

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 OR		N	0	7320	5
FOR SUPPLIES	OR EQUIPME	ENT			7320
P. R. NO. MMD-C	_ Dated:	10,	08/2021		
MODE OF PROPUBLI	CUREMENT C BIDDING				
CS No.		AC No			
DATE OF P.O	APRIL 29, 20)22			

TO: Su Addres			SURGICARE IV Street, Loyola Grand						
Department/Office/Division/Section/Unit where delivery Is to be made: Supply & Property Section Location: Ground Floor, PCMC Bldg. Special Instructions				ry D	Delivery period: 7 working days Performance Security Posted: Cash / Cashier's / Manager's Check No. PCMC O.R. No. 486057 Amount P 7, 380.00				
Item No.	QTY.	UNIT		ART	ICLES		UNIT COST	TOTAL COST	
1	20,000	pc 、	Gauze, Pedia, 23x3 sterile 10s/pk, Chin		n Radiopaque lini	(One Hundr	7.38 ed Forty Seven (Pesos Only)	147,600.00 vvvvvvvvvv Thousand	
			FOR THE USE OF IV eliveries shall have at **************	t least One	(1) year expirati	on period			
The second second	. 8722-1033 , 8705-1064 LMA	8723-5552							
1. One-ter Once the the Pro- action a 2. Excess in	th (1/10) of one percumulative amo curing Entity may and remedies avail	unt of liquidated of rescind or termina able under the cir ed from third part	e cost of unperformed portic amages reaches 10% of the ite the contract, without prej	amount of the judice to other	contract, courses of ent; and	Staggered De Delivery will to Delivery Con Delivery is wide Delivery Con A. PCMC has the in this PO for	ructions & condition livery/Payment ake effect upon receipment of Quantity/I him 7 days upon receipmention right to reject or can justifiable and reasonard will not benefit the livery/Payment will not be set th	ot of Date ipt of cel any items nable ground	
Fundin	g Code 5.1	12-03-080	and whether			TOTAL	AMOUNT P	147 600 00	
APPROVED: Notarized				No. MMD tract of Ca vass Shee arized Cer lusive Dis ification ers NOA-2 R2022	anvass/Bids t/Tender of Bids tification of tributor	This is today Order, bound of the applica	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:		
Distrib		hite (Origina ellow (Duplic	al) - Attachment cate) - Procuremen		nt	Pink	c - Supply a	nd 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-2022-195

April 29, 2022

SURGICARE MEDICAL SYSTEMS ENTERPRISES

I-C Guatemala Street, Loyola Grand Villas, Katipunan Avenue, Quezon City Tel. No. 920-8376/927-6042 Fax No: (063) 920-8376

Sir/Madam:	
This is to inform you that Purchase Order No	Bidding
You may now proceed with the delivery of items listed in the attached Purchase within <u>seven (7) working days</u> from receipt of this notice and/or Delivery C for Staggered Delivery.	
SONIA B. GONZALEZ, MD, MScHSM, MPM, Executive Director	
CONFORME: Received Original	
Signature Over Printed Name	
Authorized Representative	
Date:	