

## PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier :	VMED MEDICAL CO.				P.O. No.: 23-09-0620			
		upan St., Tond		. 1111	Date :	, 20 September 2023		
					Mode of Pr	ocurement: Pl	JBLIC BIDDING	
Gentlemen:	Please fu	rnish this off	ice the following articles subject to	the terms and	d conditions co	ontained herein:		
Place of Delivery :Medical Supplies Depot				Delivery Term: -Staggered Delivery within 90 Calendar Days Payment Term: within 45 days upon completion of delivery				
ITEM						UNIT		
NO.	UNIT	QTY	DESCRIPT	ION	-	COST	AMOUNT	
			Lot 1 - Medical Supplies ( Ass Devices)	sistive and Mo	bility			
1	units	562	Wheelchair, PROHEALTHCAR Adult Black Mag wheels Chromed steel frame Padded leatherette armrest Foot plate Removable calf strap Minimum weight capacity 100			3,330.00	1,871,460.00	
2	units	15	Wheelchair, PROHEALTHCAR Pediatric Black Mag wheels Chromed steel frame Padded leatherette armrest Foot plate Removable calf strap Minimum weight capacity 75 k			3,890.00	58,350.00	
Control No	4836			16		SUBTOTAL:	Php 1,929,810.00	
	ase of the	failure to make	fillion Nine Hundred Twenty-nine To the full delivery within the time specificated as provided for by the, 2016 IRR	fied above, a per			cent	
Confo			NE \$. SAMOY  printed name of Supplier)  20+25, 2029	Very	truly yours,	FOR MA REGIS  (Authorized Off City Mayor	ficial)	
			7 Date					
Requisitioning Office/Dept.  JOSEPH R. PANALIGAN, MD, MH.  (Authorized Official)					ble : A. CUENCO Accountant	Amount	2,111, (20 100-2023.00- 0344-4411	
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## PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier :	VMED MEDICAL CO.				P.O. No.: 23-09-0620			
10° -	ddress: 1331 Dagupan St., Tondo, Manila			Date :	20 Sept te	mber 2023		
					Mode of Pr	ocurement: P	UBLIC BIDDING	
Gentlemen:	Diagon fu	eniale thin offi	no the following articles subject to the	tarma and	conditions o	entained barains		
	Please tu	mish this one	ce the following articles subject to the	e terms and t	conditions c	ontained rierein:		
Place of Delivery : Medical Suppli						: -Staggered Delivery within 90 Calendar Days : within 45 days upon completion of delivery		
ITEM						UNIT		
NO.	UNIT	QTY	DESCRIPTION	V V		COST	AMOUNT	
3	units	10	Reclining commode wheelchair, PR Adult Black Mag wheels Chromed steel frame Minimum 8" PVC Castor Fully reclining high backrest Leather uphostery headrest extension with head immobilizer and armrest Commode pail and cover under th with openingMovable footrest with elevating padded legrest With pelvic strap	a cushioned		7,777.00	77,770.00	
			Minimum weight capacity 100KG					
4	units	20	Walker, VMED Adult Material: Aluminum body frame Rubber tips Foldable Height adjustable push button lock mechanism Minimum height 74cm Without wheels	<b>\</b>		1,320.00	26,400.00	
							T	
Control No.			The second section of the second seco			SUBTOTAL:	Php 2,033,980.00	
In c	ase of the	failure to make	illion Thirty-three Thousand Nine Hund the full delivery within the time specified a sed as provided for by the, 2016 IRR of R.	bove, a pena A 9184.	,	h (1/10) of one (1) per	rcent	
Conforme:  ARLENE S. SAMOY  (Signature over printed name of Supplier)						VICTOR MA REGIS N. SOTTO  (Authorized Official)  City Mayor		
			Date  A	/	$\mathcal{M}$			
Requisitioning Office/Dept.:  JOSEPH R. PANALIGAN, MD, MHA  JUVY A. QUENCO  Chief Accountant  (Authorized Official)					OBR No.: 0349 - 4911			
		B.					Page - 2	



## PURCHASE ORDER CITY GOVERNMENT OF PASIG

Agency Name

					3			
Supplier: VMED MEDICAL CO. P.O. No.:					23-09-0620			
Address: 1331 Dagupan St., Tondo, Manila Date:								
					Mode of Pr	ocurement: Pl	UBLIC BIDDING	
Gentlemen:			and the second s	LUIN UNG		mute		
	Please fu	rnish this offi	ce the following articles subject to	o the terms and	conditions c	ontained herein:		
Place of D	elivery ·	Medical Supp	nlies Depot	Del	iverv Term :	-Staggered Delivery w	vithin 90 Calendar Days	
Date of D						: within 45 days upon completion of delivery		
ITEM						UNIT		
NO.	UNIT	QTY	DESCRIPT	ION		COST	AMOUNT	
5	units	20	Baby stroller, VMED Adjustable canopy Fully reclining seat Reversible handle grip 3-position backrest Orientation adjusting lever Lockable rear wheels Pivot front wheels Seat belt For ages: 0-36 months Minimum weight capacity: 15k	(G		3,877.00	77,540.00	
			William Wolgin Supusity. 10		Harrier State of	Sub Total :	2,111,520.00	
			***************** Nothing Follow	US *********	*****			
		Į.						
Control N	o. 4836					GRAND TOTAL:	Php 2,111,520.00	
Total An	ount in W	ords   Two M	lillion One Hundred Eleven Thousar	ıd Five Hundred	Twenty Pesos	Only.		
In for every	case of the t day of dela	failure to make y shall be impo	e the full delivery within the time speci osed as provided for by the, 2016 IRR	fied above, a pen of RA 9184.	alty of one tent	th (1/10) of one (1) per	cent	
				Very (	truly yours,			
Confo	rme :		h		VIC	TOR MA REGIS	N: SOTTO	
	<del></del>	ARLE	NE S. SAMOY printed name of Supplier)			(Authorized Of City Mayor	•	
	'	Se	Jt 25, 2079		$\sim 10^{-1}$			
			1		( All	<del></del>		
Requisitioning Office/Dept.:  JOSEPH R. PANALIGAN, MD, MHA					A. CUENCO Accountant	Amount (	100. 20 ass. 09 0348-4411	
		(Authorize	ed Official)			<u>I</u>	D 2	