



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 **N^o 72711**
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. NEPHRO-2022-001 Dated: 09/24/2021
 MODE OF PROCUREMENT Public Bidding 10/12/2021
 CS No. ACNOA-2022-028-003
 DATE OF P.O. January 10, 2022

TO: Supplier/Dealer Contractor MEDILINES DISTRIBUTORS, INC.
 Address: #7 Pioneer cor. Sheridan St. Mandaluyong City

Department/Office/Division/Section/Unit where delivery
 Is to be made: Supply & Property Section
 Location: Ground Floor, PCMC Bldg.
 Special Instructions Ground Floor, PCMC Bldg.

Delivery period: 7 working days
 Performance Security Posted: Surety Bond No. C(13)-A 2(1750
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 174,450.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	15	bt	Chlorine Test Strips 100's, SERIM GUARDIAN	1,300.00	19,500.00
2	15	pc	Dialysis DF Filter, hollow fiber membrane high grade Polysulfone Fiber, DIACAP ULTRA DF FILTER, B.Braun	7,600.00	114,000.00
3	200	pc	Dialyzer Blood Port Cap, 100's, B. Braun	35.00	7,000.00
4	240	pc	13. Dialyzer, Polysulfone, Low-Flux, steam gamma sterilized surface: 1.2m2 - 1.3m2, 12pc/box, DIACAP B.Braun	950.00	228,000.00
5	36	pc	Dialyzer, Polysulfone, Low-Flux, steam gamma sterilized, surface: 1.5m2, 12pc/box, DIACAP B.Braun	900.00	32,400.00
6	10	con	MDT Plus 4 Cold Sterilant, 5 Liters, MDT PLUS Meditop	5,500.00	55,000.00
7	20	bot	Peracetic Acid Potency Test Strip, 100 strips/bot, SERIM Guardian	1,295.00	25,900.00
8	20	bot	Peroxide Residual Test Strip, 100 strips/bot, SERIM Guardian	1,295.00	25,900.00
9	40	sk	Powder, bicarbonate (25kg/sk), SOLVAY B.Braun	1,800.00	72,000.00
10	6	pc	Sediment Water Filter 5micron 20 inch, Hydrosep	300.00	1,800.00
					581,500.00

For use of NEPHROLOGY AND Hemodialysis
 xxxxx Nothing Follows xxxxx
 Terms and Conditions:
 1. The prices of the awarded item's shall be valid until December 21, 2022
 3. Staggered delivery, Staggered payment
 4. Delivery Schedule: withing Seven Working days upon receipt of Delivery Order Slip
 5. The quantities specified are estimated requirements during the period and may
 be decreases depending upon the actual need of PCMC. It is understood therefore that
 PCMC is not bound to order/ purchase all the items/ quantities called for on this Notice of Award
 6. The supplier should submit Materials Safety Data Sheet upon initial delivery, if applicable
 7. PCMC has the right to reject or cancel any item in this P.O.
 for justifiable and reasonable grounds where the award will not
 benefit the Government. *duw*

Five Hundred Eighty One
Thousand Five Hundred Pesos
Only

Funding Code _____ **TOTAL AMOUNT P** 581,500.00

FUNDS AVAILABLE:
ODETH A. VILLEGAS, CPA, MBA
 Chief Accountant

APPROVED:
SONIA B. GONZALEZ, M.D., MScHSM, MPM
 OIC- Executive Director

Attachments:
 P.R. No. NEPHRO-2022-001
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of
 Exclusive Distributor
 Justification
 Others _____

Reso # R2022-00-047
NOA-2022-028-001

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
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
 Tel. No.: 588-9900 loc. 224, 226, 390

PURCHASE ORDER
 FOR SUPPLIES OR EQUIPMENT 72711
 P. R. NO. NEPHRO-2022-001 Dated: 09/24/2021
 MODE OF PROCUREMENT
Public Bidding 10/12/2021
 CS No. AC NOA-2022-028-003
 DATE OF P.O. January 10, 2022

TO: Supplier/Dealer Contractor MEDILINES DISTRIBUTORS, INC.
 Address: #7 Pioneer cor. Sheridan St. Mandaluyong City

Department/Office/Division/Section/Unit where delivery
 Is to be made: Supply & Property Section
 Location: Ground Floor, PCMC Bldg.
 Special Instructions Ground Floor, PCMC Bldg.

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
			Penalty Clause for Delayed of Unsatisfactory Deliveries 1. One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for every day of delay, but not to exceed ten percent 10% of the total contract price; and 2. Excess in price, if procured from third parties, through alternative mode of procurement; and 3. In case of bidding, forfeiture of performance bond equal to 5% of the undelivered item/s		

Funding Code 5-02-03-080 *md 1/20/22* **TOTAL AMOUNT P** 581,500.00

FUNDS AVAILABLE: P 581,500 -
ODETH A. VILLEGAS, CPA, MBA
 Chief Accountant *1/24*

APPROVED:
AS/Bengly
SONIA B. GONZALEZ, M.D, MSchSM, MPM
 OIC- Executive Director *1/24*

- Attachments:
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 (Signature over printed name)
 Date: _____

Reso # R2022-00-047
NOA-2022-028-003
NEP-PROC-2022-001

Distribution : White (Original) - Supplier (to be attached in the claim voucher with other supporting documents) Pink - Supply and Property
 Yellow (Duplicate) - Procurement

du 1/24



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-2022-097

January 10, 2022

MEDILINES DISTRIBUTORS, INC.
No. 7 Pioneer cor. Sheridan Street
Mandaluyong City
Tel: 634-9132 / 634-3752

Sir/Madam:

This is to inform you that Purchase Order No. 72711 as a result of Public Bidding
for the Procurement of Various Direct Medical Supplies (Nephrology and Hemodialysis Unit) CY 2022
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, M.D., MScHSM, MPM
OIC-Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____