

Republic of the chilippines PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City '

Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332 PR NO: MMD-CMS-2025-01 Dated: 2024-09-17

Fax No.: 85889997 • E-mail: pcmcproc@gmail.com

PURCHASE ORDER: 77774

2025-01-10 / Date of P.O:

MODE OF PROCUREMENT: PB (Goods) /

TO: Supplier/Dealer Contractor: IDS MEDICAL SYSTEMS PHILIPPINES, INC. /

Address:

Unit 1010, BTTC Centre 288 Ortigas Ave., cor. Roosevelt Street, Greenhills, San Juan City / shanedomalaon@idsmed.com / rogervtepace@yahoo.com / greseljoyballado@idsmed.com / 737-9898 - 721-0794

Department/Office/Division/Section/Unit where delivery Delivery period: 7 Working Days Other Terms: **Materials Management Division** Performance Security Posted: Is to be made: Ground Floor, PCMC Bldg □ Bank Guarantee ⊔ Cash ☐ Security Bond Location: Amount P: 25, 200. 00 6(13) 183677 Special Instruction No. Item No ARTICLES **UNIT COST** TOTAL COST QTY UNIT 15,000.00 3.00 5000 Electrodes, Adult INNOQ Disposable Electrodes, Adult "INNOQ" [Global 5CP Medical Systems Pte Ltd.] / 9,000.00 3000 4 DC / Electrodes, Neonate 3.00 INNOQ Disposable Electrodes, Neonate "INNOQ" [Global SCP Medical Systems Pte Ltd.] / 3 20000 Electrodes, Pedia 3.00 60,000.00 pc / INNOQ Disposable Electrodes, Pedia "INNOQ" [Global SCP Medical Systems Pte Ltd.] xxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx P 84,000.00 For the use of Materials Management Division (Eighty Four \*\*\* All deliveries shall have at least One (1) year expiration period \*\*\* Thousand Pesos) - Conforme to the attached Terms of Reference (TOR) - N nalty Clause for Delayed or Unsatisfactory Deliveries: Additional instructions & conditions: Staggered Delivery/Payment
 Delivery will take effect upon receipt of Delivery Confimation of

 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.

Excess in price, if procurred from third parties, through alternative mode of procurement; and
 In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

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 SOLUSTONO	ng 1/16/2	TOTAL AMOUNT P 84,000.00
FUNDS AVAILABLE: 84000 ,  LEA M. VILLALOBOS, DBA, CPA Chief Accountant APPROVED:  MARIA EVA I. JOSEM, MD, MSCHSM, MI OIC Executive Director	Attachment  UPR No: MMD-CMS-2025-01  UAbstract of Canvass/Bids: AB-2025-003  UBAC Resolution No: R2025-00-010  UNOA No: 2025-03-11  UNTP No: 2025-030  UPhilGEPS Ref No: 11316478  UAMRP 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 - Duplicate -	Attachment to payment Procurement/Materials Management Division	



## Republic of the Philippines DEPARTMENT OF HEALTH PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100
website: <a href="mailto:www.pcmc.gov.ph">www.pcmc.gov.ph</a> email: <a href="mailto:officeofthedirector@pcmc.gov.ph">officeofthedirector@pcmc.gov.ph</a>
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

## NOTICE TO PROCEED NTP-PROC-2025-030

January 10, 2025

## IDS MEDICAL SYSTEMS PHILIPPINES, INC.

Unit 1010, 10th Flr., BTTC Centre, No. 288 Ortigas Ave., Cor. Roosevelt St., Greenhills, San Juan City Tel. No.: (02) 8737-9898 / 8721-0794

Sir/Madam:

You may now proceed with the delivery of items listed in the attached Purchase Order within <u>seven (7) working days</u> 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: \_\_\_\_

