



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: pcmeproc@gmail.com

PURCHASE ORDER **Nº 73099**
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. GSD-RME-2022-12 Dated: 12/29/2021
 MODE OF PROCUREMENT DC-50.C 04/05/2022
 CS No. _____ AC No. AQ-2022-015
 DATE OF P.O. April 05, 2022

TO: Supplier/Dealer Contractor SIEMENS HEALTHCARE INC.
 Address: 10/F m1 Tower 141 H.V. Dela Costa St. Salcedo Village, Makati City

Department/Office/Division/Section/Unit where delivery
 Is to be made: _____ Delivery period: 7 working days Other Terms: _____
 Location: Supply & Property Section Performance Security Posted: Surety Bond No. _____
 Special Instructions Ground Floor, PCMC Bldg. Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	2	lot	Semi-Annual (two semesters) Preventive Maintenance for Fluoroscopy Machine, Brand: Axiom Iconos R200 C20-C (PN : 1302-419-8956-A-RAD, SN # 6699) Conforme to the attached Terms of Reference For the use of GSD-RME (Radiology Division) xxxxxxxxxxxxxxxxNothing Follow xxxxxxxxxxxxxxxxxxxx Delivery Schedule: Within seven (7) working days upon receipt of Purchase Order	297,000.00	594,000.00 wwwvvvvvvvvvvvvv Five Hundred Ninety Four Thousand Pesos Only

Terms and Conditions:
 » The supplier should render the services called for in the Purchase Order (PO) within the stated schedules upon receipt of approved PO through fax or personal received during office hours at the Procurement Division.
 » PCMC has the right to reject any or all bids without offering ant reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government.

Penalty Clause for Delayed of Unsatisfactory Deliveries
 1. One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for every day of delay, but not to exceed ten percent 10% of the total contract price; and
 2. Excess in price, if procured from third parties, through alternative mode of procurement; and
 3. In case of bidding, forfeiture of performance bond equal to 5% of the undelivered item/s

Funding Code 5-02-13-050-400 *md 4/8/22* **TOTAL AMOUNT P** 594,000.00

FUNDS AVAILABLE ₱ 594,000 -
Rowel G. Alday
ROWEL G. ALDAY, CPA
 OIC Accounting Division

- Attachments:
 P.R. No. GSD-RME-2022-012
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others _____

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.

APPROVED:
Sonia B. Gonzalez
SONIA B. GONZALEZ, M.D., MSChSM, MPM
 Executive Director

Reso # R2022-03-131
 NTP-Proc-2022-177
 NOA # 2022-070

(Signature over printed name)
 Date: _____

Distribution : White (Original) - Attachment to payment
 Yellow (Duplicate) - Procurement Pink - Supply and 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-2022-177

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

Sir/Madam:

This is to inform you that Purchase Order No. 73099 as a result of Direct Contracting
for the Procurement of 2 lot Semi-Annual (two semesters) Preventive Maintenance for Fluoroscopy Machine
Brand: Axiom Iconos R200 C20-C (PN: 1302-419-8956-A-RAD, SN # 8699); Conforme to the attached Terms of
Reference has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within
Seven (7) working days from receipt of this notice.


SONIA B. GONZALEZ, M.D., MScHSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____