



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** N<sup>o</sup> 76404  
**FOR SUPPLIES OR EQUIPMENT**  
 P. R. NO. PERI 2023-007 Dated: 2023-08-30  
 MODE OF PROCUREMENT  
 Public Bidding  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. 2024-03-13

TO: Supplier/Dealer Contractor **PRO-LIFE HEALTHCARE SYSTEM CORP.**  
 Address: B14 L10 Bora-Bora Drive Vincent Heights Alfonso, Anglongto Sr. Buhangin District Davao City.

Department/Office/Division/Section/Unit where delivery  
 Is to be made: Materials Management Division  
 Location: Ground Floor, PCMC Bldg.  
 Special Instructions \_\_\_\_\_  
 Delivery period: 7 working days  
 Performance Security Posted:  Surety Bond No. \_\_\_\_\_  
 Cash / Cashier's / Manager's Check No. G(13)85253  
 PCMC O.R. No. \_\_\_\_\_ Amount P 435,000.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1	unit	<p>SUPPLY, DELIVERY and INSTALLATION, SCRUBSINK with WATER TREATMENT SYSTEM</p> <p>BRAND: MIXTA            MAKE / MODEL: MEY 1021</p> <p>A. Specifications of the Main Equipment</p> <ol style="list-style-type: none"> <li>Dimensions: (LxWxH) 1600 x 650 x 1200mm or equivalent dimensions that best fit to the allotted space for the equipment</li> <li>Made of 304 quality stainless steel</li> <li>Stand alone system (no major chipping of concrete walls/ floors required)</li> <li>Two faucets with individual knee operated water and soap</li> <li>Mechanical water and soap flow</li> <li>Mixer Thermostatic valve for water temperature adjustment</li> <li>Corrosion and rust proof</li> <li>Built-in water treatment system</li> <li>Will conduct site visit and will submit fit out plan to conform with the space allotted for the equipment</li> <li>The unit will be operated at 230 Volts 3-Pin Power Plug / cable, strictly at 60 hertz</li> <li>Will Supply proper/dedicated grounding</li> <li>With built-in battery back up system for detection and life saving equipment</li> <li>No separate volt conversion</li> <li>Power consumption of the unit : 220 VAC</li> <li>Mechanical parts is of heavy-duty type</li> <li>Equipment is maintainable</li> </ol> <p>A.1. Water Treatment System (Brand/Model: Melag Meladem 40)</p> <ul style="list-style-type: none"> <li>Dimensions: (LxWxH) 31.5 x 35 x 15.5cm or equivalent that can be fit out under or mounted on the device</li> <li>Weight: not more than 4 kilos</li> <li>Volume: 1.4L (mixed bed resin)</li> <li>Water quality: Reverse osmosis, 1-5 uS/cm</li> <li>Capacity at 100 dH: c. 210 l</li> </ul> <p>A.2. Cap, Bonnet and Mask Cupboard (Brand/Model: MIXTA MKB 2100)</p>	1,450,000.00	<b>1,450,000.00</b>  ** one million four hundred fifty thousand pesos only **

Funding Code \_\_\_\_\_ Page 1/3 **TOTAL AMOUNT P 1,450,000.00**

FUNDS AVAILABLE:  
**LEAH M. VILLALOBOS, CPA, MBA**  
 Chief Accountant  
 APPROVED:  
**SONIA B. GONZALEZ, MD MSChSM, MPM**  
 Executive Director

Attachments PERI 2023-007  
 P.R. No. \_\_\_\_\_  
 Abstract of Canvass/Bids  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others \_\_\_\_\_  
 NOA-2024-041  
 BAC Reso No. R2024-03-136  
 NTP-PROC-2024-138

**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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**FOR SUPPLIES OR EQUIPMENT**  
 PERI 2023-007 Dated: 2023-08-30  
 P. R. NO. \_\_\_\_\_  
 MODE OF PROCUREMENT: Public Bidding  
 CS No. \_\_\_\_\_ 2024-03-13 AC No. \_\_\_\_\_  
 DATE OF P.O. \_\_\_\_\_

**PRO-LIFE HEALTHCARE SYSTEM CORP.**

TO: Supplier/Dealer Contractor  
 Address: B14 L10 Bora-Bora Drive Vincent Heights Alfonso, Anglongto Sr. Buhangin District Davao City.

Department/Office/Division/Section/Unit where delivery is to be made: Materials Management Division  
 Location: Ground Floor, PCMC Bldg.  
 Special Instructions: \_\_\_\_\_  
 Delivery period: 7 working days  
 Performance Security Posted:  Surety Bond No. G(13)85253  
 Cash / Cashier's / Manager's Check No. 435,000.00  
 PCMC O.R. No. \_\_\_\_\_ Amount P \_\_\_\_\_

