



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: 77092
 Date of P.O: **2024-08-30**
 PR NO: **GSD-RME-2024-63** / Dated: **2024-06-27**
 MODE OF PROCUREMENT: **Direct Contracting (50)**

TO: Supplier/Dealer Contractor: **RESPICARE ENTERPRISES INC**
 Address: **Narciso bldg. II, 23 Fisheries St. Barangay Vasra, Quezon City / respicarepmservice@gmail.com / 7216-5398**

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	1	lot	Supply of labor, tools, materials and installation of consumable parts replacement, preventive maintenance service and calibration of "Mindray SV300" Ventilator Machine at Pulmo Laboratory I. Parts to be replaced 1 kit Preventive Maintenance Kit (Hepa Filter, Pre-Filter, Fan Filter and Expiratory Valve Diaphragm), MINDRAY 12,500.00 ✓ 1 pc Oxygen Sensor, MAXTEC 18,500.00 ✓ 1 pc Battery Pack, Li-ion Rechargeable, 14.8V, 5700mAh, 84.36 Wh rated and min / 85.84 Wh typ., Model: LI241002A, MINDRAY 39,000.00 ✓ 1 lot Labor / Others 10,000.00 ✓ xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx For the use of General Services Division Warranty: Ninety (90) days on parts replaced ✓	80,000.00	80,000.00
					P 80,000.00 (Eighty Thousand 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 items.

Funding Code **5-02-13-050-400** / *mgs 9/6/24* **TOTAL AMOUNT P 80,000.00**

FUNDS AVAILABLE: **₱ 80,000.00**
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
APPROVED: SONIA B. GONZALEZ, M.D., MSCHSM, MPM
 Executive Director
 Attachment
 PR No: **GSD-RME-2024-63**
 Abstract of Canvass/Bids: **AQ-2024-069**
 BAC Resolution No: **RESO-2024-08-457**
 NOA No: **NOA-2024-112**
 NTP No: **NTP-PROC: 2024-247**
 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

24-29455F



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-2024-247

August 30, 2024

RESPICARE ENTERPRISES, INC.
Narciso Bldg. II 23 Fisheries Streety
Barangay Vasra, Quezon City
Tel: 72165398; Mobile: 09176513686

Sir/Madam:

This is to inform you that Purchase Order No. 77092 as a result of Direct Contracting
for the Procurement of Supply of Labor, Tools, Materials and Installation of consumable parts, replacement,
Preventive Maintenance Service and Calibration of the Ventilator Machine (Brand: Mindray SV 300) at the
Pulmonary Laboratory (PN: 2104-419-3824-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: _____

