

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 OR	DER	No	74464
FOR SUPPLIES	OR EQUIPMEN	T	7446
P. R. NO. MMD			10/13/2022 /
MODE OF PROC	CUREMENT UBLIC BIDDING	,	
CS No.	JANUARY 18,	AC No.	
DATE OF P.O.	JANUARY 18,	2023	/

Is to be made: Supply & Property Section Location: Ground Floor, PCMC Bldg. Special Instructions Performance Security Posted: Sure Cash / Cashier's / Manager's Check No. PCMC O.R. No. 574,903 Amount	nt P 74,15 COST T 48.90 / 868.80 / 857.00 /	23.59 FOTAL COST 5,379.00 529,968.00 137,120.00
Location: Ground Floor, PCMC Bldg. Special Instructions PCMC O.R. No. 574,903 Amount Item No. QTY. UNIT ARTICLES UNIT 1 110 pc Cleaner, Cautery Tip 5 x 5cm Electro-Surgical Tip Cleaner, PAHSCO 2 610 pcs Closed System, Suction Catheter fr 10 Free Trachea Closed Suction Set Fr. 10, PAHSCO 3 160 pc Closed System, Suction Catheter fr 12 Free Trachea Closed Suction Set Fr. 12, PAHSCO	nt P	23.59 FOTAL COST 5,379.00 529,968.00 137,120.00
Special Instructions PCMC O.R. No. 574,963 Amount Item No. QTY. UNIT ARTICLES UNIT 1 110 pc Cleaner, Cautery Tip 5 x 5cm Electro-Surgical Tip Cleaner, PAHSCO 2 610 pcs Closed System, Suction Catheter fr 10 Free Trachea Closed Suction Set Fr. 10, PAHSCO 3 160 pc Closed System, Suction Catheter fr 12 Free Trachea Closed Suction Set Fr. 12, PAHSCO	nt P 74,15 COST T 48.90 / 868.80 / 857.00 /	5,379.00 529,968.00 137,120.00
Item No. QTY. UNIT ARTICLES UNIT 1 110 / pc Cleaner, Cautery Tip 5 x 5cm Electro-Surgical Tip Cleaner, PAHSCO / Closed System, Suction Catheter fr 10 Free Trachea Closed Suction Set Fr. 10, PAHSCO / Closed System, Suction Catheter fr 12 Free Trachea Closed Suction Set Fr. 12, PAHSCO /	48.90 / 868.80 / 857.00 /	5,379.00 529,968.00 137,120.00
1 110 / pc . Cleaner, Cautery Tip 5 x 5cm Electro-Surgical Tip Cleaner, PAHSCO / 2 610 / pcs , Closed System, Suction Catheter fr 10 Free Trachea Closed Suction Set Fr. 10, PAHSCO / 3 160 / pc , Closed System, Suction Catheter fr 12 Free Trachea Closed Suction Set Fr. 12, PAHSCO /	48.90 / 868.80 / 857.00 /	5,379.00 529,968.00 137,120.00
Electro-Surgical Tip Cleaner, PAHSCO Closed System, Suction Catheter fr 10 Free Trachea Closed Suction Set Fr. 10, PAHSCO Closed System, Suction Catheter fr 12 Free Trachea Closed Suction Set Fr. 12, PAHSCO	868.80 / 857.00 /	529,968.00 137,120.00
Electro-Surgical Tip Cleaner, PAHSCO Closed System, Suction Catheter fr 10 Free Trachea Closed Suction Set Fr. 10, PAHSCO Closed System, Suction Catheter fr 12 Free Trachea Closed Suction Set Fr. 12, PAHSCO	868.80 / 857.00 /	529,968.00 137,120.00
2 610 pcs Closed System, Suction Catheter fr 10 Free Trachea Closed Suction Set Fr. 10, PAHSCO Closed System, Suction Catheter fr 12 Free Trachea Closed Suction Set Fr. 12, PAHSCO	857.00 / 857.00 /	137,120.00
Free Trachea Closed Suction Set Fr. 10, PAHSCO Closed System, Suction Catheter fr 12 Free Trachea Closed Suction Set Fr. 12, PAHSCO	857.00 / 857.00 /	137,120.00
3 160 pc Closed System, Suction Catheter fr 12 Free Trachea Closed Suction Set Fr. 12, PAHSCO	857.00	
Free Trachea Closed Suction Set Fr. 12, PAHSCO	857.00	
		8,570.00
4 10 pc Closed System, Suction Catheter if 14		8,570.00
For Track of Classic Cot For 14 PAUSCO	057.00	
Free Trachea Closed Suction Set Fr. 14, PAHSCO		E4 420 00
5 60 pc Closed System, Suction Catheter fr 16	857.00	51,420.00
Free Trachea Closed Suction Set Fr. 16, PAHSCO	957.00	600 470 00
6 710 / pcs / Closed System, Suction Catheter fr 8	857.00 r	608,470.00
Free Trachea Closed Suction Set Fr. 8, PAHSCO	245.00	11 025 00
7 45 pc Guide Wire for Intubation, Fr. 6 Neonate	245.00 /	11,025.00
8 67 pc / Guide Wire for Intubation, Fr.10 Pedia	197.98	13,264.66
8 67 pc / Guide Wire for Intubation, Fr.10 Pedia ET Tube Stylet 3.3mm, PAHSCO	197.90	15,204.00
	197.98 /	8,909.10
9 45 pc Guide Wire for Intubation, Fr.12 Adult ET Tube Stylet 4.3mm, PAHSCO	197.90	0,303.10
	305.00	12,200.00
	303.00	12,200.00
Air Cushion Mask No.1, Hsiner Mask, Face Anesthesia, Neonate size 2	188.80 /	28,320.00
Air Cushion Mask No.2, Hsiner	100.00	20,520.00
12 120 / pc / Mask, Face Anesthesia, Neonate size 3	305.00 /	36,600.00
Air Cushion Mask No.3, Hsiner	303.00	30,000.00
All desired visit		1,451,245.76
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Funding Code TOTAL AMOU	UNT P	
Attachments	TIEICATIO	N
FUNDS AVAILABLE: Attachments: P.R. No. Abstract of Canvass/Bids CER' This is to c		I received
Chief Accountant Canvass Sheet/Tender of Bids Order, and	held the	Company
□ Notarized Certification of bound by the APPROVED: Exclusive Distributor of the contri		

