



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 **72427** **Nº 72427**

FOR SUPPLIES OR EQUIPMENT

P. R. NO. **PHAR-2021-019-GF** Dated: **10/28/21**

MODE OF PROCUREMENT  
**NP-Emergency** 2021-554 VI(NP)

CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. **November 16, 2021**

TO: Supplier/Dealer Contractor **ZUELLIG PHARMA CORP.**  
 Address: **KM 14 West Service Road SSH Corner Edison Avenue, Brgy. Sun Valley, Parañaque City**

Department/Office/Division/Section/Unit where delivery is to be made: **Materials Management Division**  
 Location: **Ground Floor, PCMC Bldg.**  
 Special Instructions: \_\_\_\_\_  
 Delivery period: **7 working days**  
 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	500	bt/bag	Isotonic Electrolyte Solution, 1L Sterofundin [B Braun Melsungen, Ag]	132.00	66,000.00
2	200	vl	Methylprednisolone Sod Succ vl 500mg/7.7mL+diluent (IV) SoluMedrol [Pharmacia & Upjohn Company Llc]	1,200.00	240,000.00
3	500	amp	Nalbuphine Hcl Amp 10 mg/mL 1mL (M/IV/SC) Nubain [Hizon Laboratories, Inc.]	50.87	25,435.00
4	1,500	amp	Norepinephrine Bitartrate Amp 1 mg/mL, 2mL (IV) Levophed SF [Avara Liscate Pharmaceutical Services S.P.S.]	100.00	150,000.00
***Nothing Follows***					<b>481,435.00</b>
For the use of Pharmacy Division (CY-2021) To be sourced from DOH FUND (8M) All deliveries shall have at least One (1) year expiration period.					(Four Hundred Eighty One Thousand Four Hundred Thirty Five pesos only)

**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.

**Additional Instructions & conditions:**  
 1. Delivery is within 7 working days upon receipt of this PO.

Funding Code **2-02-01-050-040** *(DOH PBM)*  
**TOTAL AMOUNT P 481,435.00**

FUNDS AVAILABLE: **Php 481,435.00**  
**ODETH A. VILLEGAS, CPA, MBA**  
 Chief Accountant  
 APPROVED:  
**SONIA B. GONZALEZ, MD, MSChSM, MPM**  
 OIC Executive Director  
 Attachments:  
 P.R. No. **PHAR 2021-019-GF**  
 Abstract of Canvass/Bids  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others: **BAC Reso No. 2021-10-470, Alt-R2021-215**

**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.  
*Sonia B. Gonzalez*  
**Catherine Plante**  
 (Signature over printed name)  
 Date: **11/24/21**

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

PURCHASE ORDER **72427**  
 FOR SUPPLIES OR EQUIPMENT

P.R. NO. **PHAR-2021-019-GF** Dated: **28-Oct-21**  
 MODE OF PROCUREMENT  
**NP-Emergency** **2021-554-M(NP)**  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. **November 16, 2021**

TO: Supplier/Dealer Contractor **ZUELLIG PHARMA CORP.**  
 Address: **KM 14 West Service Road SSH Corner Edison Avenue, Brgy. Sun Valley, Parañaque City**

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

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	500	amp	<b>AMENDMENT:</b> Nalbuphine Hci Amp 10 mg/mL 1mL (M/IV/SC) Nubain (Hizon Laboratories, Inc.) 100's  ***Nothing Follows***	48.4454	24,222.70 24,222.70
				<b>Total Amount as Amended</b>	<b>480,222.70</b>
					vvvvvvvvvv (Four Hundred Eighty Thousand Two Hundred Twenty Two pesos and 70/100)

Funds Available: **₱480,222.70** *md 12/16/21*  
~~2-02-01-090-040~~  
**ODETH A. VILLEGAS, CPA, MBA**  
 Chief, Accounting Division *md 12/16/21*

APPROVED BY:  
**SONIA B. GONZALEZ, MD, MSChSM, MPM**  
 OIC-Executive Director *md 12/16/21*

Funding Code \_\_\_\_\_ **TOTAL AMOUNT P** 480,222.70

FUNDS AVAILABLE:  
~~ODETH A. VILLEGAS, CPA, MBA~~  
 Chief Accountant  
 APPROVED:  
**SONIA B. GONZALEZ, MD, MSChSM, MPM**  
 OIC-Executive Director

Attachments:  
 P.R. No. **PHAR-2021-019-GE**  
 Abstract of Canvass/Bias  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others  
**BAC Reso# R2021-102470**  
**Alt Reso-2021-215**

**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. *md 12/16/21*  
*Odette R. Rondon*  
 (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