



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 73745**
FOR SUPPLIES OR EQUIPMENT
 P. R. No. RAD-2022-07 Dated: 08/04/2022
MODE OF PROCUREMENT
DC
 CS No. NOA-2022-153 AC No. R2022-09-433
 DATE OF P.O. September 20, 2022

TO: Supplier/Dealer Contractor MEDEQUAL SYSTEMS AND SUPPLIES, INC.
 Address: 19 Laguna St., San Francisco Del Monte, Q.C. Tel: 7738-6774 to 75 Fax: 8371-0651

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. _____
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P _____

| Item No. | QTY. | UNIT | ARTICLES | UNIT COST | TOTAL COST |
|----------|------|------|---|-----------|---|
| 1 | 50 | pc | MRI Compatible Hextrode Electrode (Brand: Iradimed MRI Compatible Patient Monitor) MRI Hextrode Electrode, Iradimed Inc. Florida ***Nothing Follows*** Note: For the use of Radiology Division All deliveries shall have at least (1) one year expiration period | 1,068.00 | 53,400.00 wwwwww (Fifty three thousand four hundred pesos only) |

Penalty Clause for Delayed or Unsatisfactory Deliveries:

- 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
- Excess in price, if procured from third parties, through alternative mode of procurement; and
- In case of bidding, forfeiture of performance bond equal to 5% of the undelivered item/s.

Additional Instruction & Conditions:

- Staggered Delivery / Payment
- Delivery will take effect upon receipt of delivery confirmation of quantity/date
- Delivery is w/in 7 working days upon receipt of delivery confirmation
- PCMC has the right to reject or cancel any item in this PO for justifiable and reasonable grounds where the award will not benefit the Government
- Terms and conditions specified on Notice of Award

Funding Code 5-02-03-080 *md 9/22/22*

TOTAL AMOUNT P 53,400.00

FUNDS AVAILABLE: P53,400 -

- Attachments:
- P.R. No. RAD-2022-07
 - Abstract of Canvass/Bids
 - Canvass Sheet/Tender of Bids
 - Notarized Certification of Exclusive Distributor
 - Justification
 - Others

Signature 9/22
LOURDES B. DELOS REYES, CPA
 Chief Accountant
 OIC-Accounting Division

APPROVED:

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

Signature
NOA-2022-153 / NTP-2022-369
R2022-09-433
AMRP

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

md 9/23



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-2022-369


September 20, 2022

MEDEQUAL SYSTEMS AND SUPPLIES, INC.
#19 Laguna Street, San Francisco Del Monte
Quezon City
Tel: 7738-6774 to 75 Fax: 83710651

Sir/Madam:

This is to inform you that Purchase Order No. 73745 as a result of Direct Contracting
for the Procurement of 50 pc MRI Compatible Hextrode Electrode (Brand: Iradimed MRI Compatible Patient
Monitor) MRI Hextrode Electrode, Iradimed, Florida 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 and/or Delivery Order Slip
for staggered delivery.


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

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

