



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 **Nº 73587**
FOR SUPPLIES OR EQUIPMENT 73587
 P. R. NO. MMD-CMS-2022-02 / Dated: 10/08/2021
 MODE OF PROCUREMENT
NP 53.1
 CS No. _____ AC No. _____
 DATE OF P.O. AUGUST 05, 2022

TO: Supplier/Dealer Contractor HEALTHRUSH ENTERPRISES
 Address: Unit 704, West Trade Center, 132 West Avenue, Brgy. Phil-am, Quezon City

Department/Office/Division/Section/Unit where delivery
 Is to be made: Supply & Property Section
 Location: Ground Floor, PCMC Bldg.
 Special Instructions _____
 Delivery period: 7 working days Other Terms: _____
 Performance Security Posted: Surety Bond No. G (B) 4407b
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 62,337.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	30	pc	Breathing Circuit with Y-piece (adult), VA-4212-03-HTE <i>Brand: GGM; Manufacturer: Great Group Medical Co., Ltd</i>	360.00	10,800.00
2	1,500	bt	Humidifier, Sterile Water Plastic 350mL <i>Brand: Vertex; Manufacturer: Star Medik, SDN, BHD</i>	98.00	147,000.00
3	500	pc	Mask, Oxygen, Non-rebreathing, Adult, A0302 <i>Brand: Vertex; Manufacturer: Ningbo, Shengyurui Medical Appliances Co., LTD</i>	56.00	28,000.00
					185,800.00
					vvvvvvvvvvvv
					(One Hundred Eighty Five Thousand Eight Hundred Pesos Only)
*VAT-EXEMPT					
NOTE: FOR THE USE OF MATERIALS MANAGEMENT DIVISION All deliveries shall have at least One (1) year expiration period ***** nothing follows *****					
Tel. No. 8376-5685					

Penalty Clause for Delayed or Unsatisfactory Deliveries:
 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.
 2. Excess in price, if procured from third parties, through alternative mode of procurement; and
 3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

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

Funding Code 5-02-03-080 *md s/10/20*
TOTAL AMOUNT P 185,800.00

FUNDS AVAILABLE: ₱ 185,800 -
S/10
 LOURDES B. DELOS REYES, CPA
OIC, Accounting Division
 APPROVED:
SB Gonzales
 SONIA B. GONZALEZ, MD, MSChSM, MPM
 Executive Director *SM*

Attachments:
 P.R. No. MMD-CMS-2022-02
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others BAC RESO # R2022-07-343/NOA-2022-130/ NTP-PROC-2022-339

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.: 8588-9900 loc. 224, 226, 361, 355
 Fax no.: 85889997 • e-mail: pcmcproc@gmail.com

PURCHASE ORDER **NO. 73586**
73586
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. MMD-CMS-2022-01 Dated: 10/08/2021
MODE OF PROCUREMENT
NP 53.1
 CS No. _____ AC No. _____
 DATE OF P.O. AUGUST 05, 2022

TO: Supplier/Dealer Contractor HEALTHRUSH ENTERPRISES
 Address: Unit 704, West Trade Center, 132 West Avenue, Brgy. Phil-am, Quezon City

Department/Office/Division/Section/Unit where delivery
 Is to be made: Supply & Property Section
 Location: Ground Floor, PCMC Bldg.
 Special Instructions _____
 Delivery period: 7 working days Other Terms: _____
 Performance Security Posted: Surety Bond No. (12) 49030
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 62,377.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	30	pc	Bag, Anesthesia Re-breathing 1.0 L, HN-70506	155.00	4,650.00
2	60	pc	Bag, Anesthesia Re-breathing 2.0 L, HN-70507	170.00	10,200.00
3	42	pc	Bag, Anesthesia Re-breathing 3.0 L, HN-70508 <i>Brand: GGM</i> <i>Manufacturer: Great Group Medical Co., Ltd</i>	170.00	7,140.00
					21,990.00
					vvvvvvvvvvvvvv
					(Twenty One Thousand Nine Hundred Ninety Pesos Only)
NOTE: FOR THE USE OF MATERIALS MANAGEMENT DIVISION <i>All deliveries shall have at least One (1) year expiration period</i> ***** nothing follows *****					
Tel. No. 8376-5685					

Penalty Clause for Delayed or Unsatisfactory Deliveries:
 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.
 2. Excess in price, if procured from third parties, through alternative mode of procurement; and
 3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

Additional instructions & conditions:
 1. Staggered Delivery/Payment
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 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

Funding Code 5-02-03-080 *md 8/10/21* **TOTAL AMOUNT P** 21,990.00

FUNDS AVAILABLE: 21,990.00
Shaw 2/10
 LOURDES B. DELOS REYES, CPA
OLC, Accounting Division
 APPROVED:
S. B. Gonzalez
 SONIA B. GONZALEZ, MD, MSChSM, MPM
 Executive Director
 Attachments:
 P.R. No. MMD-CMS-2022-01
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others: BAC RESO # R2022-07-343/
NOA-2022-130/
NTP-PROC-2022-339.

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
DEPARTMENT OF HEALTH
PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100
website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE TO PROCEED
NTP-PROC-2022-339**

August 05, 2022




HEALTHRUSH ENTERPRISES

Unit 704, West Trade Center,
132 West Avenue, Brgy. Phil-am,
Quezon City
Tel. No. 8376-5685

Sir/Madam:

This is to inform you that Purchase Order No. 73586/73587 as a result of Negotiated Procurement - Two Failed Biddings for the Procurement of Common Medical Supplies for CY 2022 has been approved.

You may now proceed with the delivery of items listed in the attached Purchase Order within seven (7) working days from receipt of this notice and/or Delivery Order Slip for Staggered Delivery.


SONIA B. GONZALEZ, MD, MScHSM, MPM
Executive Director  

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____