

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: 77880

Date of P.O: 2025-01-22

Dated: 2024-09-24 PR NO: ANES-2025-01

MODE OF PROCUREMENT: PB (Goods)

TO: Supplier	/Dealer Contractor:	PRIME MEDI	X ENTERPRISES				
Address:	Unit 525 The Hub	B One Oasis (Ortigas Ave. Ext	/ joanna.api	llanes@primeme	edix.com.ph /	
cantubamichael7@gmail.com / Tel:8475-6383 Fax: 8942-5830							
Department	Office/Division/Secti	on/Unit where	delivery	livery period:	7 Marking Days	Other Terms:	

			on/Section/Unit where delivery	Delivery period: 7 Working Performance Security Post		erms:	
Location: Ground Floor, PCMC Bldg				☐ Cash ☐ Bank Guara		Security Bond	
Special Instruction				No: 6(13) 182882 - PSG	Amou	nt P: 70,200,00	
Item No	QTY	UNIT	ARTICL	ES	UNIT COST	TOTAL COST	
1	24 C	pc /	Supraglottic Airway Device with S Cuff size 1 "COMPLY" I-GEL NEONATE, SUPRA IGEL INTERSURGICAL LTD.		1,950.00	46,800.00	
2	24 /	pc 🗸	Supraglottic Airway device with s cuff size 1.5 "COMPLY" I-GEL INFANT, SUPRAG IGEL INTERSURGICAL LTD.	1	1,950.00	46,800.00	
3	24 /	рс	Supraglottic Airway device with s cuff size 2 "COMPLY" I-GEL, SMALL PAEDIATI DEVICE SIZE 2, IGEL INTERSURGICAL LTD.		1,950.00	46,800.00	
4	24	pc ,	Supraglottic Airway device with s cuff size 2.5 "COMPLY" I-GEL, LARGE PAEDIATI DEVICE SIZE 2.5, IGEL INTERSURGICAL LTD.		1.950.00	46,800,00	
5	24 .		Supraglottic Airway Device with S Cuff size 3 "COMPLY" I-GEL SMALL ADULT, SI DEVICE SIZE 3, IGEL INTERSURGICAL LTD.		1,950.00	4 6,800.00	
			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	nesthesia Division		P 234,000.00 (Two Hundred Thirty Four Thousand Pesos)	

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 1.0% 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.

 Staggered Delivery/Payment
 Delivery will take effect upon receipt of Delivery Confimation of Quantity/Date
3. Delivery is within 7 Working Days upon receipt of Delivery Confirmation

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 50203 080	x (66/1 Jan	TOTAL AMOUNT P 234,000.00
FUNDS AVAILABLE: 234,000	Attachment	CERTIFICATION
Chief Accountant APPROVED:	□ PR No: ANES-2025-01 □ Abstract of Canvass/Bids: □ BAC Resolution No: 2025-00-030 □ NOA No: 2025-025-003 □ NTP No: 2025-120 □ PhilGEPS Ref No: □ AMRP No.	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
MARIA EVA I. JOPEON, MD. MScHSM, M OIC Executive Director	Mari de	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: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED NTP-PROC-2025-120

January 22, 2025

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 of for the Procurement of has been approved.	_	 as a result of pplies (Pediatric Anest	Public Biddin thesia) CY 2024
You may now proceed with the delirence Seven (7) working days Staggered Delivery.	*	he attached Purchas tice and/or Deliver	
Maria Eva I. Jopson, MD, MScF OIC-Executive Director	HSM, MPM		
CONFORME: Received Original			
Signature Over Printed Name			



Date: __