



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: 77438
 Date of P.O.: October 31, 2024 ✓
 PR NO: PathoBB-2024-019 ✓ Dated: 08/19/2024 ✓
 MODE OF PROCUREMENT: NP-53.9 ✓

TO: Supplier/Dealer Contractor: OMNIBUS BIO-MEDICAL SYSTEMS, INC. ✓
 Address: 4th Floor Wilson Corporate Center, 225 Wilson St. Greenhills, San Juan City

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 ✓	unit ✓	Blood Bag Portable Tubing Sealer ✓ A. Specifications of the Main Equipment Centron, SE700 ✓ Single sealing or equivalent ✓ Sealing time of 2 seconds ✓ Can seal any blood bag tubing available in the market ✓ Has visible indicators for sealing errors ✓ Unit will operate at 230 volts / 3-pin power plug/cable, strictly at 60 hertz ✓ Power consumption of the unit must be clearly stipulated ✓ Material parts should be heavy duty / durable type ✓ Equipment should be maintainable and serviceable ✓ B. Accessories per unit Charger - full charging in 6 hours ✓ C. Warranty: 1 year on parts and 1 year in service ✓ Quarterly preventive maintenance ✓ D. Delivery Schedule 30-60 Calendar days upon receipt Purchase Order ✓ Nothing Follows Note: For the use of Pathology, Blood Bank	159,000.00 ✓	159,000.00 ✓ (One hundred fifty nine thousand pesos only) ✓

Funding Code: 1-06-05-110 *argd 11/5/24*
 (PBDM fund from)

TOTAL AMOUNT P 159,000.00 ✓

FUNDS AVAILABLE: ₱ 159,000.00 ✓
Corralan m/s
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant

Attachment
 PR No: Abstract of PathoBB-2024-019 ✓
 Canvass/Bids: 2024-593 ✓
 BAC Resolution No 2024-09-550/Alt R2024-601 ✓
 NOA No: _____ ✓
 NTP No: _____ ✓
 PHIGEPS Ref No: 11306206 ✓
 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

APPROVED:
Sonia B. Gonzalez
SONIA B. GONZALEZ, M.D., MSChSM, MPM
 Executive Director

Signature over printed name
 Date: _____

Distribution: Original - Attachment to payment
 Duplicate - Procurement/Materials Management Division

24-3684 CF