



Department of Health
National Capital Region
VALENZUELA MEDICAL CENTER
Padrigal St. Karuhatan, Valenzuela City
Telefax No. 294-4625

FM-PROC-002
Rev 2-01/25/19

PURCHASE ORDER

Supplier :	MEDICAL CENTER TRADING CORPORATION	P.O. No. :	25-05-200
Address :	Pioneer St. Cor. Shaw Blvd., Pasig City	Date :	05/23/2025
TIN :	000-280-681-000	Mode of Procurement :	Small Value Procurement

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery :	VALENZUELA MEDICAL CENTER	Delivery Term :	30CD
Date of Delivery :		Payment Term :	

Stock No.	Unit	Description	Quantity	Unit Cost	Amount
4967	unit	Nebulizer Machine Brand: Pulmoaide I. Equipment Specification: Compressor Type: Diaphragm; Maximum Compressor Pressure: 30 psi; Operating Humidity: up to 95% non- condensing; Nebulizer Capacity: 10 mL; Nebulization Rate: 0.15 mL/min or greater; with 10 pcs extra filters II. Equipment Specification: Equipment shall compatible with hospital power supply of 220 to 240VAC, single phase, 60Hz with grounding III. Technical Specifications a. General Requirements FDA Certificate of Medical Device Notification (CMDN) The equipment or devices must conform to the IEC 60601 Standards and any of the following Standards a.) USFDA (Food and Drug administration, US Standards b.) CE(European conformity) Standards c.) ISO Standards (9000, 9001, 900 2) d.) UL (Underwriters Laboratories) Standards e.) The proposed unit shall also conform to all relevant International, National and local standards and requirements of medical device regulatory agencies. Supplier shall list in the various international standards met by the supplier (Not Applicable) Manufacturer's Certificate Brand must be in the local market for at least 5 years (Not Applicable) Certification that there is established Service Center in Metro Manila or Philippines (Not Applicable) Certificate of Comprehensive Warranty which states the following clause: (Not Applicable)	22	10,960.00	241,120.00
				Sub-Total	241,120.00

(Total Amount in Words)

In case of failure to make the full delivery within the time specified above a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Very truly yours,

MAY 30 2025

EDILBERTO V. CAVANEYRO MD, MHA, FPSGS, FPSGS
OIC-Medical Center Chief II

Conforme:

MARY ANN C. LAZARO
Signature Over Printed Name of Supplier

5-30-25

Date

ORS/BURS No.

25-05-574

Date of the ORS/BURS:

26 MAY 2025

MAINTENANCE & OTHER

OPERATING EXPENSES

Amount:

Php 241,120.00

RAYMUND JOE B. MACUANA
Accountant IV



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		<p>a. The period of warranty shall be deemed to be fully comprehensive</p> <p>b. All inclusive of warranty, labor, spare parts, accessories, service consumables, manufacturer's Preventive Maintenance (Not Applicable)</p> <p>b. Warranty and Preventive Maintenance Services: One (1) year comprehensive warranty on parts and services for equipment</p> <p>Semi-Annual Preventive Maintenance Service and Annual Calibration during warranty period (Not Applicable)</p> <p>Certification that the bidder will provide a Service Unit that the end-user can use in case the equipment or any system component will be pulled-out for repair or maintenance within the warranty period. (Not Applicable)</p> <p>Any corrective action requiring replacement of part/component(s) shall be conducted and completed within at most 3 days, during the warranty period. (Not Applicable)</p> <p>IV. Acceptance, Testing and Commissioning (Not Applicable)</p> <p>Acceptance, Testing & Commissioning of Equipment (Not Applicable)</p> <p>Training of End-User (Operation) with Certificate of Training should be provided and should contain the following details: (Not Applicable)</p> <p>a.Name of Trainee (Not Applicable)</p> <p>b.Modality, Brand, Model of Equipment (Not Applicable)</p> <p>c.Type of Training Conducted (Not Applicable)</p> <p>d.Inclusive Dates of the Training (Not Applicable)</p> <p>e.Name of Trainer, Date and Venue (Not Applicable)</p> <p>The unit to be delivered must show proof that its manufacturing date is not later than CY 2023 onwards Electrical Safety Test (Not Applicable)</p>			

(Total Amount in Words)	
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Conforme:	<p>Very truly yours,</p> <p>EDILBERTO V. CAVANEYRO MD, MHA, PRCS, FPSGS OIC-Medical Center Chief II</p> <p>MAY 30 2025</p>
	<p>MARY ANN C. LAZARO Signature of Representative of Supplier</p> <p>05 / 30 / 25 Date</p>

Funds Cluster:	ORS/BURS No. 25-05-574
Funds Available:	Date of the ORS/BURS: 26 MAY 2025
	Amount: Php 241,120.00
	<p>RAYMUND JOE B. MACUANAN Accountant IV</p>



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Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		Provide two (2) sets of colored Technical Manual, Hardcopy and Softcopy (Flashdrive) in English Manual for all equipment including peripherals, etc. (Not Applicable) a. User's Operational Manual (Not Applicable) b. Quality and Maintenance Manual (Not Applicable) c. Service and Technical Manual (Not Applicable) Hands-on Training for Biomedical, suppliers must perform an actual: (Not Applicable) a. Operations (Not Applicable) b. Disassembly and Assembly (Not Applicable) c. Troubleshooting (Not Applicable) d. Recommended Maintenance as per manufacturer (Not Applicable) V. Other Terms & Condition: Preferably packaging is made of recyclable materials Preferably with green eco-products specification (non- toxic materials, energy efficient, sustainable, etc.) NEBULIZER 230V 5650P One year warranty P.R. No. 25-03-447 dated 3/20/2025 NOA dated 05/15/2025 Resolution No. 2025-156 dated 05/08/2025 Allocation: Chief Nurse Office xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxx			

(Total Amount in Words)	Two Hundred Forty One Thousand One Hundred Twenty pesos only	P 241,120.00
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Conforme:

MARY ANN C. LA...

Signature over Printed Name of Supplier

5-30-25

Date

Very truly yours,

EDILBERTO V. CAVANEYRO MD, MHA, FPCS, FPSGS

OIC-Medical Center Chief

MAY 30 2025

5/30/25

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<div>RAYMUND JOE B. MACUANA</div> <div>Accountant IV</div>	<div>MAINTENANCE & OTHER</div> <div>OPERATING EXPENSES</div> <div>Amount: Php 241,120.00</div>