



Republic of the Philippines  
Department of Health  
National Capital Regional Office  
**VALENZUELA MEDICAL CENTER**  
Padrigal St., Karuhatan, Valenzuela City  
Telefax No. 294-4625

FM-PROC-010  
Rev 2 - 03/15/17

## JOB ORDER

JOB ORDER NO.: 25-03-024

DATE : March 4, 2025  
Mode of Procurement: Direct Contracting

TO: **A.M.I. EQUIPMENT SERVICES AND SOLUTIONS, INC** AUTHORITY FOR WORK ORDER:  
Unit 1012 Medical Plaza #25 San Miguel Ave  
Ortigas Center San Antonio Pasig City 1605

- (1) Completion time from the date this work order received by the Contractor/Supplier: **30 CD**
- (2) PARTICULARS: **For replacement of consumables of Negative Air Pressure Equipment (CY 2025)**

ITEM NO.	WORK TO BE DONE				TOTAL PRICE
	<b>Replacement of consumable parts</b> <b>NEGATIVE AIR PRESSURE SYSTEM</b> Brand:Mediclean Air/ISO 520 SN: FAB. NR. 20.20/MC-047 KSA Area:ICU 1 [1] Brand:Mediclean Air/ISO 520 SN:N/A Area:EMERGENCY DEPARTMENT (2) <b>Scope of Work:</b> 1 PRE FILTER (5 PCS/PACK) 2 ULPA 15 FILTER Replacement of Filters Functionality Testing Delivery: 30 days				
		pack	2	49,999.00	<b>99,998.00</b>
		pc	2	349,999.00	<b>699,998.00</b>
	<b>PR No. 25-01-079 dated January 17, 2025</b> <b>NOA dated 02/19/2025</b> <b>Resolution No. 2025-063 dated 2/11/25</b> <b>Allocation: EFMS</b> <b>Direct Contracting</b> <b>***** Nothing Follows *****</b>				
	<b>Seven Hundred Ninety-Nine Thousand Nine Hundred Ninety-Six Pesos Only</b>				<b>799,996.00</b>

PURPOSE **For replacement of consumables of Negative Air Pressure Equipment (CY 2025)**

(3) REQUISITIONER:	(4) FUNDS AVAILABLE:
<b>Engr. GERARDO E. LINGAT</b> Signature over Printed Name Engineer III, EFMS	<b>RAYMUND JOE B. MACUANA</b> Signature over Printed Name Accountant III

- (5) THIS IS TO CERTIFY THAT the plans and specification and scope of work are of Government Standard and that the price as indicated on the Abstract of Canvass and supported by the Canvass Proposals is fair and reasonable as offered to this office.  
(6) In case of failure to make the completion time of work order within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed

I FURTHER CERTIFY that this procurement is for the benefit of the **VALENZUELA MEDICAL CENTER**.

Recommending Approval:

**ENGR. ZORAIDA M. CUADRA**  
Signature Over Printed Name  
OIC, Hospital Operations and Patient Support Division

(7) Received work order and bind myself to conditions as specified in paragraphs (1) & (2) above  SUBJECT TO REFUND UPON DISALLOWANCES MADE TO THE COMMISSION ON AUDIT  CONFORME <i>[Signature]</i>	(6) APPROVAL (SEC.2048 Admin Code)  <b>EDILBERTO V. CAVANEYRO, MD, MHA, FPCPS, FPSGS</b> Signature over Printed Name OIC-Medical Center Chief II  3/12/25
RECEIVED BY THE SUPPLIER REPRESENTATIVE <i>[Signature]</i>	
DATE <i>MARCH 12, 2025</i>	