



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City
 Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332
 Fax No.: 85889997 • E-mail: pcmcproc@gmail.com

PURCHASE ORDER: **77090**

Date of P.O: **2024-08-30**

PR NO: **GSD-RME-2024-61** / Dated: **2024-06-19**

MODE OF PROCUREMENT: **Direct Contracting**
 (50)

TO: Supplier/Dealer Contractor: **PRIME MEDIX ENTERPRISES**
 Address: **Unit 525 The Hub B One Oasis Ortigas Ave. Ext / joanna.apillanes@primemedix.com.ph / cantubamichael7@gmail.com / Tel:8475-6383 Fax: 8942-5830**

Department/Office/Division/Section/Unit where delivery is to be made: **Materials Management Division**
 Location: **Ground Floor, PCMC Bldg**
 Special Instruction: _____
 Delivery period: **7 Working Days**
 Performance Security Posted:
 Cash Bank Guarantee Security Bond
 No: _____ Amount P: _____

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST	
1	2 ✓	pc ✓	"Supply of tools and materials for the Preventive Maintenance Service and Installation of the Consumable Parts Replacement for the Two (2) units Ventilator Machine (Brand/Model: Monnal T75) at the Pulmonary Laboratory (PN: 202012-419-2616 and 202012-419-2617- A-PULMO Autoclavable Expiratory Valve Monnal T75 ✓	12,928.00 ✓	25,856.00 ✓	
2	2 ✓	pc ✓	Expiratory Flow Sensor (Hotwire) Monnal T75 ✓	9,794.00 ✓	19,588.00 ✓	
3	2 ✓	pc ✓	Gold Contact Monnal T75 ✓	5,075.00 ✓	10,150.00 ✓	
4	2 ✓	kit ✓	Maintenance Kit, T75 (Hepa-Filter, Lip Seal, Inlet Filter and Valve Filter) Monnal T75 ✓	16,337.00 ✓	32,674.00 ✓	
5	2 ✓	pc ✓	Oxygen Cell Monnal T75 ✓	11,949.00 ✓	23,898.00 ✓	
xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx						
For the use of General Services Division Warranty: Three (3) Months under normal usage						
						P 112,166.00 (One Hundred Twelve Thousand One Hundred Sixty Six Pesos)

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 **15-02-13-050-400** / *mgd 9/10/24* **TOTAL AMOUNT P 112,166.00** ✓

FUNDS AVAILABLE: **₱ 112,166.00**
for release 9/10
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
 APPROVED:
Sonia B. Gonzalez
SONIA B. GONZALEZ, M.D., MSChSM, MPM
 Executive Director

CERTIFICATION
 This is to certify that I received today the Original 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: Original - Attachment to payment
 Duplicate - Procurement/Materials Management Division



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-2024-245

August 30, 2024

PRIME MEDIX ENTERPRISES
Unit 525 The HUB B. One Oasis
Ortigas Ave. Extension, Sta. Lucia
Pasig City
Tel: (02) 8475-6383

Sir/Madam:

This is to inform you that Purchase Order No. 77090 as a result of Direct Contracting
for the Procurement of Supply of Tools and Materials for the Preventive Maintenance Service and Installation
of the Consumable Parts Replacement for the Two (2) Units Ventilator Machine (Brand/Model: Monnal T75) at the
Pulmonary Laboratory (PN: 202012-419-2616 and 202012-419-2617-A-PULMO) has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within
Seven (7) working days from receipt of this notice.


SONIA B. GONZALEZ, M.D., MScHSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

