



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 73620 **Nº 73620**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. PHAR-2022-002-RF / Dated: 10/6/22
 MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. **August 16, 2022**

TO: Supplier/Dealer Contractor **ZUELLIG PHARMA CORP. JV with Interphil Laboratories, Inc.**

Address: **KM 14 West Service Road SSH Corner Edison Avenue, Brgy. Sun Valley, Parañaque City**

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
 Performance Security Posted: Surety Bond No.
 Cash / Cashier's / Manager's Check No. **02026520279221**
 PCMC O.R. No. _____ Amount P **6,420.44**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	240	bt	Azithromycin susp 200mg/5mL 15 mL "Zithromax" 200mg/5ml powder for oral suspension 15ml 1's [Haupt Pharma Latina S.r.l, Italy] ***Nothing Follows*** Conforms to the 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. VAT EXEMPT	362.62	87,028.80

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.

/yvt

Funding Code **2-01-01-010-002**

TOTAL AMOUNT P 87,028.80

FUNDS AVAILABLE: **₱ 87,028.80**

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.2022-08-365
 x NOA-2022-136-002
 x NTP-PROC-2022-346

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

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
 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 email: officeofthedirector@pcmc.gov.ph
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED
NTP-PROC-2022-346

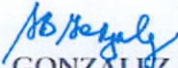
August 16, 2022

ZUELLIG PHARMA CORP.
JV with INTERPHIL LABORATORIES INC.
KM 14 West Service Road SSH Corner Edison Avenue,
Brgy. Sun Valley, Parañaque City
Tel. No. (02) 908-2222
Fax No. (02) 325-0641

Sir/Madam:

This is to inform you that Purchase Order Nos. 73619/73620 as a result of Public Bidding of Various Pharmaceutical Supplies 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, MD, MScHSM, MPM
Executive Director

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____