



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
 Tel. No.: 8588-9900 loc. 224, 226, 361, 355
 Fax no.: 85889997 • e-mail: pcmcproc@gmail.com

PURCHASE ORDER **N^o 72964**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. NICU 2021-010 Dated: 2021-03-05
 MODE OF PROCUREMENT Public Bidding
 CS No. _____ AC No. _____
 DATE OF P.O. 2022-02-28

TO: Supplier/Dealer Contractor **ROBUSTAN INC.**
 Address: Unit 906 South Center Tower 2206 Market Business Park Muntinlupa City, Metro Manila

Department/Office/Division/Section/Unit where delivery
 Is to be made: Materials Management Division
 Location: Ground Floor, PCMC Bldg.
 Special Instructions _____
 Delivery period: 7 working days Other Terms: _____
 Performance Security Posted: Surety Bond No. _____
 Cash / Cashier's / Manager's Check No. G(13)300564
 PCMC O.R. No. _____ Amount P 285,600.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
	7	unit	<p>PHOTOTHERAPY, BLUE LIGHT</p> <p>BRAND: NOVOS MEDICAL SYSTEM MAKE / MODEL: BILILED MAXI +</p> <p>A. Specifications</p> <ol style="list-style-type: none"> Incorporates a state-of-the-art light source for the treatment of newborn jaundice Delivers Intensive phototherapy : 35-110W/cm2/nm Utilize blue light emitting diodes (LEDs) with wavelength 450-470nm Light enclosure is compact in size and lightweight: maximum of 36 - 48 cm x 28- 38cm x 60- 80cm Movable and adjustable pole: 53cm x 55cm x 170cm at maximum height Adjusted both horizontally and vertically and tilted over a wide angle range (up to 90 degrees) Can be placed directly onto incubators: as removable head or if with pole-max of 170mm height with pole Base roll stand-4 wheels with lock The unit will be operated at 230 Volts 3-Pin Power Plug / cable, strictly at 60 hertz no separate volt conversion Power consumption : 32 Watts, 2 amp Parts are heavy duty type Unit is maintainable <p>B. Accessories</p> <ol style="list-style-type: none"> One (1) Unit UPS with frequency converter or equivalent : 1KVA (to be provided per unit) Brand: ZP110 On-line UPS Will provide three units Phototherpay Light Meter for the seven units of phototherapy machine requirement (Brand: Bililed Radiometer) <p>C. Consumables (to be provided per unit)</p> <ol style="list-style-type: none"> Will provide four (4) pieces Disposable Eye Cover/ Protector per unit (2 small , 2 medium) Complete set of LED bulbs of 50,000 hours life span. Will provide Two replacement sets of fuses. 	136,000.00	952,000.00 ** nine hundred fifty two thousand pesos only **

Funding Code _____

TOTAL AMOUNT P

952,000.00

FUNDS AVAILABLE:

ODETH A. VILLEGAS, CPA

Chief Accountant

APPROVED:

SONIA B. GONZALEZ, MD, MSCHSM, MPM

Executive Director

Attachment NICU 2021-010

- P.R. No. _____
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others _____

NOA-2022-056
 BAC Reso No. R2022-02-077
 NTP-PROC-2022-165

CERTIFICATION

This is to certify that I received today the copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable.

(Signature over printed name)

Date: _____

Distribution : White (Original) - Attachment to payment
 Yellow (Duplicate) - Procurement

Pink - Supply and Property



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
 Tel. No.: 588-9900 loc. 224, 226, 390

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 P. R. NO. NICU 2021-010 Dated: 2021-03-05
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TO: Supplier/Dealer Contractor **ROBUSTAN INC.**
 Address: Unit 906 South Center Tower 2206 Market Business Park Muntinlupa City, Metro Manila

Department/Office/Division/Section/Unit where delivery
 Is to be made: Materials Management Division
 Location: Ground Floor, PCMC Bldg.
 Special Instructions _____

