



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<sup>o</sup> 73168**  
**FOR SUPPLIES OR EQUIPMENT**  
 P. R. NO. GSD-RME-2022-16 Dated: 01/19/2022  
**MODE OF PROCUREMENT**  
DC-50.C 04/18/2022  
 CS No. \_\_\_\_\_ AC No. AQ-2022-022  
 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 Reverse Osmosis at Hemodialysis Unit PN # 1801-419-2423-Hemo, Parts and Labor Scope of works: > Quarterly external cleaning and visual inspection of the equipment. > Quarterly Recording of Reverse Osmosis Monitoring parameters such as; * Raw water Total Dissolved Solid (TDS) / Permeate TDS. * Membrane Primacy Pressure / Pre- Treatment Pressure * Inlet Pressure / Water Hardness > Quarterly RO membrane disinfection as needed-Submit Quarterly Service Report For the use of GSD ( Hemodialysis Section ) xxxxxxxxxxxxxxxxxxxNothing Follows xxxxxxxxxxxxxxxxxxx Warranty: One ( 1) months / quarter Delivery Schedule: within seven (7) working days from receipt of P.O	21,000.00	84,000.00

Funding Code 50217050 400 and 412101 **TOTAL AMOUNT P** 84,000.00

FUNDS AVAILABLE: 84,000.00  
Rowel G. Alday, CPA  
 OIC-Accounting Division  
 APPROVED:  
Sonia B. Gonzalez  
 SONIA B. GONZALEZ, M.D, MSChSM, MPM  
 Executive Director  
 Attachments:  
 P.R. No. GSD-RME-2022-16  
 Abstract of Canvass/Bids  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others \_\_\_\_\_  
 Abstract of Quotation  
 Reso # R2022-04-157  
 NOA # 2022-076  
 NTP-PROC-2022-189

**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

4/22



Republic of the Philippines  
DEPARTMENT OF HEALTH  
**PHILIPPINE CHILDREN'S MEDICAL CENTER**

Quezon Avenue, Quezon City 1100

website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)

Trunkline: 8588-9900 DirectLine: 8924-0836 Fax No: 8924-0840

NOTICE TO PROCEED  
NTP-PROC-2022-189



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. 73168 as a result of Direct Contracting  
for the Procurement of 4 lot Quarterly Preventive Maintenance Services for Reverse Osmosis at Hemodialysis Unit  
PN # 1801-419-2423-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: \_\_\_\_\_

