



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 73807 **Nº 73807**
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. PHAR-2022-019-RF Dated: 9/2/22
MODE OF PROCUREMENT
 DIRECT CONTRACTING (50.c)
 CS No. _____ AC No. _____
 DATE OF P.O. September 30, 2022

ZUELLIG PHARMA CORP.

TO: Supplier/Dealer Contractor
 Address: KM 14 West Service Road SSH Corner Edison Avenue, Brgy. Sun Valley, Parañaque City

Department/Office/Division/Section/Unit where delivery: Materials Management Division
 Is to be made: Ground Floor, PCMC Bldg.
 Location: _____
 Special Instructions: _____
 Delivery period: 7 working days
 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	280	bt	Carbamazepine syr bt 100mg/5mL, 100mL <i>Tegretol 100mg/5mL suspension, 100mL 1's</i> [Delpharma Huningue S.A.S] ***Nothing Follows*** 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	300.00	84,000.00 84,000.00 vvvvvvvvvvv (Eighty Four Thousand 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 md 10/4/22

TOTAL AMOUNT P 84,000.00

FUNDS AVAILABLE: P 84,000 -
 LOURDES B. DELOS REYES, CPA
 OIC, Accounting Division
 Chief Accountant

- Attachments: PHAR 2022-019-RF
- P.R. No.
 - Abstract of Canvass/Bids
 - Canvass Sheet/Tender of Bids
 - Notarized Certification of Exclusive Distributor
 - Justification
 - Others BAC Reso No. 2022-09-460
 - x NOA-2022-160
 - x NTP-PROC-2022-374

APPROVED: [Signature]
 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-2022-374

September 30, 2022

ZUELLIG PHARMA CORP.

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 No. 73807 as a result of Direct Contracting for the procurement of Pharmaceutical Supply 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.

for: 
SONIA B. GONZALEZ, MD, MScHSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