Delivery period: 7 working days Other Terms: _____
 Bidder's Bond Posted: Cash GSIS Policy
 Cashier's / Manager's / Cert Check No. G(13)300564
 PCMC O.R. No. _____ Amount P 285,600.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			D. Warranty 1. Will provide three (3) years warranty on parts and service , 2. Will provide Quarterly preventive maintenance and calibration with certificate and sticker ✓ E. With duly notarized certificate from Distributor - ROBUSTAN, INC. Certifies that: i. Parts, accessories and consumables are readily available at the authorized Philippine service center/s for a period of five (5) years after the warranty period; ii. Has available competence in-house technical specialist in handling and providing technical support as well as maintenance of the equipment being offered; and iii. That it will conduct training for proper operation and maintenance to end-users of the equipment upon delivery; and iv. shall provide replacement/back-up unit while the delivered unit is being repaired. F. With duly notarized certificate from Principal Manufacturer - NOVOS Certifies that: i. All the terms and conditions stated in bidding documents per IRR of RA 9184 and corresponding contract for the project will be honored including in the event that a change of distributorship will occur during the duration of the contract up to the warranty and preventive maintenance period. ii. The expected useful life of the Novos Phototherapy Lights under normal use is 50,000 hours and for NOVOS Infant Warmer is seven (7) years; iii. Availability of all spare parts, accessories and consumables at least for the next five (5) years from testing, commissioning, acceptance and delivery; iv. That both Novos and Robustan Inc. has competence in handling and providing technical support as well as maintenance of the equipment being offered. v. Consumer Guidelines regarding disposal of the equipment are indicated in the user and service manuals. DELIVERY PERIOD: Forty -Five to Sixty (45 to 60) Calendar Days ✓		

Funding Code _____ Page 2/3 **TOTAL AMOUNT P 952,000.00**

FUNDS AVAILABLE:
ODETH A. VILLEGAS, CPA
 Chief Accountant
 APPROVED:
SONIA B. GONZALEZ, MD, MSChSM, MPM
 Executive Director *MS*

Attachments: NICU 2021-010
 P.R. No. _____
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others _____
 NOA-2022-056.
 BAC Reso No. R2022-02-077,
 NTP-PROC-2022-165.

CERTIFICATION
 This is to certify that I received today the Original copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable.

 (Signature over printed name)
 Date: _____

Distribution : White (Original) - Supplier (to be attached in the claim voucher with other supporting documents) Pink - Supply and Property
 Yellow (Duplicate) - Procurement



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
 Tel. No.: 588-9900 loc. 224, 226, 390

PURCHASE ORDER 72964
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. NICU 2021-010 Dated: 2021-03-05
 MODE OF PROCUREMENT
Public Bidding
 CS No. _____ AC No. _____
 DATE OF P.O. 2022-02-28

TO: Supplier/Dealer Contractor **ROBUSTAN INC.**
 Address: Unit 906 South Center Tower 2206 Market Business Park Muntinlupa City, Metro Manila

Department/Office/Division/Section/Unit where delivery Is to be made: <u>Materials Management Division</u> Location: <u>Ground Floor, PCMC Bldg.</u> Special Instructions _____	Delivery period: <u>7 working days</u> Other Terms: _____ Bidder's Bond Posted: <input type="checkbox"/> Cash <input type="checkbox"/> GSIS Policy Cashier's / Manager's / Cert Check No. <u>G(13)300564</u> PCMC O.R. No. _____ Amount P <u>285,600.00</u>
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Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
<p>***Nothing Follows*** For the use of: NICU</p> <p>Penalty Clause for Delayed or Unsatisfactory Deliveries:</p> <p>1. One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for everyday of delay. Once the cumulative amount of liquidated damages reaches 10% of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.</p> <p>2. Excess in price, if procured from third parties, through alternative mode of procurement; and</p> <p>3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.</p>					

Funding Code 1-06-05-116 Page 3/3 **952,000.00**

FUNDS AVAILABLE: ₱ 952,000.00

ODETH A. VILLEGAS, CPA
 Chief Accountant

APPROVED:
SONIA B. GONZALEZ, MD, MSChSM, MPM
 Executive Director

Attachments: NICU 2021-010
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 Justification
 Others _____

NOA-2022-056
 BAC Reso No. R2022-02-077
 NTP-PROC-2022-165
KMRP 2021-498

CERTIFICATION

This is to certify that I received today the Original copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable.

(Signature over printed name)

Date: _____

Distribution : White (Original) - Supplier (to be attached in the claim voucher with other supporting documents) Pink - Supply and Property
 Yellow (Duplicate) - Procurement



Republic of the Philippines
DEPARTMENT OF HEALTH
PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100

website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph

Trunkline: 8588-9900 DirectLine: 8924-0836 Fax No: 8924-0840

NOTICE TO PROCEED

NTP-PROC-2022-165

February 28, 2022




ROBUSTAN INC.

Unit 906 South Center Tower
2206 Market Business Park
Muntinlupa City, Metro Manila
Tel. No.: 8842-6684/8842-6054/8836-105
Email Add: sales@robustan.com

Sir/Madam:

This is to inform you that Purchase Order No. 72964, as a result of Public Bidding for the purchase of Seven (7) Units Phototherapy, Bluelight (**Brand: Novos Bilied Maxi +**) has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within **Forty Five to Sixty (45 - 60) Calendar Days** from receipt of this Notice.


SONIA B. GONZALEZ, MD MScHSM, MPM
Executive Director  

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____