



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: **78062**
Date of P.O.: **2025-03-06**
PR No: **GSD-MEQ-2025-12** Dated: **2025-02-04**
MODE OF PROCUREMENT: **Direct Contracting (50)**

TO: Supplier/Dealer Contractor: **HEALTHRUSH ENTERPRISES OPC**
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** Other Terms: _____
Performance Security Posted:
 Cash Bank Guarantee Security Bond
No: _____ Amount P: _____

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
			"Supply of Labor, Tools, Parts and Materials for the repair, installation and replacement of the defective parts, Preventive Maintenance Service and Calibration of Two (2) Units High Flow Therapy System at the Pulmonary Laboratory, Brand GGM Humidflo, PN # 2103-419-3767 and 3772-A-Pulmo"		
1	2	pc	Oxygen Sensor ENVITEC, Germany	20,000.00	40,000.00
2	2	pc	Oxygen Sensor Cable GGM, Taiwan	1,500.00	3,000.00
3	1	pc	Proximal Line/Casing GGM, Taiwan	12,000.00	12,000.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX For the use of General Services Division Warranty: Six (6) Months					P 55,000.00 (Fifty Five 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 item/s.

Funding Code: **U-02-13-050-400** / *mgf 3/10* **TOTAL AMOUNT P 55,000.00**

FUNDS AVAILABLE: **P 55,000.00**
Lea M. Villalobos
LEA M. VILLALOBOS, DBA, CPA
Chief Accountant
APPROVED:
Maria Eva I. Jopson
MARIA EVA I. JOPSON, MD, MSChSM, MPM
OIC Executive Director

Attachment
 PR No: **GSD-MEQ-2025-12**
 Abstract of Canvass/Bids: **AQ-2025-081**
 BAC Resolution No: **R-2025-02-158**
 NOA No: **NOA-2025-076**
 NTP No: **NTP-PROC: 2025-177**
 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

25-0704CF



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-2025-177

March 6, 2025

HEALTHRUSH ENTERPRISES

Unit 704 West Trade Center

132 West Ave., Phil-Am, Quezon City

Tel: 8376-5685 / 0905-428-0400

Sir/Madam:

This is to inform you that Purchase Order No. 78062 as a result of Direct Contracting for the Procurement of 1 lot Supply of Labor, Tools, Parts and Materials for the repair, installation and replacement of the defective parts, Preventive Maintenance Service and Calibration of Two (2) Units High Flow Therapy System at the Pulmonary Laboratory, Brand GGM Humidflo, PN# 2103-419-3767 and 3772-A-Pulmo has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within 7 (Seven) working days from receipt of this notice.

MARIA EVA I. JOHNSON, MD., MScHSM, MPM
OIC-Executive Director

CONFORME:

Received Original

Signature Over Printed Name

Authorized Representative

Date: _____

