



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
 Tel. No.: 8588-9900 loc. 224, 226, 361, 355
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**PURCHASE ORDER
 FOR SUPPLIES OR EQUIPMENT**

Nº 72567

P. R. NO. NS-Patient Care-2021-014 Dated 06/01/2021
 MODE OF PROCUREMENT NP-53.9 07/02/2021
 CS No. _____ AC No. 2021-510-NM
 DATE OF P.O. December 27, 2021

TO: Supplier/Dealer Contractor JORDAL MEDICAL SYSTEMS, INC.
 Address: Ground Floor Belman Bldg. II no. 78 Cordillera St cor, quezon Avenue, Quezon City

Department/Office/Division/Section/Unit where delivery Is to be made: _____
 Location: Supply & Property Section
 Special Instructions Ground Floor, PCMC Bldg.
 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	8	pc	IV tray, Ideal for capacity IV Suppliles, IV starter kit Catheters, Syringe, Needles, Gloves, Prep Pads, Tape Tourniquets, set, includes five (5) large storage cups and four (4) small storage cups, made of heavy duty stainless steel for durability Dimension: 14-13/16" W x 4-7/16" H x 13-3/4" D heigh including handle 10-1/4"	4,445.00	35,560.00
2	8	pc	Medication Tray, Eight to Twelve holes/ compartment for every patients medicines light weight, easy to clean stainles steel, sturdy aluminum handle has vinyl hand grip Dimension: 14-13/16" W x 4-7/16"H x 13-3/4" d Height including handle 10-1/4" For use of Nursing Service xxxxx Nothing Follows xxxxx Warranty: Six Months	3,625.00	29,000.00
					64,560.00

Funding Code 5-02-03-990 ✓ **TOTAL AMOUNT P** 64,560.00

FUNDS AVAILABLE: P64,560 - 12/29
ODETH A. VILLEGAS, CPA, MBA
 Chief Accountant
 APPROVED: Sonia B. Gonzalez
SONIA B. GONZALEZ, M.D., MScHSM
 OIC Executive Director

NS-Patient Care-2021-014
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.
 (Signature over printed name)
 Date: _____

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