



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 73840**
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. GSD-RMF 2022-27 Dated: 08/26/2022
MODE OF PROCUREMENT
 Direct Contracting 10/11/2022
 CS No. _____ AC No. AQ-2022-066
 DATE OF P.O. October 11, 2022

TO: Supplier/Dealer Contractor **KPI ELEVATORS, INC.** ✓
 Address: 25/f bdo Equitable Tower Paseo De Roxas, Makati City

Department/Office/Division/Section/Unit where delivery is to be made: Ground Floor, PCMC Bldg.
 Location: _____
 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
			Supply of Labor, Tools, Parts and materials for the repair and replacement of defective parts of Service Elevator (S.E) and Passenger Elevator 2 (P.E.2), Brand: KONE ✓		
	2 ✓	set ✓	Scope of work		
			Car Fan with cable, FB-9k-220 R, 60Hz ✓	18,026.960 ✓	36,053.920 ✓
	16 ✓	set ✓	Sliding Guide Shoe, 70mm ✓	2,366.150 ✓	37,858.400 ✓
					73,912.32 ✓

For the use of GSD
 xxxxxxxxxxxxxxxxxxxNothing Follows xxxxxxxxxxxxxxxxxxx
 Delivery Schedule: Whitin seven (7) days upon receipt of Purchase Order ✓
 Warranty : Ninety 90 days against faulty workmanship and materials ✓

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 / e-mail 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.
avm Penalty Clause for Delayed of 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 bond equal to 5% of the undelivered item/s.

Funding Code 5-02-13-040 *md 10/14/22* **TOTAL AMOUNT P** ✓ 73,912.32 *imw*

FUNDS AVAILABLE P 73,912.32
 LOURDES B. DELOS REYES, CPA *10/14*
 OIC Chief Accountant
 APPROVED:
SB/Agly
 SONIA B. GONZALEZ, M.D, MSCHSM, MPM
 Executive Director *lm*

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: _____
 NOA # 2022-163
 Reso # R2022-09-475
 NTP-PROC-2022-381

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-2022-381


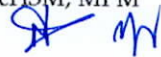
October 11, 2022

KPI ELEVATORS, INC.
25/F BDO Equitable Tower Paseo De Roxas
Makati, City
Tel: 8811-2929

Sir/Madam:

This is to inform you that Purchase Order No. 73840, as a result of Direct Contracting for the Procurement of Supply of Labor, Tools, Parts and Materials for the repair and replacement of defective parts of Service Elevator (S.E.) and Passenger Elevator 2 (P.E.2), Brand: KONE has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within Seven (7) 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: _____