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			- Made of 304 quality stainless steel ✓ - With two compartments/ sections: clean cap, bonnet, mask at top side; waste section at the bottom ✓ - Dimensions: (WxLxH) 250mm x 600mm x 1200mm ✓ A.3. Brush Dispenser (Brand/Model: MIXTA MFL 0502) ✓ - Made of 304 quality stainless steel ✓ - Ten (10) brush capacity ✓ - Dimensions: (WxDxH) 50mm x 130mm x 350mm ✓ B. Scope of Work - Includes all mechanical and installation works of the devices ✓ - Plumbing works, tapping to water sources & drainage and sanitary works ✓ - Tapping to electrical source and provide electrical panel & with power on delay ✓ - Restoration works ✓ C. Accessories to be provided: - 2 Faucet( Stainless) ✓ One (1) Unit AVR (Brand / Model: Hi Mark / 1500 VA) ✓ D. Consumables to be provided: - 3 Filters (1um) ✓ - 3 Filters (5um) ✓ E. Warranty: With three (3) years warranty on parts, labor and maintenance ✓ With three (3) years quarterly preventive maintenance and once a year calibration ✓ D With duly notarized certificate from Distributor - PRO-LIFE HEALTHCARE SYSTEMS CORPORATION Certifies that: i. Parts, accessories and consumables are readily available at the authorized Philippine service center/s for a period of five (5) years after the warranty period; ✓ ii. Has available competence in-house technical specialist in handling and providing technical support as well as maintenance of the equipment being offered; and ✓ iii. That it will conduct training for proper operation and maintenance to end-users of the equipment upon delivery; and ✓ iv. shall provide replacement/back-up unit while the delivered unit		<b>1,450,000.00</b>

Funding Code \_\_\_\_\_

**TOTAL AMOUNT P**

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**LEAH M. VILLALOBOS, CPA, MBA**

Chief Accountant

APPROVED:

**SONIA B. GONZALEZ, MD MS&HSM, MPM**

Executive Director

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- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others \_\_\_\_\_

NOA-2024-044  
 BAC Reso No. R2024-03-136  
 NTP-PROC-2024-138

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**PURCHASE ORDER**  
**FOR SUPPLIES OR EQUIPMENT**  
 PERI 2023-007  
 Dated: 2023-08-30  
 P. R. NO. \_\_\_\_\_  
 MODE OF PROCUREMENT: Public Bidding  
 CS No. \_\_\_\_\_ 2024-03-13 AC No. \_\_\_\_\_  
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 Location: Ground Floor, PCMC Bldg.  
 Delivery period: 7 working days Other Terms: \_\_\_\_\_  
 Performance Security Posted:  Surety Bond No. G(13)85253  
 Cash / Cashier's / Manager's Check No. 435,000.00  
 PCMC O.R. No. \_\_\_\_\_ Amount P \_\_\_\_\_

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<p>is being repaired. ✓            E. With duly notarized certificate from Principal Manufacturer - MIXTA TIBBI CIHAZLAR VE DONANIMLARI ULUSLARARASI TAAHHUT TICARET A.S. ✓            Certifies that:            i. All the terms and conditions stated in bidding documents per IRR of RA 9184 and corresponding contract for the project will be honored including in the event that a change of dealership will occur during the duration of the contract up to the warranty and preventive maintenance period. ✓            ii. Expected useful life of the equipment - MEY 1021 Double Handwash Scrub Unit (Mechanic) under normal operational conditions is 10 years. Upon reaching this milestone, the equipment is deemed to have fulfilled its intended purpose and can be classified as scrap. ✓            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; ✓            iv. That it has competent technical and maintenance support to handle troubleshoots ✓            v. When the A5 series bed has reached the end of its useful life, discard it according to local laws and regulations or the waste disposal rules and regulations of the hospital ✓            DELIVERY PERIOD: Thirty to Forty Five(30-45 ) Calendar Days upon receipt of Purchase Order / Notice to Proceed. ✓</p> <p style="text-align: center;">***Nothing Follows***            For the use of: Perinatology Division</p> <p><b>Penalty Clause for Delayed or Unsatisfactory Deliveries:</b>            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.</p>		

1,450,000.00

Funding Code 1-06-05-110 ng 3/21 (2021 ED) 699M PERI 2023-007 ✓

**TOTAL AMOUNT P**

FUNDS AVAILABLE: 1,450,000.00  
**LEAH M. VILLALOBOS, CPA, MBA**

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**SONIA B. GONZALEZ, MD MCHSM, MPM**

(Signature over printed name)

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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-2024-138**

March 13, 2024

**PRO-LIFE HEALTHCARE SYSTEM CORP.**  
B14 L10 Bora-Bora Drive Vincent Heights Alfonso  
Angliongo Sr. Buhangin District Davao City,  
Tel. No.: 09177124419 / 082-315-1075  
Email add.: [prolife.hcscecd@gmail.com](mailto:prolife.hcscecd@gmail.com)

Sir/Madam:

This is to inform you that Purchase Order No. **76404** as a result of Public Bidding for the purchase of **Supply, Delivery, and Installation of One (1) Unit Scrubsink with Water Treatment System (Brand: MIXTA)** has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within **Thirty to Forty-Five (30-45) Calendar Days upon receipt of the Purchase Order / Notice To Proceed.**

Thank you,

Very truly yours,

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

CONFORME:  
Received Original

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

