



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** **Nº 73231**  
**FOR SUPPLIES OR EQUIPMENT**  
 P. R. NO. MMD-CNM-2022-02 Dated: 03/14/2022  
**MODE OF PROCUREMENT**  
Public Bidding 05/10/2022  
 CS No. \_\_\_\_\_ AC No. 2022-069  
 DATE OF P.O. May 11, 2022

TO: Supplier/Dealer Contractor **REBMANN, INCORPORATED**  
 Address: 88 Timog Avenue, Quezon 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. G(13)149560  
 Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 PCMC O.R. No. \_\_\_\_\_ Amount P 312,000.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	2000	pc	Disinfectant Spray, kill 99.9% of Viruses and Bacterial with Lysol® Disinfectant Spray on hard and soft surfaces, 510gms, regularly assorted scent 12 cans/box Brand: LYSOL  For the use of MMD xxxxxxxxxxxxxxxxNothing Follows xxxxxxxxxxxxxxxxxxxx	520.00	1,040,000.00 wwwvvvvvvvvvvvvvvvv One Million Forty Thousand Pesos Only
<b>Additional Instructions &amp; conditions:</b> 1. Staggered Delivery / Payment 2. Delivery will take effect upon receipt of Delivery Confirmation of Quantity / Date 3. Delivery is within 7 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  <b>Penalty Clause for Delayed or Unsatisfactory Deliveries</b> 1. 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 2. Excess in price, if procured from third parties, through alternative mode of procurement; and 3. In case of bidding, forfeiture of performance bond equal to 5% of the undelivered item/s					

Funding Code 5-02-03-990 **TOTAL AMOUNT P** 1,040,000.00

FUNDS AVAILABLE: ₱ 1,040,000 -  
 ROWEL G. ALDAN, CPA  
 OIC-Accounting Division  
 APPROVED: Sonia B. Gonzalez  
 SONIA B. GONZALEZ, M.D., MS, HSM, MPM  
 Executive Director  
 Attachments: MMD-CNM 2022-02  
 P.R. No. \_\_\_\_\_  
 Abstract of Canvass/Bids  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others \_\_\_\_\_  
 NO. # 2022-092  
 Reso # R2022-05-202  
 Philgeps Ref # 8559447  
 NTP-PROC # 2022-201

**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](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-2022-201


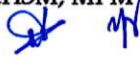
May 11, 2022

REBMANN, INCORPORATED  
3rd flr Picture City Center  
# 88 Timog Avenue, Q. C.  
Tel: 922-8255 Fax: 922-5103

Sir/Madam:

This is to inform you that Purchase Order No. 73231 as a result of Public Bidding  
for the Procurement of 2,000 pc Disinfectant Spray, Lysol, 510gms., (Regularly Assorted Scent) 12 cans/box  
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: \_\_\_\_\_