



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: **77091**
 Date of P.O: **2024-08-30**
 PR NO: **GSD-RME-2024-58** / Dated: **2024-06-11**
 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 Other Terms: _____
 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 T60) at the Pulmonary Laboratory (PN: 2208-419-4683 and 2208-419-4888" - PULMO Gold Contact MONNAL T60, France	5,075.00	10,150.00
2	2	kit	Maintenance Kit, T60 (Hepa-Filter, Map Filter, Intake Filter, Non-Return Valve, O-Ring and Thoric Gasket) MONNAL T60	17,189.00	34,378.00
3	2	pc	Oxygen Cell MONNAL T60 xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	11,949.00	23,898.00
					P 68,426.00 (Sixty Eight Thousand Four Hundred Twenty Six Pesos)
For the use of General Services Division Warranty: Three (3) Months under normal usage					

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: **5-02-13-050-400 / mgd 9/6/24** **TOTAL AMOUNT R 68,426.00**

FUNDS AVAILABLE: **₱ 68,426.00**
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
APPROVED: SONIA B. GONZALEZ, M.D., MSCHSM, MPM
 Executive Director

Attachment
 PR No: **GSD-RME-2024-58**
 Abstract of Canvass/Bids: **AQ-2024-070**
 BAC Resolution No: **RESO-2024-08-458**
 NOA No: **NOA-2024-111**
 NTP No: **NTP-PROC: 2024-246**
 PhilGEPS Ref No:
 AMRP No.

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

24-29606F



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-2024-246

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. 77091 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 T60) at the
Pulmonary Laboratory (PN: 2208-419-4683 and 2208-419-4888-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: _____