White (Original) - Attachment to payment Yellow (Duplicate) - Procurement Distribution:

Executive Director

☐ Justification ☐ Others

> Pink - Supply and Property

(Signature over printed name)

applicable.

Date:



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 EQUIPMEN	T

P.R. NO. MMD-CMS-2023-02 Dated: 10/13/2022 .

MODE OF PROCUREMENT
PUBLIC RIDDING

74464

ALBERT PROPERTY	OBLIC BIDDING	
CS No.	AC No.	
DATE OF P.O.	JANUARY 18, 2023	

TO: Suj Addres	s:	th Floor the	Esquire Ce	ntre 412 Gomez	JPPLY, INC. /	Addition Hil	ls, Mandaluyong	g City
Is to be	ment/Office/I made:	Division/Sect	ion/Unit who	ere delivery	No: (632) 8705-1065 Delivery period: 7 wor Bidder's Bond Posted: Cashier's / Mana	☐ Cash Inger's / Cert (Check No.	
					PCMC O.R. No57	6903		14,123,59
Item No.	QTY.	UNIT		A	RTICLES		UNIT COST	TOTAL COST
13 14	90 - 20 /	pc /	Mask, Fac Air Cushi Mask, Fac	E FORWARDED ce Anesthesia, Po on Mask No.4, H ce Anesthesia, sr on Mask No.5, H	siner mall size 5		305.00 188.80 (One Million Fo Eighty Two Tha	
	(1222		deliveries sh ***** *****	eall have at least ******** page 2 ****** nothing	IALS MANAGEMENT I One (1) year expiration 2 of 2 *********************************	period *	Hundred Sevent & 76/100 Only)	y One Pesos
Penalty C	/LMA lause for Delays	ed or Unsatisfac	tory Deliveries:			Additional ins	structions & condition	ne'
1. One-ter Once the the Pro- action a 2. Excess in	oth (1/10) of one e cumulative amo curing Entity may and remedies avai n price, if procur	percent (1%) of the unt of liquidated rescind or terminal lable under the ci ed from third par	ne cost of unper damages reache late the contract roumstances. ties, through alt	formed portion for events 10% of the amount of the amount of the thick the second of the thick t	of the contract, other courses of urement; and	Staggered D Delivery will Delivery Cor Delivery is w Delivery Cor PCMC has the in this PO for	elivery/Payment take effect upon recei nimation of Quantity/ ithin 7 days upon rece	pt of Date lipt of cel any items nable ground
Funding	Code 5-0	12-03-08	- md1	hotos		TOTAL	AMOUNT P	1 492 471 76
LOUR OH APPRO	S AVAILAB ADES B. DELO C, Accounting	LE: \$ 1,48: S REYES, CPA Division Ly MID, MISCHS		Attachments: P.R. No. Abstract of Canvass Sh Notarized C Exclusive D Justification Others		This is today to Purchas Companistipulati laws app	CERTIFICATE to certify the he Original see Order, and by the controlicable.	at I received copy of this nd held the he terms and ract and other
Distribu		nite (Origina	vou	icher with other	ched in the claim supporting documents	s) Pink	c - Supply an	nd 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-2023-106

January 18, 2022

RMG HOSPITAL SUPPLY, INC.

4th Floor the Esquire Centre 412 Gomezville St.cor.Guerrero St. Addition Hills, Mandaluyong City Telephone No: (632) 8723-5552; 8722-1033

Fax No: (632) 8705-1065

Sir/Madam:
This is to inform you that Purchase Order No
You may now proceed with the delivery of items listed in the attached Purchase Order within <u>seven (7) working days</u> 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: _