



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 74943**  
 FOR SUPPLIES OR EQUIPMENT **74943**  
 P. R. NO. NS Patient Care 2022-007 Dated: August 1, 2022  
 MODE OF PROCUREMENT  
 **COMPETITIVE BIDDING**  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. April 27, 2023

TO: Supplier/Dealer Contractor WELLNESS PRO INC.  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 U1006 & 1003 Richmond Plaza San Miguel Ave. Cor Lourdes St. Ortigas Center Pasig City  
 Department/Office/Division/Section/Unit where delivery Is to be made: \_\_\_\_\_  
 Location: Materials Management Division  
 Special Instructions Ground Floor, PCMC Bldg.  
 Delivery period: 7 working days Other Terms: \_\_\_\_\_  
 Performance Security Posted:  Surety Bond No. \_\_\_\_\_  
 Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 PCMC O.R. No. 422164 Amount P 8,000.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	2	unit	<b>Supply and Delivery of Weighing Scale Neonates</b> <b>Brand: SECA / Model: SECA 374</b>  <b>A. SPECIFICATIONS</b> 1. Weight Capacity of Maximum of 20kg 2. LCD Display 3. With length measuring rod ranges from 35-80 cm 4. With extra large tray for large babies 5. Extra-large curved weighing tray size approximately: W-24.4 inches x H-7.5 inches x D-14.1 inches 6. Can be used with AA Batteries and with AC adapter for operation 7. With auto-HOLD and TARE feature 8. Programmable Auto Off 9. With functions: LB/KG Conversion lockout 10. Equipment parts are Heavy Duty 11. With utility cart 2 layers and four caster wheels with lock 12. With AA Battery option with AC adapter for operation 13. Power Consumption: with wireless module disabled- approx. 32 ma/ with wireless module activated- approx. 50 ma 14. The unit will be operated at 230 volts, 3 Pin powerplug/cable, strictly at 60 hertz 15. Mechanical parts are of heavy-duty durable type 16. Equipment is maintainable and serviceable <b>B. Accessories (per unit)</b> 1. AC adaptor for no battery operation 2. Will provide extra Rechargeable Battery Charger and six (6) pieces AA Rechargeable Batteries <b>C. Warranty</b> 1. With one (1) year warranty on accessories, parts and services 2. With free quarterly preventive maintenance and calibration	80,000.00	160,000.00

(One Hundred Sixty Thousand Pesos)

Funding Code \_\_\_\_\_ **TOTAL AMOUNT P 160,000.00**

FUNDS AVAILABLE:  
LEA M. VILLALOBOS, CPA  
 Chief Accountant  
  
 APPROVED:  
SONIA B. GONZALEZ, MD, MSsHSM, MPM  
 Executive Director

- Attachments:  
 P.R. No. NS Patient Care 2022-007  
 Abstract of Canvass/Bids  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others  
 x BAC RESO NO. R2023-04-221  
 x NOA-2023-101  
 x NTP-PROC-2023-222

**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



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P. R. NO. **NS Patient Care 2022-007** Dated: August 1, 2022 ✓  
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 DATE OF P.O. April 27, 2023 ✓

TO: Supplier/Dealer Contractor **WELLNESS PRO INC.** ✓  
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 PCMC O.R. No. 622164 Amount P 8,000.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<p><b>D. With duly notarized certificate from Distributor- Wellnes Pro Inc.</b>                      Certifies that:</p> <p>i. Availability of consumables &amp; spare parts in accordance to estimated useful life of the delivered equipment for a period of five (5) years after warranty period. ✓</p> <p>ii. It has available competent in-house technical specialists in handling and providing technical support as well as maintenance of the equipment being offered; ✓</p> <p>iii. That it will conduct training for proper operation and maintenance to end-users of the equipment upon delivery; and ✓</p> <p>iv. It will provide replacement/back-up unit while the delivered unit is being repaired. ✓</p> <p><b>E. With duly notarized certificate from Principal Manufacturer- SECA GMBH &amp; Co. Kg</b></p> <p>i. All the terms and conditions stated in the bidding documents per IRR of RA 9184 and corresponding contract for the project shall be honored by the Principal Manufacturer including the event that a change of dealership will occur during the duration of the contract up to warranty and preventive maintenance period. ✓</p> <p>ii. The expected useful life of the equipment under normal use for SECA 374 scale life expectancy is at least five (5) years, approximately of 45,0000 weighings or approximately five (5) years given an average of 25 weighings per day. ✓</p> <p>iii. Guarantee on availability of all spare parts, accessories and consumables at least for the next five (5) years from testing, commissioning, acceptance and delivery; ✓</p> <p>iv. That it has competence in handling and providing technical support as well as maintenance of the equipment being offered, through our designated distribution partner in the Philippines; ✓</p> <p><b>v. Consumer guidelines regarding disposal of the equipment</b>                      Dispose of batteries via local points, not with domestic waste. When purchasing new batteries, select those low in harmful substance which do not contain mercury (Hg) Calcium (Ca) or Lead (Pb) ✓</p> <p style="text-align: center;">***** page 2 of 3 *****</p>		

Funding Code \_\_\_\_\_ **TOTAL AMOUNT P** 160,000.00 ✓

FUNDS AVAILABLE:  
LEA M. VILLALOBOS, CPA  
 Chief Accountant

APPROVED:  
SONIA B. GONZALEZ, MD, MSsHSM, MPM  
 Executive Director

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**PURCHASE ORDER  
 FOR SUPPLIES OR EQUIPMENT**

74943

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 MODE OF PROCUREMENT COMPETITIVE BIDDING  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. April 27, 2023

TO: Supplier/Dealer Contractor WELLNESS PRO INC.  
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Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
<p><b>F. Delivery Schedule:</b> Within Forty Five (45) to Sixty <u>76</u> (60) calendar days from receipt of Purchase Order/Notice to Proceed ✓</p> <p style="margin-top: 100px;"><b>For the use of:</b> Nursing Service Patient care</p>					

**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.

Funding Code i-06-05-110 - (2022) md 5/4/23 639M **TOTAL AMOUNT P** 160,000.00

FUNDS AVAILABLE: 160,000.00  
for the labm 5/4  
**LEA M. VILLALOBOS, CPA**  
 Chief Accountant

APPROVED:  
[Signature]  
**SONIA B. GONZALEZ, MD, MSsHSM, MPM**  
 Executive Director [Signature]

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Republic of the Philippines  
DEPARTMENT OF HEALTH  
**PHILIPPINE CHILDREN'S MEDICAL CENTER**

Quezon Avenue, Quezon City 1100  
website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)  
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE TO PROCEED**  
**NTP-PROC-2023-222**

Date: April 27, 2023

**WELLNESS PRO INC.**

U1006 & 1003 Richmond Plaza San Miguel Ave.  
Cor Lourdes St. Ortigas Center  
Pasig City

Sir/Madam:

This is to inform you that Purchase Order No. 74943 as a result of Public Bidding for the purchase of **Supply and Delivery of Two (2) units of Weighing Scale Neonates** has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within Forty Five (45) to Sixty (60) calendar days from receipt of this notice.

**SONIA B. GONZALEZ, MD MScHSM, MPM**  
Executive Director

CONFORME:  
Received Original

\_\_\_\_\_  
Signature Over Printed Name  
Authorized Representative  
Date: \_\_\_\_\_