

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 C		72693	No	7269	3
FOR SUPPLIE	S OR EQ	UIPMENT			1
P. R. NO. PI	IAR-2022	-001-RF/06	Atelf:	10/6/21	
MODE OF PR	OCUREM UBLIC BID				
CS No.			C No		
DATE OF P.O	Jan	uary 7, 202	2		

TO: Sup	plier/Dealer		OXFORD DISTRIBUT				
Address		Unit 1408 4th F	loor East Tower, Philippine S	tock Exchange, Exchange Road, Ort	igas Center, Pasig 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: Cash / Cashier's / Manager's Check No. PCMC O.R. No. Amount P 59 130.00			
		17.0020.00			A D AND COOKE	TOTAL COST	
Item No.	QTY.	UNIT	14 4. 91 4.5	ARTICLES	UNIT COST	TOTAL COST	
2	15,000	tab tab	200mg Tab, 50's [Kusum Healthcare PV7] ***Noth Conforme to the att For the use of Phai To be sourced fro deliveries shall have at lea	rate Limited, India] Img blister/foil pack " Mezacar"	Thousand One Hund	47,100.00 197,100.00 vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv	
1. One-to- Once the the Proc action a 2. Exces	enth (1/10) of or e cumulative amo curing Entity may and remedies ava s in price, if proc	ne percent (1%) of ount of liquidated rescind or termin ilable under the ci urred from third p	actory Deliveries: The cost of unperformed portion for damages reaches 10% of the amount ate the contract, without prejudice roumstances. arties, through alternative mode on ance security equal to 5% of the union of the contract of the c	or everyday of delay. 1. or of the contract, 2. to other courses of 3 f procurement; and delivered item/s. 4	dditional instructions & cond Staggered Delivery/Payment Delivery will take effect upon re elivery Confimation of Quantity Delivery is within 7 working da elivery Confirmation PCMC has the right to reject or this PO for justifiable and reason here the award will not benefit to	ceipt of //Date ys upon receipt of cancel any items nable ground he Government	
Funding	Code 2-0	1-01-010-0	02 mgd 1/19/22		TAL AMOUNT D	197,100.00	
APPRO SONIA	S AVAIL AI H A. VILLEG Chief Acco	BLE: \$197 AS, CPA,MBA untant EZ,MD, MSch	Attachments P.R. No. Abstract Canvass Notarize Exclusiv Justificat	S: PHAR 2022-001-RF / 002-RF of Canvass/Bids Sheet/Tender of Bids d Certification of e Distributor	CERTIFICAT This is to certify the today the copy of the cound by the terms a contract and applicable. (Signature over present a contract over present a contract over present applicable)	TON nat I received this Purchase he Company nd stipulation I other laws	

White (Original) - Attachment to payment Yellow (Duplicate) - Procurement Distribution:

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-2022-034

January 7, 2022

OXFORD DISTRIBUTIONS, INC.

Unit 1408 14th Floor East Tower, Philippine Stock Exchange, Exchange Road, Ortigas Center, Pasig City Tel. No. (02) 555- 3333 loc. 4023 / (02) 584-6619 Fax No. (02) 584-3099

Sir/Madam:

This is to inform you that Purchase Order Nos. 72693 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: _____