



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. 73608**  
**FOR SUPPLIES OR EQUIPMENT**  
 P. R. NO. PERI-2022-001 Dated: 09/03/2021  
 MODE OF PROCUREMENT DC  
 CS No. NOA-2022-134 AC No. R2022-08-360  
 DATE OF P.O. August 11, 2022

TO: Supplier/Dealer Contractor **PATIENT CARE CORPORATION** Tel: 8939-2125  
 Address: **AMHSCO Bldg. Mac Arthur Highway, Dolores City of San Fernando, Pampanga**

Department/Office/Division/Section/Unit where delivery: **Supply & Property Section**  
 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	138	pc	Blanket, full body, for temperature management unit (compatible with existing PCMC machine (Brand: 3M Bair Hugger) Adult, Bair Hugger 3000, USA  ***Nothing Follows*** Note: For the use of Perinatology Division <b>All deliveries shall have at least One (1) year expiration period.</b>	1,087.09	150,018.42  (One hundred fifty thousand eighteen pesos and 42/100).

**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 bond equal to 5% of the undelivered item/s.

**Additional Instructions & Conditions:**

- Staggered Delivery / Payment
- Delivery will take effect upon receipt of delivery confirmation of quantity/data
- Delivery is w/in 7 working days upon receipt of delivery confirmation
- PCMC has the right to reject or cancel any item in this PO for justifiable and reasonable grounds where the award will not benefit the Government
- Terms and conditions specified on Notice of Award

Funding Code **5-02-03-080 md 8/15/22**

**TOTAL AMOUNT P 150,018.42**

FUNDS AVAILABLE: **₱150,018.42**

**LOURDES B. DELOS REYES, CPA**  
 Chief Accountant  
 OIC-Accounting Division

- Attachments:
- P.R. No. peri-2022-001
  - Abstract of Canvass/Bids
  - Canvass Sheet/Tender of Bids
  - Notarized Certification of Exclusive Distributor
  - Justification
  - Others \_\_\_\_\_

**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.**

APPROVED:  
**SONIA B. GONZALEZ, M.D., MScHSM, MPM**  
 Executive Director

**NOA-2022-134 / NTP-PROC-2022-344**  
 (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)

Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED  
NTP-PROC-2022-344

August 11, 2022

PATIENT CARE CORPORATION  
AMHSCO Bldg. McArthur Highway  
Dolores, City of San Fernando,  
Pampanga  
Tel: 8939-2125

Sir/Madam:

This is to inform you that Purchase Order No. 73608 as a result of Direct Contracting  
for the Procurement of Direct Medical Supplies (Perinatology Division) CY 2022  
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: \_\_\_\_\_