

**LUNG CENTER OF THE PHILIPPINES**  
Quezon Avenue, Quezon City

APPENDIX a-2

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**PURCHASE ORDER**

Supplier: <u>REGENAIRE INDUSTRIAL SUPPLIES</u>	P.O. No.: <u>24152</u>
Address: <u>243-B Roosevelt Avenue, SFDM, Brgy. San Antonio, Quezon City</u>	Date: <u>04/05/2021</u>
E-mail Address: _____	Mode of Procurement: <u>SMALL VALUE PROCUREMENT</u>
Telephone No: <u>374-8022</u>	PURPOSE: _____
TIN: _____	FOR NURSING DEPT. USE

Gentlemen:  
Please furnish this office the following articles subject to the terms and conditions contained herein:  
**LUNG CENTER OF THE PHILIPPINES** **15 DAYS**

Place of Delivery: \_\_\_\_\_ Delivery Term: 30 DAYS TERM

Date of Delivery: \_\_\_\_\_ Payment Term: \_\_\_\_\_

UNIT	DESCRIPTION	QTY	UNIT COST	AMOUNT
UNIT	OXYGEN REGULATOR WALL TYPE	15	4,750.00	71,250.00
*****	NOTHING FOLLOWS *****			71,250.00
			Less 5.00 % Discount	3,562.50
		TOTAL :	PHP	67,687.50

**Total Amount in Words:** SIXTY SEVEN THOUSAND SIX HUNDRED EIGHTY SEVEN and 50/100 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 for the undelivered portion.

Conforme: *NOVETIN D. DE AZA*  
Signature over printed name of Supplier

Very truly yours,  
*SULLIAN SY-NAVAL*  
DIRECTOR / OFFICER - IN - CHARGE

Date: 4-12-21

Funds Available: \_\_\_\_\_ ALOBS No.: MO-21-04-726  
Amount: 767,687.50

*4/14/21 Posted 4/20*

**NOTICE TO PROCEED**

April 6, 2021

**REGENAIRE INDUSTRIAL SUPPLIES**  
243-B Roosevelt Avenue, SFD  
Barangay San Antonio, Quezon City  
Tel. No: 374-8022

**Dear Sir/ Madam:**

This is to inform you that **Purchase Order No. 24152 FIFTEEN (15) UNIT OXYGEN REGULATOR, WALL TYPE FOR NURSING DEPARTMENT USE** has been approved. You May now proceed with delivery of the item listed in the said Purchase order.

Delivery should be completed within **fifteen (15) days** from receipt of this notice.

Enclosed in the original Purchase Order for your ready reference in the execution of this transaction.

Very truly yours,

  
**VINCENT M. BALANAG JR., MD**  
Executive Director

CONFORME:  
Received Original

*NOVEM B. DE AZA*  
NOVEM B. DE AZA  
Signature Over Printed Name  
Authorized Representative  
Date: 4-12-2021