



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 73166**
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. GSD-RME-2022-1 Dated: 01/19/2022
 MODE OF PROCUREMENT DC-50.C 04/18/2022
 CS No. _____ AC No. AQ-2022-018
 DATE OF P.O. April 18, 2022

TO: Supplier/Dealer Contractor **MEDILINES DISTRIBUTORS, INC.**
 Address: # 7 Pioneer St. 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 _____
 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	4	lot	Quarterly Preventive Maintenance Services for BIOIMPEDANCE Machine at Hemodialysis Unit PN # 1801-419-2425-Hemo, Parts and Labor Scope of works: Calibration . Checking of continuity for Electrodes . Checking of Keyboards . Checking of Parameters & Measurements . Warranty" One (1) month / quarter For the use of GSD (Hemodialysis Section) xxxxxxxxxxxxxxxxxxxNothing Follows xxxxxxxxxxxxxxxxxxx Delivery Schedule: within seven (7) working days from receipt of P.O	33,000.00	132,000.00

Terms and Conditions:

» The supplier should render the services called for in the Purchase Order (PO) within the stated schedules upon receipt of approved PO through fax or personal received during office hours at the Procurement Division.
 » PCMC has the right to reject any or all bids without offering any reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government.

- Penalty Clause for Delayed or Unsatisfactory Deliveries**
- 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
 - Excess in price, if procured from third parties, through alternative mode of procurement; and
 - In case of bidding, forfeiture of performance bond equal to 5% of the undelivered item/s

Funding Code 50018 050400 and 46200 **TOTAL AMOUNT P** 132,000.00

FUNDS AVAILABLE: 132,000-
Rowel C. Alday, CPA

OIC-Accounting Division

APPROVED:
Sonia B. Gonzalez
 SONIA B. GONZALEZ, M.D, MSchSM, MPM
 Executive Director

- Attachments:
 P.R. No. GSD-RME-2022-15
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others _____

Abstract of Quotation
 Reso # R2022-04-155
 NOA # 2022-074
 NTP-PROC-2022-187

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

4/27



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-2022-187

April 19, 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. 73166 as a result of Direct Contracting
for the Procurement of 4 lot Quarterly Preventive Maintenance Services for BIOIMPEDANCE Machine at
Hemodialysis Unit PN # 1801-419-2425-Hemo, Parts and Labor 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
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

