



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
 Tel. No.: 8588-9900 loc. 224, 226, 361, 355
 Fax no.: 85889997 • e-mail: pcmcproc@gmail.com

PURCHASE ORDER **Nº 72347**
 FOR SUPPLIES OR EQUIPMENT 72347
 P. R. NO. MMD-CMS-2021-01 Dated: 10/16/2020
 MODE OF PROCUREMENT
NP 53.9 Rec'd Reso: 11/04/2021
 CS No. _____ AC No. 2021-528M(NP)
 DATE OF P.O. NOVEMBER 04, 2021

TO: Supplier/Dealer Contractor **MEDICAL CENTER TRADING CORPORATION**
 Address: Pioneer St. cor. Shaw Blvd., Pasig City

Department/Office/Division/Section/Unit where delivery
 Is to be made: Supply & Property Section
 Location: Ground Floor, PCMC Bldg.
 Special Instructions _____
 Delivery period: 7 working days Other Terms: _____
 Performance Security Posted: Surety Bond No. _____
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	6,000	pc	Gloves, Examination Nonsterile, Nitrile Powder free 6.0 extra-small (100s) "MC BRIDE"	6.50	39,000.00
2	28,000	pc	Mask, Surgical Disposable Tie-On, 3-ply 50s/bx "MC BRIDE"	1.20	33,600.00
*VAT EXEMPT					72,600.00
NOTE: FOR THE USE OF MATERIALS MANAGEMENT DIVISION All deliveries shall have at least One (1) year expiration period ***** nothing follows *****					(Seventy Two Thousand Six Hundred Pesos Only)

Tel. No.: 8631-1715 to 17
 Fax No.: 8631-7869
 LMA

Penalty Clause for Delayed or Unsatisfactory Deliveries:
 1. One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for everyday of delay.
 Once the cumulative amount of liquidated damages reaches 10% of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.
 2. Excess in price, if procured from third parties, through alternative mode of procurement; and
 3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

Funding Code 5-02-03-080 mgd 11/16/21 **TOTAL AMOUNT P** 72,600.00

FUNDS AVAILABLE: Php 72,600.00
ODETH A. WILEGAS, CPA
 Chief Accountant 11/16/21

APPROVED:
SONIA B. GONZALEZ, MD, MSCHSM, MPM
 OIC - Executive Director 11/16/21

Attachments:
 P.R. No. MD-CMS-2021-01
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others BAC RES # R2021-10-433/ ALT-R2021-179
 PhilGEPS Ref # 8070368

CERTIFICATION
 This is to certify that I received today the copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable. *sent thru email*
Confirmed by Ellen Cruz
 (Signature over printed name)
 Date: 11/16

Distribution : White (Original) - Attachment to payment
 Yellow (Duplicate) - Procurement
 Pink - Supply and Property



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave., Quezon City
 Tel. No.: 588-9900 loc. 224, 226, 390

72347

PURCHASE ORDER
 FOR SUPPLIES OR EQUIPMENT
 P.R. No. MMD-CMS-2021-01 Dated: 10/16/2020
 MODE OF PROCUREMENT NP 53.9 Rec'd Reso: 11/04/2021
 CS No. 2021-528 M(NP)
 DATE OF P.O. NOVEMBER 04, 2021

TO: Supplier/Dealer Contractor **MEDICAL CENTER TRADING CORPORATION**
 Address: Pioneer St. cor. Shaw Blvd., Pasig City

Department/Office/Division/Section/Unit where delivery
 Is to be made: Supply & Property Section Delivery period: 7 working days Other Terms: _____
 Location: Ground Floor, PCMC Bldg. Bidder's Bond Posted: Cash GSIS Policy
 Special Instructions _____ Cashier's / Manager's / Cert Check No. _____
 PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			AMENDMENT		
2	14,000 ✓	pc	Mask, Surgical Disposable Tie-On, 3-ply 50s/bx "MC BRIDE" *VAT EXEMPT	2.40 ✓	33,600.00
					72,600.00 vvvvvvvvvvv ✓
FUNDS AVAILABLE: <u>₱ 72,600 < mt 12/17</u> <u>5-02-03-080</u> ODETH A. VILLEGAS, CPA Chief Accountant ✓			APPROVED: <u>[Signature]</u> SONIA B. GONZALEZ, MD, MSChSM, MPM OIC - Executive Director <u>[Signature]</u>		(Seventy Two Thousand Six Hundred Pesos Only)

Funding Code _____ **TOTAL AMOUNT P** _____

FUNDS AVAILABLE: _____
 Chief Accountant _____
 APPROVED: _____
 Executive Director _____

- Attachments:
- P.R. No. _____
 - Abstract of Canvass/Bids
 - Canvass Sheet/Tender of Bids
 - Notarized Certification of Exclusive Distributor
 - Justification
 - Others _____

CERTIFICATION

This is to certify that I received today the Original copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable.

 (Signature over printed name)

Date: _____

Distribution : White (Original) - Supplier (to be attached in the claim voucher with other supporting documents) Pink - Supply and Property
 Yellow (Duplicate) - Procurement