

Republic of the Philippines **DEPARTMENT OF BUDGET AND MANAGEMENT** PROCUREMENT SERVICE - PhilGEPS PS-DBM Complex Cristobal St., Paco Metro Manila Tel. Nos 563-93-61 689-7750 loc. 4020

CONTRACT/PURCHASE ORDER

No. PO21-00209-NCSE

TO: DYNAMED HEALTHCARE INCORPORATED

3rd Floor Metrofocus Bldg. 42 Tomas Morato Avenue Quezon City Date <u>May 26, 2021</u> Reference: PUBLIC BIDDING No. <u>AMP 21-006-9</u> Date of PB: <u>04/28/2021</u>

Please deliver the article(s)/product(s)/supplies/materials listed below priced in accordance with your Quotation

No.______dated_____subject to the Terms and Conditions enumerated at the back hereof:

ltem No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
I	High Flow Nasal Cannula Oxygen Therapy Equipment	200 -	units	348,500.0000	69,700,000.00
	with Nasal Cannula (Adult, Pediatrics, Neonate) < Brand: COMEN Model: NF5		44. 2		
	For complete and detailed specifications, please refer to the attached Technical Evaluation Report and Contract Negotiation Matrix which form part of this Purchase Order.	1			
	The inspections and tests that will be conducted shall be in accordance with Technical Specifications.				
	Subject to Expanded Withholding Tax, Final Withholding Tax and Other Percentage Taxes Reference: R.A. 9337, Revenue Regulation Nos. 16-05, 14-02, 12-01 & 2-98.				
	In order to assure that manufacturing defects shall be corrected by the Supplier, a warranty covered by either retention money or special bank guarantee equivalent to at least 1% for every				
					₽ 69,700,000.00
PL	ACE OF DELIVERY:	DELIVERY	/ INSTRUC		
		e see abov	e instructions.		
FUN	SIGNATURE REDACTED		and the second	JRE REDACTED MER L. UAYAN	05/28/21
-					DATE
	Purchase Order received and accepted DYNAMED HEALTHCARE INCORPORATED SIGNATUR		and	merated at the back here	eof:



No._

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С	ONTRACT/PURCHASE ORDER
To:	DYNAMED HEALTHCARE INCORPORATED

3rd Floor Metrofocus Bldg. 42 Tomas Morato Avenue Quezon City Date <u>May 26, 2021</u> Reference: PUBLIC BIDDING No. <u>AMP 21-006-9</u> Date of PB: <u>04/28/2021</u>

No.

the b	back hereof:					
ltem No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT	
	 progress payment shall be required for a period of two (2) years after acceptance (if applicable) by the Procuring Entity the delivered supplies. Please submit DR/Invoice & Copy of P.O to the Inspection Drusion after delivery of this item. Please submit Warranty Certificate, if applicable. As a precondition for payment submit authenticated import documents per DOF Order No. 87-91, if applicable The following documents shall be deemed to form and be read and construed as part of this Purchase Order; a) The Supplier's Bid, including the Technical and Financial Proposals, and all other documents/Statements submitted (e.g. bidder's response to clarifications on the bid), including corrections to the bid resulting from the Procuring Entity's bidder's bid resulting from the Procuring Entity's bidder. 	1				
				FOTAL AMOUNT	₱ 69,700,000.00	
PL/	ACE OF DELIVERY:	DELIVER	Y INSTRUC	CTIONS:		
Please see above instructions		Please see above instructions.				
FUN	SIGNATURE REDACTED	ATT	SIGNATUR Y. JASON DIREC	E REDACTED MER L. UAYAN TOR	€ 69,700,000.00 DATE	
	Purchase Order received and accepted s SIGNATU DYNAMED HEALTHCARE NOGE 2 NOME OF SUPPLIER AUTHORIZED REPRESE SIGNATURE OVER PRIM	911	CTED nui	merated at the back her		



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С	ONTRACT/PURCHASE ORDEF	र		No. P	0 21-00209 -NCSE
	DYNAMED HEALTHCARE INCORPORATED 3rd Floor Metrofocus Bldg. 42 Tomas Morato Avenue Quezon City Please deliver the article(s)/product(s)/supplies/materi -XXX- dated -XXX- pack hereof:	als listed		Reference: PUB BIDDIN Date of PB: ced in accordance	G No. <u>AMP 21-006-9</u> 04/28/2021 with your Quotation
ltem No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE	AMOUNT
	 evaluation; b)The Schedule of Requirements; c)The Technical Specifications and; d)The Entity's Notice of Award DELIVERY INSTRUCTIONS: 1st Tranche : 50 units (max) within 60-75 Calendar Days (CDs) upon receipt of Purchase Order (PO) and approved Request for Schedule of Delivery (RSD) Form. The final quantity shall be based on the approved RSD Form by DOH-RITM. 2nd Tranche : 50 units (max) within 105 CDs from the previous approved RSD Form. The final quantity shall be based on the approved RSD Form by DOH-RITM. 3rd Tranche : 50 units (max) within 135 CDs from the previous approved RSD Form. The final quantity shall be based on the approved RSD Form. The final quantity shall be based on the approved RSD Form. The final quantity shall be based on the approved RSD Form. The final quantity shall be based on the approved RSD Form. The final quantity shall be based on the approved RSD Form. The final quantity shall be based on the approved RSD Form. The final quantity shall be based on the approved RSD Form. The final quantity shall be based on the approved RSD Form. The final quantity shall be based on the approved RSD Form by DOH-RITM. 	5			
				TOTAL AMOUNT	₱ 69,700,000.00
	ACE OF DELIVERY: lease see above instructions		INSTRU	CTIONS:	
FU	SIGNATURE REDACTED	ATT	TY. JASOI	URE REDACTE	D <u> </u>
	DYNAMED HEALTHCARE Nogel Z INCOR POR ATED AUTHORIZED REPRESE NAME OF SUPPLIER AUTHORIZED REPRESE	Blaza		DATE RECEIVED	DUE DATE



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С	ONTRACT/PURCHASE ORDE	R		No. 🗗	021-0	0209 -NCSE
То:	DYNAMED HEALTHCARE INCORPORATE 3rd Floor Metrofocus Bldg. 42 Tomas Morato Avenue Quezon City)		Date <u>May 2</u> Reference: PUE BIDDIN Date of PB:	BLIC IG No	AMP 21-006-9
	Please deliver the article(s)/product(s)/supplies/mater					
ltem No.	ITEM and DESCRIPTION/SPECIFICATIONS/STOCK No.	QTY	UNIT	UNIT PRICE		AMOUNT
	4th Tranche : 50 units (max) within 135 CDs from the previou approved RSD Form. The final quantity shall be based on the approved RSD Form by DOH-RITM. Contract Price shall be paid in progress payment (per tranche after acceptance of each delivery and payable within 30 CDs upon receipt of the required documents for each tranche. Department of Health APK No. NTD20-001595					
					₽	69,700,000.00
PLACE OF DELIVERY: Please see above instructions		DELIVERY INSTRUCTIONS: Please see above instructions.				
FUN	SIGNATURE REDACTED		Y. JASON DIREC			
	Purchase Order received and accepted s SIGNATU DYNAMED HEALTHCARE Nogel 2 INCORPORATED AUTHORIZED REPRES NAME OF SUPPLIER (SIGNATURE OVER PRIN	N. C.	ED senu	DATE RECEIVED	ereof: ()	DUE DATE