



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 72987 **Nº 72987**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. PHAR-2022-001-RF Dated: 10/6/21
 MODE OF PROCUREMENT
Direct Contracting
 CS No. _____ AC No. _____
 DATE OF P.O. **March 8, 2022**

TO: Supplier/Dealer Contractor **ZUELLIG PHARMA CORP.**
 Address: KM 14 West Service Road SSH Corner Edison Avenue, Brgy. Sun Valley, Parañaque 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 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	300	bt	Carbamazepine syr bt 100mg/5mL, 100mL Tegretol [Delpharma Huningue S.A.S] ***Nothing Follows*** VAT EXEMPT For the use of Pharmacy Division (CY-2022) To be sourced from Revolving Fund (RF) <i>All deliveries shall have at least One (1) year expiration period.</i>	300.000	90,000.00 wwwwwwwww (Ninety 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, for failure 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 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 3/10/22* **TOTAL AMOUNT P 90,000.00**

FUNDS AVAILABLE: ₱90,000 -
ODETH A. VILLEGAS, CPA, MBA
 Chief Accountant *3/14*

APPROVED:
SB/Segu
SONIA B. GONZALEZ, MD, MSChSM, MPM
 Executive Director *h*

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. 2022-03-101
 NOA-2022-060
 NTP-PROC-2022-167

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-2022-167

March 8, 2022

ZUELLIG PHARMA CORP.

KM 14 West Service Road SSH Corner Edison Avenue

Brgy. Sun Valley, Parañaque City



Tel. No. (02) 908-2222

Fax No. (02) 325-0641

Sir/Madam:

This is to inform you that Purchase Order No. 72987 as a result of Direct Contracting for the procurement of Pharmaceutical Supply 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: _____