



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. 73303

P. R. No. GSD-RME-2022-35 Dated: 03/23/2022
 MODE OF PROCUREMENT
Public Bidding 06/01/2022
 CS No. _____ AC No. 2022-070
 DATE OF P.O. June 01, 2022

TO: Supplier/Dealer Contractor **HUNDREDFOLDS INDUSTRIES CORP.**
 Address: HIC Bldg. Lot B4C, Park Ave. Jereza Subd, Brgy. Wilfredo Aquino Agdao, Davao 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. G(13)-DAV-0128516
 Special Instructions: Ground Floor, PCMC Bldg. Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 795,000.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1	lot	Quarterly Preventive Maintenance for Oxygen Generating Plant (Parts and Labor) for One (1) year, Brand / Model: NOXERIOR OXYSWING (662,500.00 / quarter) Scope of work 1. Two (2) Kits Air Compressor (3KAS22) * Oil * Oil Filter * Oil Separator 2. Two (2) Kits Air Compressor (6KAS22) * Suction Filter * Oil * Oil Filter * Oil Separator 3. Oxygen Generators * Two (2) kits 8K02GENPSC- Filter Element * Two (2) Kits 8K02GENPNEUV2- Pneumatic Valve Kit 2" * Two (2) Kits 8K02GENPNEUV1- Pneumatic Valve Kit 1" * Two (2) Kits 8K02GENPNEUV 1/2- Pneumatic Valve Kit 1/2" * Two (2) Kits 8K02GENEQV- Equalizer Valve 4. Eight (8) Kits Line Filters (6KLF) * Filter Elements	2,650,000.00 Two Million Six Hundred Fifty Thousand Pesos Only	

Funding Code _____

TOTAL AMOUNT P 2,650,000.00

FUNDS AVAILABLE:

ROWEL G. ALDAY, CPA

OIC-Accounting Division

APPROVED:

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

Executive Director

Attachments:

- P.R. No. GSD-RME-2022-35
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others _____

Reso # R2022-05-242

NTP-PROC-2022-305

NOA# 2022-103

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

PURCHASE ORDER
FOR SUPPLIES OR EQUIPMENT 73303
 P. R. NO. GSD-RME-2022-35 Dated: 03/23/2022
 MODE OF PROCUREMENT
Public Bidding 06/01/2022
 CS No. _____ AC No. RB# 2022-070
 DATE OF P.O. June 01, 2022

TO: Supplier/Dealer Contractor **HUNDREDFOLDS INDUSTRIES CORP.**
 Address: HIC Bldg. Lot B4C, Park Ave. Jereza Subd, Brgy. Wilfredo Aquino Agdao, Davao City

Department/Office/Division/Section/Unit where delivery
 Is to be made: _____ Delivery period: 7 working days Other Terms: _____
 Location: Supply & Property Section Bidder's Bond Posted: Cash GSIS Policy SURETY
 Special Instructions: Ground Floor, PCMC Bldg. Cashier's / Manager's / Cert Check No. G(13)-DAV-0128516
 PCMC O.R. No. _____ Amount P 795,000.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<p>Conforme to the attached Terms of Reference</p> <p>For the use of GSD</p> <p>xxxxxxxxxxxxxxxxNothing Follows xxxxxxxxxxxxxxxxxxxx</p> <p>Delivery: Within fifteen (15) working days froms receipt of approved notice to proceed/ Delivery Order Slip (DOS) every quarter</p>		

- Additional Instructions & conditions:**
1. Staggered Delivery / Payment
 2. Delivery will take effect upon receipt of Delivery Confirmation of Quantity / Date
 3. Delivery is within 7 days upon receipt of Delivery Confirmation
 4. PCMC has the right to reject or cancel any items in this PO for justifiable and reasonable ground where the award will not benefit 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 6/6/22

TOTAL AMOUNT P 2,650,000.00

FUNDS AVAILABLE: P 2,650,000
Prof. C. Alday 06-02-22
ROWEL G. ALDAY, CPA

- Attachments:
- P.R. No. GSD-RME-2022-35
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 - Justification
 - Others _____

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 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.

OIC-Accounting Division
 APPROVED:
SB Gonzalez
SONIA B. GONZALEZ, M.D, MSchSM, MPM
 Executive Director

Reso # R2022-05-242
NTP-PROC-2022-305

(Signature over printed name)

Date: _____

NOA# 2022-103

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-2022-305



June 1, 2022

HUNDREDFOLDS INDUSTRIES CORP.
HIC Bldg. Lot B4C, Park Ave.
Brgy. Wilfredo Aquino Agdao,
Davao City
Tel. No. 286-2536 / 228-8560 / 0977-359-6160

Sir/Madam:

This is to inform you that Purchase Order No. 73303 as a result of Public Bidding
for the Procurement of 1 lot Quarterly Preventive Maintenance for Oxygen Generating Plant (Parts and Labor)
for One (1) year, Brand / Model: NOXERIOR OXYSWING has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within
Fifteen (15) working days from receipt of this notice / delivery order slip every quarter.


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

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____