



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 72686 N^o 72686
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. PHAR-2022-001-RF Dated: 10/6/21
 MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. January 7, 2022

TO: Supplier/Dealer Contractor **BLUE SKY TRADING CO., INC.**
 Address: Blue Sky Building 416 Dasmariñas St., Binondo, Manila

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: _____
 Performance Security Posted: Surety Bond No. 6(13) 270118
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 78,000.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	40,000	tab	Calcium Carbonate tablet/chewable 500mg "CALBONE" 60's [Swisspharma Research Laboratories. Inc., Philippines] ***Nothing Follows*** Conforme to the attached Terms of Reference For the use of Pharmacy Division (CY-2022) To be sourced from Revolving Fund (RF) All deliveries shall have at least One (1) year expiration period.	6.50	260,000.00 vvvvvvvvvv' (Two Hundred Sixty Thousand 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. Staggered Delivery/Payment
 2. Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date
 3. Delivery is within 7 working days upon receipt of Delivery Confirmation
 4. PCMC has the right to reject or cancel any items in this PO for justifiable and reasonable ground where the award will not benefit the Government
 5. Terms and conditions specified on Notice of Award.

Funding Code 2-01-01-010-002 *md 11962* **TOTAL AMOUNT P 260,000.00**

FUNDS AVAILABLE: P 260,000-
ODETH A. VILLEGAS, CPA, MBA
 Chief Accountant

APPROVED:
SONIA B. GONZALEZ, MD, MSChSM, MPM
 OIC- Executive Director

Attachments:
 P.R. No. PHAR 2022-001-RF
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others BAC Reso No. 2022-00-053
NOA-2022-044-001
NTP-2022-029

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



Republic of the Philippines
DEPARTMENT OF HEALTH
PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100

website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph

Trunkline: 8588-9900 DirectLine: 8924-0836 Fax No: 8924-0840

NOTICE TO PROCEED
NTP-PROC-2022-029

January 7, 2022

BLUE SKY TRADING CO., INC.

Blue Sky Building 416 Dasmariñas St.,

Binondo, Manila

Tel. No.(02) 8241-3846

Fax No. (02) 8241-0621

Sir/Madam:

This is to inform you that Purchase Order Nos. 72686 as a result of Public Bidding for the procurement of Various Pharmaceutical Supplies has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within seven (7) working days from receipt of this notice and/or Delivery Order Slip for Staggered Delivery.

SONIA B. GONZALEZ, MD, MScHSM, MPM

Officer In Charge - Executive Director

CONFORME:

Received Original

Signature Over Printed Name

Authorized Representative

Date: _____