



PURCHASE ORDER

CITY GOVERNMENT OF PASIG

Agency Name

Supplier : <u>VARIANCE TRADING CORPORATION</u>	P.O. No. : <u>23-12-1004</u>
Address : <u>AGG-CT II Bldg. V. Luna Road corner Matapat St., Brgy. Pinyahan, District 4, Quezon City</u>	Date : <u>12/29/2023</u>
	Mode of Procurement: <u>PUBLIC BIDDING</u>

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

Place of Delivery : <u>Pasig City General Hospital</u>	Delivery Term : <u>60 calendar days</u>
Date of Delivery : _____	Payment Term : <u>within 45 days upon completion of delivery</u>

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
1	UNIT	1	Defibrillator, MINDRAY Specification: " With Dimensions; " Weight: 8-10 kgs " Height: 10.9 inches " Width: 11.7 inches " Depth: 9 inches " active viewing area: 8.4 inches " Resolution: 800x600 pixel " Display: 4 waveform " With memory capacity: up to 24 hours of consecutive waveform " With event summary facility for recording and printing at least 50 events: up to 1000 events for one patient " With display of: " ECG- 12 lead " NIBP- cuff pressure- user selectable " SPO2- pulse range 20 to 300 bpm " With trend time scale of: " auto, 30mins, 1, 2, 4 and 8 hours " duration up to 8 hrs " With quick set alarm for all vital signs " Capable of printing reports on event summary configuration, self- test and battery capacity " should have low energy, Biphasic Defibrillator monitor with recorder, having capability to deliver shock " With an ECG analysis system " Able to give shock within 20 seconds if the initial rhythm finding is advising shock For the use of PCGH- Nursing Service Office	850,066.00	850,066.00

Control No. 5275	GRAND TOTAL :	Php 850,066.00
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Total Amount in Words Eight Hundred Fifty Thousand Sixty-six Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

Conforme : <div style="text-align: center;"> <u>KATHRINA E. FURIGAY</u> <i>(Signature over printed name of Supplier)</i> _____ Date </div>	<u>VICTOR MA REGIS N. SOTTO</u> <i>(Authorized Official)</i> City Mayor
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Requisitioning Office/Dept. : <div style="text-align: center;"> PAULO A. CASTRO JR. MD PHD <i>(Authorized Official)</i> </div>	Funds Available : <div style="text-align: center;"> JUVY A. CUENCO <i>Chief Accountant</i> </div>	Amount : <u>P 850,066-00</u> OBR No. : <u>100-2023-11</u> <u>06118-4918</u>
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ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
			" With pacing mode, pacing rate and rate accuracy " Battery: Lithium-ion " Battery Capacity: Capable of providing at least 200 discharges at maximum energy " Replaceable Battery " Visible and Audible Indicators: " Low battery " Pad skin contact/ disconnection " AED Status " With power adapters: " AC or DC " Functional even with or without batteries when connected to external AC/DC " With dual battery capable with automatic switching " With inclusion of: * 1 pc. Cable, 5 lead ECG * 1 pc. Adult reusable sensor * 1 pc. Reusable 4ft. patient cable * 1 pc. Adult Reusable Airway Adapter * 1 pc. NIBP Air Hose, 3 meter * 1 pc. Reusable cuff, Adult (23.0-33.0cm) * 1 pc. Pacing Cable * 1pc. Cable Manager * 1pc. 3 lead ECG * 1unit Rechargeable Lithium Battery Pack * 1 AC power cord * 1 set External Paddle Set with Controls and Built-in electrodes Pediatric		

For the use of PCGH- Nursing Service Office

Control No. <u>5275</u>	GRAND TOTAL :	Php 850,066.00
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Very truly yours,

Conforme : KATHRINA E. FURIGAY
(Signature over printed name of Supplier)
Date _____

VICTOR MA REGIS N. SOTTO
(Authorized Official)
City Mayor

Requisitioning Office/ Dept. : <u>PAULO A. CASTRO JR. MD PHD</u> <i>(Authorized Official)</i>	Funds Available : <u>JUVY A. CUENCO</u> <i>Chief Accountant</i>	Amount : <u>P 850,066.00</u> OBR No. : <u>100-2023-11</u> <u>0048-2918</u>
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Date of Delivery : _____	Payment Term : <u>within 45 days upon completion of delivery</u>

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT COST	AMOUNT
***** Nothing Follows *****					

For the use of PCGH- Nursing Service Office

Control No. <u>6276</u>	GRAND TOTAL :	Php <u>850,066.00</u>
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Total Amount in Words Eight Hundred Fifty Thousand Sixty-six Pesos Only.

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Very truly yours,

<p>Conforme : <u><i>Kathrina F. Furigay</i></u> <u>KATHRINA F. FURIGAY</u> <i>(Signature over printed name of Supplier)</i> _____ Date</p>	<p><u><i>Victor Ma Regis N. Sotto</i></u> <u>VICTOR MA REGIS N. SOTTO</u> <i>(Authorized Official)</i> City Mayor</p>
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Requisitioning Office/Dept. : <u><i>Paulo A. Castro Jr.</i></u> PAULO A. CASTRO JR. MD PHD <i>(Authorized Official)</i>	Funds Available : <u><i>Juvy A. Cuenco</i></u> JUVY A. CUENCO Chief Accountant	Amount : <u>₱ 850,066.00</u> OBR No. : <u>100-2023-11</u> <u>0048-0918</u>
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