

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
FOR SUPPLIES OR EQUIPMENT

Nº 73098

P. R. NO.	GSD-RME-2022-04 Dated:	12/29/2021
MODE OF I	DOCUDEMENT	

MODE OF	PROCUREMENT	
	DC-50.C	04/05/2022
CS No.		AC No.AQ-2022-014
DATE OF I	0.0	

				Diffe of 1.c.	Артіі 00, 2022		
TO: Sup Address			SIEMENS HEALTHCARE				
Address	·	10/F m1 Tow	ver 141 H.V. Dela Costa St. Sa	alcedo Village, Makati City	1)		
Departi Is to be			on/Unit where delivery	Delivery period: 7 working Performance Security Poster	d: Surety Bond	No.	
Locatio	on:	Supply & P	roperty Section	Cash / Cashier's / Manag			
Special	Instructions	Ground Flo	or, PCMC Bldg.	PCMC O.R. No.	Amount P		
Item No.	QTY.	UNIT	A	RTICLES	UNIT COST	TOTAL COST	
1	2 .	lot	Semi-Annual Preventive M	laintenance Services for One	245,520.00	491,040.00	
			(1) Unit Mobile X-ray Mac	hine at Radiology Brand: Mob	illett		
				PN # 2101-419-2697-A-RAD			
2	2 .	lot.		laintenance Services for One	245,520.00	491,040.00	
	-	1017		hine at Radiology Brand: Mob		982,080.00	
				PN # 2101-419-2698-A-RAD		vvvvvvvvvvvv	
				al Preventive Maintenand		Eighty Two	
			January to June 2022		Thousand Eig	hty Pesos Only	
			July to December 2022				
			Conforme to the attached				
				1E (Radiology Division)			
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				
			edule: Within seven (/) work	ing days upon receipt of Purc	nase Orger		
Terms	and Conditio	1.000		0.1- (00) ishin shoused ash	- dulas unha		
				ase Order (PO) within the stated sch			
				office hours at the Procurement Div			
				nt reason, waive any required forms			
	the contract t	to any bidder wh	ose proposals as evaluated by PCN	MC is the most advantageous to the	government		
9							
		10-20	for Delayed of Unsatisfactory Deliv				
			cent (1%) of the cost of unperform				
			d ten percent 10% of the total con				
			rom third parties, through alterna				
	3.In case of b	idding, forfeiture	of performance bond equal to 59	% of the undelivered item/s			
Funding	g Code 5.	02-13-050-	400 Jah 4/27/21	To	OTAL AMOUNT P	982,080.00	
ELINID	S ANAILAI	RIE. \$ 98.	2,080 - Attachments:		CERTIFICAT	TION	
TONI	Ma po	lang o y/2	P.R. No	GSD-RME-2022-04	This is to certify th		
RO	WELG. AL	DAY, CPA			today the copy of		
01	CHIEF ACCU	luntant ^{s101}		VALUE OF THE PROPERTY OF THE P	Order, and held the bound by the terms a		
APPRO	WED:			Certification of Distributor	of the contract and		
ATTIC			☐ Justification	2 10 11 10 11 10 1	applicable.		
	Sto Sey	le	Others				
	A B. GONZ	ALEZ. M.D	, MScHSM, MPM		(Signature over pr	inted name)	
	Executive I	Director	/ JA "	Reso # R2022-03-1 30			
				NTP-Proc-2022-176	Date:		
D:		1.4 (0.1.1	1)	NOA # 2022-069			
Distrib		hite (Origina ellow (Duplic	al) - Attachment to pay cate) - Procurement	ment		nd Property	



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-2022-176

April 5, 2022

SIEMENS HEALTHCARE, INC. 10/F M1 Tower, 141 H.V. Dela Costa St. Salcedo Village, Makati City Tel: 814–67-65; Fax: 814-67-61

1et. 014-07-03, 1 ax. 014-07-01			
Sir/Madam:			
This is to inform you that Purchase Order No.	73098	as a result of	Direct Contracting
for the Procurement of following:		-	
1. 2 lot Semi-Annual Preventive Maintenance Services for			Radiology
Brand: Mobillett Elara Max DR, SN # 12241, PN # 2101-4			
2. 2 lot Semi-Annual Preventive : Maintenance Services for			at Radiology
Brand: Mobillett Elara Max DR, SN # 12242, PN # 2101-4			
	lanuary to Jun		
	luly to Decemi	per 2022	
Conforme to the attached Terms of Reference			
has been approved.			
You may now proceed with the delivery of the iter Seven (7) working days from recei ### Seven (7) ### from recei ### Sonia B. Gonzalez, M.D., Mschsm, MPM Executive Director	ms listed in ipt of this no		se Order within
CONFORME: Received Original			

Date:

Signature Over Printed Name Authorized Representative