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: **77773**
Date of P.O: **2025-01-10**
PR NO: **MMD-CMS-2025-01** Dated: **2024-09-17**
MODE OF PROCUREMENT: PB (Goods)

TO: Supplier/Dealer Contractor: **HEALTHRUSH ENTERPRISES**
Address: **Unit 704 West Trade Center 132, West Avenue, Phil-Am, Quezon City / healthrush@outlook.com / healthrushenterprises5@outlook.com / 0966-2370016 / 0932-2596388**

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: 6(B) 116586
Other Terms: _____
Amount P: 100,029.00

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	10	pc	Bag, Anesthesia Re-breathing 1.0 L "VERTEX" [NINGBO SHENGYERUI]	88.00	880.00
2	10	pc	Bag, Anesthesia Re-breathing 2.0 L "VERTEX" [NINGBO SHENGYERUI]	100.00	1,000.00
3	10	pc	Bag, Anesthesia Re-breathing 3.0 L "VERTEX" [NINGBO SHENGYERUI]	106.00	1,060.00
4	3600	bt	Humidifier, Sterile Water Plastic 340mL to 500mL 350mL "VERTEX" [NINGBO SHENGYERUI MEDICAL APPLIANCES CO., LTD]	89.47	322,092.00
5	200	pc	Mask, Oxygen, Non-rebreathing Adult "VERTEX" [NINGBO SHENGYERUI]	42.00	8,400.00

xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx
For the use of Materials Management Division
*** All deliveries shall have at least One (1) year expiration period ***

- Conforme to the attached Terms of
Reference (TOR) - N

P 333,432.00
(Three Hundred Thirty Three Thousand Four Hundred Thirty Two 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 procurred 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.

Additional instructions & conditions:
1. Staggered Delivery/Payment
2. Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date
3. Delivery is within **7 Working Days** upon receipt of Delivery Confirmation
4. PCMC has the right to reject or cancel any items in this PO for justifiable and reasonable ground where the award will not benefit the Government

Funding Code 5020308D   1/16/25

TOTAL AMOUNT P 333,432.00

FUNDS AVAILABLE: 333,432-

LEA M. VILLALOBOS, DBA, CPA 1/17
Chief Accountant

APPROVED:

MARIA EVA I. JOPSON, MD, MScHSM, MPM
OIC Executive Director

Attachment
☐ PR No: **MMD-CMS-2025-01**
☐ Abstract of Canvass/Bids: **AB-2025-003**
☐ BAC Resolution No: **R2025-00-010**
☐ NOA No: **2025-003-10**
☐ NTP No: **2025-029**
☐ PhilGEPS Ref No: **11316478**
☐ 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
25-01565P   Duplicate -   Procurement/Materials Management Division

NOTICE TO PROCEED
NTP-PROC-2025-029

January 10, 2025

HEALTHRUSH ENTERPRISES
Unit 704 West Trade Center 132
West Avenue Phil-Am, Quezon City
Tel. No.: (02) 8641-8545

Sir/Madam:

This is to inform you that Purchase Order No. __77773__ as a result of **Public Bidding** for the Procurement of __**Various Common Medical Supplies**__ has been approved.

You may now proceed with the delivery of items listed in the attached Purchase Order within __**seven (7) working days**__ from receipt of this notice and/or Delivery Order Slip for Staggered Delivery.

MARIA EVA I. JOPSON, MD, MScHSM, MPM
OIC, Executive Director

CONFORME:
Received Original

_____
Signature Over Printed Name
Authorized Representative
Date: _____

PhilHealth Accredited

Management System
ISO 9001:2015
ISO 14001:2015
ISO 45001:2018
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