

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 SUPPL	IES OR EQUIPMENT
D D MO	

Nº 73884

P. R. NO. ___GSD-RME-2022-69 / Dated: ___

09/15/2022

MODE OF PROCUREMENT Direct Contracting /

CS No. DATE OF P.O. AC No. AB 2022 10684

	DATE OF P.O.	October 17,2022
Address:	EALTH CARE INC. / , 154, H.V. Delacosta St. Makati City	
Department/Office/Division/Section/Unit where deli	very Delivery period: 7 working days Performance Security Posted:	Other Terms: Surety Bond No.
Leastion:	Cash / Cashier's / Manager's	
Special Instructions Ground Floor, PCMC Bldg.	PCMC O.R. No.	Amount P

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			Supply of Labor, tools, parts & materials for repair	BURE DIE	
			and replacement of defective parts for the four (4) units	101150	
			Infant Incubator at NICU (Brand: FANEM) 150		
			PN # 1704-419-2201 to 2203-A-Nicu / 19-1704-419-2204-A-N	icu	
			7		
			L Parte to be replaced.		
	1 1	nc .	I. Parts to be replaced: Air and Safety Sensor, Brazil	1 100 00 4	4 400 00
	1 4	pc /	Air Filter, Brazil	4,480.00 /	4,480.00 43,545.60
	1 .	PK PK	O isplay Ponel Harness, Brazil	8848	
	1 <	pc ·	Lack of Air Circulation Sensor, Brazil	4898.88	4,898.88
	3 4	pc .	Oval Door, Brazil	4491.2	13,473.60
		pc /	Synchronous Motor with Starting Capcitor, 220V, Brazil	12,611.20	50,444.80
	4 6	pc /	II. Labor	12,011.20	30,444.80
	1	100		2 200 00	12 440 00
	4	lot	Labor for the Four Units	3,360.00	13,440.00
		all the late	Scope of Work		139,130.88
		American A	Function Check and Test		VVVVVVVVVVVVV
		Chart Age	For the use of GSD	One Hundred T	hirty Nine
	THE SECTION		xxxxxxxxxxxxxxXNothing Follows xxxxxxxxxxxxxxxxx	Thousand One	Hundred Thirty
			Warranty: Three (3) months	Pesos & 88/100	1
avm	Penalty Claus	e for Delayed of U	nsatisfactory Deliveries	I de la company	
1. One-ter	oth (1/10) of one ne	encent (1%) of the cost	f unperformed portion for everyday of delay.		
ALL ALL			reaches 10% of the amount of the contract, the Procuring Entity		
ALC: NO.			idice to other courses of action and remedies available under the circumstances		
2. Excest	in price, if procurre	d from third parties, th	rough alternative mode of procurement; and		
3. In case	of bidding, forfeitu	re of parformance bon	equal to 5% of the undelivered item/s.		
Funding	g Code 5.0	2-13-050-4	70 mf/6/19/2~ TOTAL 30.88 Attachments: 19	AMOUNT P	120 120 00
ELDID	C ANTAIL AT	B139	30.88 Attachments		139,130.88
FUND	SAVAILAE	31	19 P.R. No. GSD-RME-2022-69 This	CERTIFICAT is to certify the	
LOUI	RDES B. DE	LOS REYES,	CPA Abstract of Canvass/Bids today	the copy of t	
	Chief Acco			and held th	
OIC-				by the terms a	
APPRO	OVED:		Exclusive Distributor of the	contract and	d other laws
	Let		☐ Justification applica	ible.	
	Sto Se	mly .	□ Others		
	A B. GONZ		MScHSM MPM NOA-2022-169 (Si	ignature over pr	inted name)
	Executive D	rector	/ Reso # R2022-10-526 *	e Production	
		~	NTP-PROC-2020-385 / Date	The same of the sa	

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-2020-385

October 17, 2022

BIOMEDICA HEALTH CARE, INC. <u>Unit 2103 Cityland 10 Tower 1</u> 154 H.V. Dela Costa St., Makati City Tel: 8551-7291

Sir/Madam:

This is to inform you that Pur	chase Order No.	73884	as a result of	Direct Contracting
for the Procurement of Su	pply and Labor, tools	, parts & mat	– erials for repair a	nd replacement of defective parts
for the four (4) units Infant Incub				
PN1704-419-2201 to 2203-A-N	IICU and ISO 1704-419	-2204-A-NICL	J	has been approved.
You may now proceed with the Seven (7) working day		ems listed in		archase Order within
SONIA B. GONZAZEZ, M.D., Executive Director	MScHSM, MPM			
Executive Director) _M			
CONFORME:				
Received Original				
Signature Over Printed Name				
Authorized Representative				
Date:				