



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 73348 N<sup>o</sup> 73348**  
 FOR SUPPLIES OR EQUIPMENT  
 P. R. NO. **PHAR-2022-002-RF** Dated: **10/6/21**  
 MODE OF PROCUREMENT  
**PUBLIC BIDDING**  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. **June 16, 2022**

TO: Supplier/Dealer Contractor **EURO-MED LABORATORIES PHIL., INC**  
 Address: **1000 PPL Building United Nations Avenue, Corner San Marcelino St., Manila**

Department/Office/Division/Section/Unit where delivery  
 Is to be made: **Materials Management Division**  
 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	1,200	bt	Mannitol bt 20% 500mL (IV) sealed rubber cap 20% Mannitol Injection, 500ml [Euro-Med Lab. Phil., Inc.]	75.90	91,080.00
2	2,000	vl	Metronidazole vl 5mg/mL, 100mL (IV inf), sealed rubber cap "Metrix IV" [Euro-Med Lab. Phil., Inc.]	79.86	159,720.00
***Nothing Follows***					
Conforme to attached Terms of Reference For the use of Pharmacy Division (CY-2022) To be sourced from Revolving Fund (RF) All deliveries shall have at least One (1) year expiration period.					
<b>VAT EXEMPT</b>					
					250,800.00 vvvvvvvvvv
					(Two Hundred Fifty Thousand Eight Hundred Pesos only)

**Penalty Clause for Delayed or Unsatisfactory Deliveries:**  
 1. One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for everyday of delay. Once the cumulative amount of liquidated damages reaches 10% of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.  
 2. Excess in price, if procured from third parties, through alternative mode of procurement; and  
 3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

**Additional Instructions & conditions:**  
 1. Staggered Delivery/Payment  
 2. Delivery will take effect upon receipt Delivery Confirmation of Quantity/Date  
 3. Delivery is within 7 working 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  
 5. Terms and conditions specified on Notice of Award.

Funding Code **2-01-01-010-002** *md 6/20/22* **TOTAL AMOUNT P 250,800.00**

FUNDS AVAILABLE: **₱250,800-**  
*Rowel G. Alday*  
**ROWEL G. ALDAY, CPA**  
 OIC, Accounting Division

APPROVED:  
*Sonia B. Gonzalez*  
**SONIA B. GONZALEZ, MD, MSChSM, MPM**  
 Executive Director

- Attachments:  
 P.R. No. **PHAR 2022-002-RF**  
 Abstract of Canvass/Bids  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others  
 x **BAC Reso No.2022-06-261**  
 x **NOA-2022-110-001**  
 x **NTP-PROC-2022-310**

**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

*7/4/22*





Republic of the Philippines  
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 Fax no.: 85889997 • e-mail: pcmcproc@gmail.com

PURCHASE ORDER **73347** **No. 73347**  
 FOR SUPPLIES OR EQUIPMENT  
 PHAR-2022-001-RF Dated: **10/6/21**  
 P. R. NO. \_\_\_\_\_  
 MODE OF PROCUREMENT: **PUBLIC BIDDING**  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. **June 16, 2022**

**EURO-MED LABORATORIES PHIL., INC**

TO: Supplier/Dealer Contractor **1000 PPL Building United Nations Avenue, Corner San Marcelino St., Manila**  
 Address: \_\_\_\_\_

Department/Office/Division/Section/Unit where delivery is to be made: **Materials Management Division**  
 Location: **Ground Floor, PCMC Bldg.**  
 Delivery period: **7 working days** Other Terms: \_\_\_\_\_  
 Performance Security Posted:  **II**  Surety Bond No. \_\_\_\_\_  
 Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 Special Instructions \_\_\_\_\_ PCMC O.R. No. \_\_\_\_\_ Amount P \_\_\_\_\_

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1,000	bt	05% D (D5W) 250mL (IV inf) glass bot . 5% Dextrose in Water, 250ml (Glass) [Euro-Med Lab. Phil., Inc]	98.00	98,000.00
2	4,500	vl	Potassium Chloride soln vl 2mEq/mL, 20mL (IV inf) - Solution for IV Injection, 20ml [Euro-Med Lab. Phil., Inc]	24.80	111,600.00
3	24,000	neb	Salbutamol Sulf nebul soln 1mg/mL, 2.5mL (monodose) "Hivent" Solution for Nebulization, 2.5ml [Euro-Med Lab. Phil., Inc]	7.20	172,800.00
4	5,000	bt	Sterile Water for Injection 1000mL, twist cap / sealed rubber cap, (Twist-Off) [Euro-Med Lab. Phil., Inc]	36.00	180,000.00
					<b>562,400.00</b>

\*\*\*Nothing Follows\*\*\*

Conforme to attached Terms of Reference  
 For the use of Pharmacy Division (CY-2022)  
**To be sourced from Revolving Fund (RF)**  
**All deliveries shall have at least One (1) year expiration period.**

(Five Hundred Sixty Two Thousand  
 Four Hundred Pesos only)

**Penalty Clause for Delayed or Unsatisfactory Deliveries:**

- One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for everyday of delay. Once the cumulative amount of liquidated damages reaches 10% of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.
- Excess in price, if procured from third parties, through alternative mode of procurement; and
- In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

**Additional instructions & conditions:**

- Staggered Delivery/Payment**
- Delivery will take effect upon receipt Delivery Confirmation of Quantity/Date**
- Delivery is within 7 working days upon receipt of Delivery Confirmation
- 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
- Terms and conditions specified on Notice of Award.

Funding Code **2-01-01-010-002** and **6/10/20**

**TOTAL AMOUNT P 562,400.00**

FUNDS AVAILABLE: **₱562,400 -**  
**Rowel G. Alday, CPA**  
 OIG, Accounting Division  
 Chief Accountant

- Attachments:
- P.R. No. **PHAR 2022-001-RF**
  - Abstract of Canvass/Bids
  - Canvass Sheet/Tender of Bids
  - Notarized Certification of Exclusive Distributor
  - Justification
  - Others **BAC Reso No. 2022-06-061**
  - x** **NOA-2022-110-001**
  - x** **NTP-PROC-2022-310**

APPROVED:  
**Sonia B. Gonzalez, MD, MSChSM, MPM**  
 Executive Director

**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  
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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-2022-310

June 16, 2022

**EURO-MED LABORATORIES PHIL., INC.**

1000 PPL Building Corner San Marcelino Street,

United Nation, Manila

Tel. No. 524-0091 to 98

Fax No. 526-0977

Sir/Madam:

This is to inform you that Purchase Order No. 73347/73348 as a result of **Public Bidding** for the Procurement of **Various Pharmaceutical Supplies** has been approved.

You may now proceed with the delivery of 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, MD, MScHSM, MPM  
Executive Director

CONFORME:  
Received Original

\_\_\_\_\_  
Signature Over Printed Name

Authorized Representative

Date: \_\_\_\_\_

