

## 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

DUDCHAS	SE ORDER	NIO	73563
		140	73563
P. R. NO.	PLIES OR EQUIPMENT CARDIO-2022-015	Dated:	05/04/2022
MODE OF	PROCUREMENT		
CS No	NOA-2022-128 .	AC No	R2022-07-333

				DATE OF P	.0	August 1, 202	Z.Z.
			GLOBO ASIATICO ENTERPE		T-1,000 700	T 400 5000	
Address	::JL	JK Blag. 12/ N	laginhawa St., Teacher's Village	, Quezon City	Tel: 982-7000	Fax: 436-5833	
Is to be	made:S	Division/Sect upply & Propert round Floor, Po	ion/Unit where delivery by Section CMC Bldg.	Delivery period: 7 wor Performance Security  Cash / Cashier's / N PCMC O.R. No.	Posted: Manager's Cho	Other Terms: Surety Bond I ck No. Amount P	No
Special	msuuctions			PCMC O.R. No.		Amount P	
Item No.	QTY.	UNIT	I	ARTICLES		UNIT COST	TOTAL COST
1	63_	рс	Cartridge Heparin Assay 0.0-1 HMS machine box of 9s, 4-cha Medtronic, USA			800.00	50,400.00
2	140_	pc 、	Cartridge Heparin Assay 2.5-4 HMS machine box of 9s, 4-cha Medtronic, USA			800.00	112,000.00
3	56 、	pc _	Cartridges Heparin Dose Resp HMS machine box of 9s, 6-cha Medtronic, USA			900.00	50,400.00
4	63	рс	Cartridges High Range ACT of box of 18s, 2-channel cartridge Medtronic, USA			500.00	31,500.00 244,300.00 www.www
		All	***Nothing Note: For the use of Cardio deliveries shall have at least	logy	riod.	(Two hundre thousand thr pesos only).	ee hundred
The state of the s		satisfactory Deliv	Marine Marine Company of the Company		Additional Instru	ection & Conditions:	
			ost of unperformed portion for everyda amages reaches 10% of the amount of			livery / Payment	of delivery
		The state of the s	the contract, without prejudice to other			ake effect upon receipt of quantity/date	of delivery
The second second		ble under the circu	The state of the s	Codiscs of		n 7 working days upon	receipt of
2 Excess in	price if procurred	from third parties			delivery confi		roccipi or
		of procurement; ar				e right to reject or cance	el any item in
		e of performance t				stifiable and reasonable	
equal to	5% of the undeliv	ered item/s.			where the award will not benefit the Government		
		(24,000)			5. Terms and co	nditions spcified on Not	ice of Award
Funding	Code 5	02-03-080	_ md 8/3/00		TOTAL	AMOUNT P	244,300.00
FUNDS	S AVAILAI	BLE: \$244 EYES, EPA	Attachments:	CARDIO-2022-015	This i	CERTIFICAT s to certify th	
OURDES	B. DELOS RE	EYES, CPA	x ☐ Abstract of	of Canvass/Bids Sheet/Tender of Bids	today	the copy of t	his Purchase
OIC-A	Chief Acco	sion	☐ Notarized	Certification of	bound	and held the	nd stipulation
			☐ Justification	Distributor	applica	contract and	other laws
	85/Lenge	MScHSM, M	☐ Others				
				OA-2022-1289 NTP-PROC-	-2022-338 (Si	gnature over pri	inted name)
I	Executive D	Director A	Les hires the south	AMRP 2022 - 37021	(SI	District over pri	
					Date		

White (Original) - Attachment to payment Yellow (Duplicate) - Procurement Distribution:

Pink - Supply and Property



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

Quezon Avenue, Quezon City 1100
website: <a href="mailto:www.pcmc.gov.ph">www.pcmc.gov.ph</a> email: <a href="mailto:officeofthedirector@pcmc.gov.ph">officeofthedirector@pcmc.gov.ph</a>
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

## NOTICE TO PROCEED NTP-PROC-2022-338

August 1, 2022

GLOBO ASIATICO ENTERPRISES INC. JDK Bldg. 127 Maginhawa St. Teacher's Village, Quezon City Tel: 982-7000 / Fax: 436-5833 Tel: 908-2222 / 7893444; Fax: 325-0641

Sir/Madam:

This is to inform you that Pur		73563	The second control of	Direct Contracting
for the Procurement of	Various Direct Med	lical Supplies (C	Cardiology Section) CY	/ 2022
has been approved.				
You may now proceed with t				
seven (7) working days	from rec	eipt of this no	otice and/or Delive	ry Order Slip
for staggered delivery.				
le K . a				
SONIA B. GONZALEZ, M.D. Executive Director	NO HOLD ADDA			
SONIA B. GONZALEZ, M.D.	, MScHSM, MPM			
Executive Director				
	•			
CONFORME:				
Received Original				
riceer on oxigania				
Signature Over Printed Nam	e			
Authorized Representative				

Date: \_