



City of San Carlos

No. 20-05-0532
DATE: May 8, 2020

Supplier	JOSMEF ENTERPRISES	PR No.	1-20-04-0565
Address	Javellana E. Lopez Street, Jaro Iloilo City	Date	April 28, 2020
E-Mail Address		Mode of Procurement:	
Telephone No.		NP (Sec. 53.2 Emergency Purchase)	
TIN No.		B A C	Number: 0748-2020
		RESOLUTION	Date: March 17, 2020

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

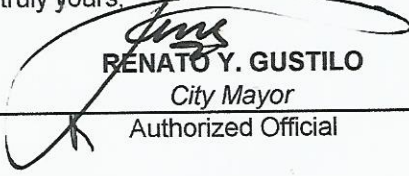
Place of Delivery	CITY HOSPITAL	Delivery Term	5 Calendar Days
Date of Delivery		Payment Term	

Item No.	Unit	DESCRIPTION	Quantity	Unit Cost	Amount
1	unit	ABG Analyzer Specifications: *Point of Care *Real-time,lab quality results within minutes *True POC analyzer capable of patient-side testing *Comprehensive range of tests from a single platform *Improves patient flow and timeliness of care Inclusions: 1 unit Printer 2 roll Thermal Paper 1 box External Simulator 2 pieces Lithium Batteries 1 start-up Kit with 25 cartridges equivalent to 325 tests Cartridge Parameters: Creatinine, Urea Nitrogen, Glucose, Chloride, Sodium, Potassium, Ionized Calcium Hematocrit, Hemoglobin, pH, PCO ₂ , TCO ₂ , HCO ₃ , BECf, sO ₂ , Lactate, Anion Gap, ACT (Celite) ACT (Kaolin), PT/INR, cTnl, CK-MB, BNP Blood Gas: G3+, CG4+ Blood Gas: Electrolytes & Hematology: EC8+, EG6+, EG7+, CG8+ Electrolytes & Hematology: E3+, EC4+, 6+ Chemistry: G, Crea, CHEM8+ Coagulation: Celite ACT, Kaolin ACT, PT/INR Cardiac Markers: cTnL, CK-MB, BNP Note: 1. Supplier must have an after sale service 2. With 1 year warranty 3. with training and application Delivery Term: 5 Calendar Days x-x PURPOSE: To be used for the care and treatment of the patients of San Carlos City Hospital.	1	2,188,000.00	2,188,000.00

(Amount in Words) Two Million One Hundred Eighty Eight Thousand Pesos Only 2,188,000.00

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

Conforme:
 JOSMEF ENTERPRISES
 By: Fernando Fernandez
 (Signature Over Printed Name)
 May 15, 2020
 (Date)

Very truly yours,

RENATO Y. GUSTILO
 City Mayor
 Authorized Official

OBR. No.	_____
Amount	_____