



# PURCHASE ORDER

## SAN LAZARO HOSPITAL

Entity Name

<b>Supplier</b> <b>DYNAMED HEALTHCARE INCORPORATED</b> <b>Address</b> 3/F Metrofocus Bldg. 42 Tomas Morato Ave., Brgy. Kristonghari, Quezon City <b>TIN</b> : _____ <b>Tel / Fax #</b> : 241-2655 / 241-2660 / 252-5037	<b>P.O. No. :</b> <b>20-10-0340</b> <b>Date :</b> 21-Oct-20 <b>Mode of Procurement :</b> Emergency Cases <b>BAC Resolution # :</b> AMP-026-A s. 2020
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**Gentlemen:**  
Please furnish this Office the following articles subject to the terms and conditions contained herein:

<b>Place of Delive:</b> Materials and Management Dept. - San Lazaro Hospital	<b>Delivery Term :</b> Seven (7) Calendar days
<b>Date of Delivery :</b> _____	<b>Payment Term :</b> _____

Stock/Proper ty No.	Unit	Description	Quantity	Unit Cost	Amount
	units	<b>High flow nasal cannula machine</b> Height: 13.5 Inches Width: 6.4 inches Depth: 7 inches Weight: 3.5 kg. Supply Voltage: 220V 60Hz Humidity: >33 mg/L Flow Range: 2 to 80L/min Warm up time - 10 minutes Oxygen analyzer accuracy: +/-3% O2 Including appropriate Adult and Pediatric nasal cannula, chamber and breathing circuit Consisting of: • NF5 HFNC: One (1) unit • Built-in rechargeable battery: one (1) pc • Comen SPO2 with finger sensor: One (1) set • Trolley: One (1) unit • F&P w/ heated breathing circuit & water tank: One (1) complete set • Disposable Nasal Cannula Pediatric: One (1) pc • Disposable Nasal Cannula Adult One (1) pc	16	395,000.00	6,320,000.00

San Lazaro Hospital  
ACCOUNTING OFFICE  
Received  
WIKALYN A. SUREIA  
Date: 10-29-2020  
Time: 4:05 pm

SAN LAZARO HOSPITAL  
CHIEF OF CLINICS OFFICE  
RECEIVED  
By: \_\_\_\_\_  
Date: 03 NOV 2020  
Time: 9:15 am

SAN LAZARO HOSPITAL  
CHIEF ADMINISTRATIVE OFFICE  
RECEIVED 2/0  
BY: \_\_\_\_\_  
DATE: OCT 30 2020  
Ermani T. San Pedro

OFFICE OF THE DIRECTOR  
NOV 03 2020  
RECEIVED  
SAN LAZARO HOSPITAL

RECEIVED  
By: gms  
Date: OCT 30 2020  
Time: 1:10

<b>Total Amount in Words</b>	<b>Six Million Three Hundred Twenty Thousand Pesos Only</b>	<b>6,320,000.00</b>
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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.

Conforme: \_\_\_\_\_ Very truly yours,  
**EDMUNDO B. LOPEZ, MD, MPH, MHA**  
 Medical Center Chief II

\_\_\_\_\_  
Signature over Printed Name of Supplier

\_\_\_\_\_  
Date

Fund Cluster : 01	ORS/BURS No. :	06-102101-2020-16-01074
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