



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 74467**
 FOR SUPPLIES OR EQUIPMENT **74467**
 P. R. NO. MMD-CMS-2023-01 Dated: 10/13/2022
 MODE OF PROCUREMENT PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. JANUARY 18, 2023

TO: Supplier/Dealer Contractor **HEALTHRUSH ENTERPRISES**
 Address: Unit 704 West Trade 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. CL(3) 53276
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 347,820.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	3,900	bt	Humidifier, Sterile Water Plastic 340/500mL Prefilled Compact Disposable Humidifier, VERTEX, China	96.00	374,400.00
2	100	pc	Nasal Cannula, Adult/Child (4mm) Nasal Cannula, Pediatric, GGM, Taiwan	1,580.00	158,000.00
3	300	pc	Nasal Cannula, Infant (3.5mm) Nasal Cannula, Infant, 3.5mm/18LPM, HFN-1002, GGM, Taiwan	2,090.00	627,000.00
					<u>1,159,400.00</u> vvvvvvvvvvvvv
					<i>(One Million One Hundred Fifty Nine Thousand Four Hundred Pesos Only)</i>
<p>*VAT-EXEMPT</p> <p>NOTE: FOR THE USE OF MATERIALS MANAGEMENT DIVISION <i>All deliveries shall have at least One (1) year expiration period</i> ***** nothing follows *****</p> <p>(Conforme with the attached Terms of Reference)</p>					
/LMA					

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 1/18/23* **TOTAL AMOUNT P** 1,159,400.00

FUNDS AVAILABLE: ₱ 1,159,400.00
 LOURDES B. DELOS REYES, CPA
 OIC, Accounting Division

APPROVED:
Sonia B. Gonzalez
 SONIA B. GONZALEZ, MID, MSChSM, MPM
 Executive Director

Attachments:
 P.R. No. MMD-CMS-2023-01
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others NOA-2023-022/
R2023-00-029/
NTP-PROC-2023-109

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-2023-109

January 18, 2022

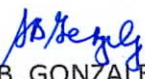
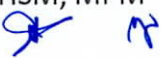
HEALTHRUSH ENTERPRISES

Unit 704 West Trade 132
West Avenue, Brgy. Phil-Am,
Quezon City
Tel. No: (632) 7006-5131

Sir/Madam:

This is to inform you that Purchase Order No. 74467 as a result of Public Bidding
for the Procurement of Common Medical Supplies for CY 2023
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: _____