



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
 FOR SUPPLIES OR EQUIPMENT**

Nº 73185

P. R. NO. GSD-RME-2022-01 Dated: 01/19/2022
 MODE OF PROCUREMENT DC-50.C 04/22/2022
 CS No. _____ AC No. AQ-2022-021
 DATE OF P.O. April 22, 2022

TO: Supplier/Dealer Contractor MEDILINES DISTRIBUTORS, INC.
 Address: # 7 Pioneer St. cor. Sheridad 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 Portable Reverse Osmosis at Hemodialysis Unit PN # 1906-419-2649-HEMO, Parts and Labor Scope of work > Quarterly external cleaning and visual inspection of th equipment > Quarterly Recording of Reverse Osmosis Monitoring parameters such as; Raw Water Total Dissolve Solid (TDS) Permeate TDS / Membrane % Rejection Membrane Primary Pressure / Inlet Pressure Water Hardness > Quarterly RO membrane disinfection as needed > Submit Quarterly Service Report For the use of GSD xxxxxxxxxxxxxxxxxxxNothing Follows xxxxxxxxxxxxxxxxxxx Warranty: One (1) Month per Quarter Delivery: Schedule: Within seven (7) working days from receipt of P.O | 12,900.00 | 51,600.00 |

Funding Code 5-02-13-050-400 nd 4/22/22 **TOTAL AMOUNT P** 51,600.00

FUNDS AVAILABLE: Rowel G. Alday, CPA
 OIC-Accountant Chief Accountant
 APPROVED: Sonia B. Gonzalez, M.D., MSChSM, MPM
 Executive Director

Attachments: GSD-RME-2022-019
 P.R. No. _____
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others _____

Abstract of Quotation
 Reso # R2022-04-180
 NOA # 2022-085
 NTP-PROC-2022-192

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 AMRP 2022-178
 Yellow (Duplicate) - Procurement Pink - Supply and Property

4/29



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-2022-192

April 22, 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. 73185, as a result of Direct Contracting
for the Procurement of 4 lot Quarterly Preventive Maintenance Services for Portable Reverse Osmosis at
Hemodialysis Unit, PN# 1906-419-2649-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: _____