

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

PURCHAS	SE ORDER	72691	N'	72691
FOR SUPI	PLIES OR E	QUIPMEN	1T	
P. R. NO	PHAR-2022-002-RF		Dated:	10/6/21
MODE OF	PROCURE PUBLIC B			
CS No.			AC No.	
DATE OF	P.O	anuary 7, 2	022	

Address			osa Estate, Brgy. Macabling	with INTERPHARMA HOLDIN g, Sta. Rosa, Laguna	IGS AND MA	NAGEMENT C	ORPORATIONS
Locatio	mauc.	Ground Floor	ion/Unit where delivery nagement Division , PCMC Bldg.	Delivery period: 7 workin Performance Security Pos Cash / Cashier's / Man PCMC O.R. No.	sted: [nager's Check	Surety Bond	LETTEN OF CREPOIT No. 0202652020
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-	11,000		"Sakarin" 1000 IU/ml	arin" 1000 IU/ml Solution for Injection (IV/SC) 1's r Healthcare Pvt. Ltd., India]		74.50	
3	2,500 `	vI	(IM,IV,Intrathec) "Pteri 25 mg/mL (50 mg/2 mi	Methotrexate Sod (Preservative Free) vl 25mg/mL, 2mL M,IV,Intrathec) "Pterin" 25 mg/mL (50 mg/2 mL, 1g/40 mL) Solution for Injection of [Korea United Pharma. Inc., Korea]			458,700.00 1,363,478.00
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All to the police of the state of		***Noth	ing Follows***	7	housand Four H	undred Seventy	
			.3 - Conforme to Terms of Reference (Hazardous) orme to the attached Terms of Reference		Ε	ight pesos only)	
		AI	To be sourced fro deliveries shall have at le	rmacy Division (CY-2022) om Revolving Fund (RF) ast One (1) year expiration p	eriod.	on and and and and and and and and and an	
Penelty	Clause for Dela	wed or Uneaties	fectory Deliveries:	E71002 (7552) -86 - E	Additional in	estructions & cond	litions:
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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

PURCHAS	E ORDER	72690	No	72690
FOR SUPP	LIES OR EQ		Γ	
P. R. NO	PHAR-2022	-001-RF	Dated:	10/6/21
MODE OF	PROCUREM PUBLIC BID			
CS No.			AC No	
DATE OF	P.O. Jan	uary 7, 20	22	

METRO DRUG INC. with INTERPHARMA HOLDINGS AND MANAGEMENT CORPORATIONS

TO: Su Addres	pplier/Dealer s:		IETRO DRUG INC. state, Brgy. Macabling	with INTERPHARMA HOLDIN g, Sta. Rosa, Laguna	NGS AND N	IANAGEMENT C	ORPORATIONS
Locati	made	Division/Section/U Materials Manager Ground Floor, PCM		Delivery period: 7 working Performance Security Post Cash / Cashier's / Mar PCMC O.R. No.	sted:	☐ Surety Bond	LETTER OF CREDIT No. <u>0202652026</u> 67 p. 631. 40
Itam Na	OTY	INIT		ARTICLES		UNIT COST	TOTAL COST
ttem No.	QTY. 600 2,500	amp M	250mg tab 100's, [The esna amp 400mg/4mi 100mg/ml 400mg/4mi [Korea United Pharma ***Noth Conforme to the att For the use of Pha To be sourced fre veries shall have at le	mg blister/foil pack "Cetamid ACME Laboratories Ltd. , Bangl IL (IV) "Uromes" Solution for IV Injection 10's	adesh]	20.00 \ 142.86 _ (Three Hund	12,000.00 357,150.00 369,150.00 dred Sixty Nine e Hundred Fifty pesos only)
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	g Code _ 2-	01-01-010-002	nt 1/19/2	norde electricistic de la constante de la cons	TOTAL	AMOUNT P	369,150.00
		BLE: \$369,150 as, cpa,mba	- Attachment	PHAR 2022-001-RF	A COMPANY OF STREET STREET	CERTIFICATION OF THE CORRECT C	hat I received

Distribution:

White (Original)

- Attachment to payment

Yellow (Duplicate) - Procurement

- 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-2022-032

January 7, 2022

METRO DRUG, INC.
JV with INTERPHARMA HOLDINGS
AND MANAGEMENT CORPORATIONS
Sta. Rosa Estate, Brgy. Macabling,
Sta. Rosa, Laguna
Tel. No. 802-7575
Fax No. 837-3044

Sir/Madam:

This is to inform you that Purchase Order Nos. 72690/72691 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: _____