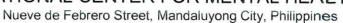


REPUBLIC OF THE PHILIPPINES Department of Health NATIONAL CENTER FOR MENTAL HEALTH





BIDS AND AWARDS COMMITTEE

Telephone No. 531-9001 loc. 242

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Section VI Schedule of Requirements

ITB No. 004-2023

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

NO.	DESCRIPTION	QTY.	TOTAL	DELIVERED, WEEKS/MONTHS
1.	MEDICAL OXYGEN REFILL Standard size, 5.66 cu.m, Pressure gauge of 1,880 psi at least 50lbs/cylinder.(No delivery charge and service for the use of equipment and gas containers, and for other services.	3,643	1,639,350.00	As Needed upon issuance of NTD
2.	MEDICAL OXYGEN PORTABLE REFILL, 5 lbs 15 lbs.	800	360,000.00	As Needed upon issuance of NTD

CONFORMED BY:	
	Authorized Representative
	(Signature over printed name)

