## PURCHASE ORDER CITY GOVERNMENT OF PASIG

Agency Name

| Supplier :   | Supplier: REGENAIRE INDUSTRIAL SUPPLIES P.O. |  |  |               |   |                    | O. No. : 23-07-0438                     |  |  |  |
|--|--|--|--|---------------|---|--------------------|---|--|--|--|
| Address: 120 Tolentino St. Del Monte., Quezon City   |  |  |  |               |   | Date               | Date : 07/19/2023                       |  |  |  |
|  | -  |  |  |               | - Andrew State of the state of | _ Mode             | of Procurement: SMA                     | LL VALUE PROCUREMENT   |  |  |
| Gentlemen:   | Please fu                                    | ırnish this offic  | ce the following articles  | es subject    | to the terms and cor  | nditions o         | contained herein:                       |  |  |  |
| Place of Delivery: Pasig City General Hospital   |  |  |  |               | Delivery Term: Please refer to Terms of Reference Payment Term: within 45 days upon completion of delivery  |                    |   |  |  |  |
|  |  |  |  |               |   |                    |   |  |  |  |
| At the first payment of the second   |  | rough<br>ery, if not   | PLC/HMI Control Panel Automatic Lead/Lag sequencing and alternation are required.  |               |   |                    | 9. P.R. NOR<br>5. Date - c              |  |  |  |
|  |  |  | 11. A separate circuit breaker disconnect for each compressor, internal to the main control cabinet and protected by the safety interlock of that cabinet. |               |   |                    |   |  |  |  |
|  |  | pplier.<br>int.  | pt of the PO by the su   | w regulator   | with visible and audibl   | le alarm           | 8. Delivery                             |  |  |  |
|  |  | shall be paid<br>the Supply  | 13. Refer to TOR   |               |   |                    | LG. Rem No.                             |  |  |  |
|  |  |  | Warranty: One (1) year   | warrranty     |   |                    | and Property.                           |  |  |  |
| er delphane ( no. ) en con delphane (  |  |  | *Purchase Order shall of<br>Quotation, Terms of Re<br>Bulletin/s, if any   | eference/ T   | e items found in the Re<br>echnical Specification,  | equest for and Bid | 12. Quantity<br>13. Descript            |  |  |  |
|  |  |  |  |               |   |                    |   |  |  |  |
|  |  | Ficial of the  | **************************************   | * Nothing     | Follows **********  | *****              | 16. Penaity                             | to the control of the |  |  |
|  |  |  |  |               |   |                    | PO and s                                |  |  |  |
| T WE CONTINUE AND A STATE OF THE STATE OF TH |  | 7  |  |               |   |                    | 1 |  |  |  |
|  |  | 1  |  |               |   |                    | 1 7                                     |  |  |  |
|  |  |  |  |               |   |                    | The God Ingles.                         |  |  |  |
| 7  |  | e DV upon  |  |               |   |                    | B. It shall be pri<br>Original          |  |  |  |
| wierfin  |  | The second secon |  |               |   |                    |   |  |  |  |
|  |  |  |  |               |   |                    | 1                                       |  |  |  |
| epipania   |  | SVIT DSJATT  |  |               |   |                    | BIESHOLLI                               |  |  |  |
| For the use  | e of PCGH -                                  | Operating Room   | for the use of Pasig City Ger  | eneral Hospit | al  |                    | C. In case of ne                        |  |  |  |
|  |  | 1  | cal Sangguniang appro<br>ertified correct portion  |               |   |                    |   |  |  |  |
| Control No.  | 4684   |  |  |               |   |                    | GRAND TOTAL:                            | Php 797,000.00   |  |  |
| Total Amo  | unt in W                                     | ords   Seven Hi  | ındred Ninety-seven The  | ousand Pe     | sos Only.   | dispute a          | U. inat any all                         |  |  |  |
|  |  |  | he full delivery within the sed as provided for by the   |               |   | of one tent        | h (1/10) of one (1) perc                | ent  |  |  |
|  |  |  |  |               |   |                    |   |  |  |  |
|  |  |  |  |               |   | Ve                 | ry truly yours,                         |  |  |  |
|  |  |  |  |               |   |                    | Committeding p                          |  |  |  |
| Conforme   |  | RISTINE B. C   |  |               |   | VIC.               | TOR MA REGIS 1<br>(Authorized Offi      | . SOTTO  |  |  |
| -  |  | RISTINE B. C.<br>re over printed n   | ARAVANA  |               |   |                    | City Mayor                              | ciiii) Asi   |  |  |
|  | (Digital)                                    |  | 2023   |               |   |                    | City Mayor                              |  |  |  |
|  |  | Dat  | e  |               |   |                    |   | 2  |  |  |
|  |  |  |  |               |   |                    |   |  |  |  |
|  |  |  |  |               | $\sim$  |                    |   |  |  |  |
| Requisitioning Office/Dept.:   |  |  |  |               | Available :   |                    | Amount:                                 | 197, 666.00  |  |  |
|  | <b>*</b>                                     | 2000   |  |               | Jak   |                    | Im                                      | 797, 666.00<br>-2023-05  |  |  |
| PAULO A. CASTRO JR., MD PHD (Authorized Official)  |  |  |  |               | JUVY A. CUENCO  | 0<br>t             | OBR No. : 100                           | 71- 11)00  |  |  |
|  | Ţ  |  |  |               |   |                    |   | Page - 2   |  |  |