



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 73898**
FOR SUPPLIES OR EQUIPMENT 73898
 P. R. NOMMD-CMS-2022-02 / Dated: 10/08/2021 /
MODE OF PROCUREMENT
PUBLIC BIDDING /
 CS No. _____ AC No. _____
 DATE OF P.O. **OCTOBER 20, 2022**

TO: Supplier/Dealer Contractor **IDS MEDICAL SYSTEMS PHILIPPINES, INC.** /
 Address: **Unit 1010, BTTC Centre, 288 Ortigas Ave. cor. Roosevelt St., Greenhills, San Juan City**
 Tel. No. 8737-9898; Fax No. 721-0794

Department/Office/Division/Section/Unit where delivery
 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. **G (P) 130414**
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P **46,440.00**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1,200 /	pc /	Nebulizer Kit, Pedia w/ Mask "HUDSON" / Manufacturer: Teleflex / *VAT-EXEMPT	129.00 /	154,800.00 /
					(One Hundred Fifty Four Thousand Eight Hundred Pesos Only) /
NOTE: FOR THE USE OF MATERIALS MANAGEMENT DIVISION <i>All deliveries shall have at least One (1) year expiration period</i> ***** nothing follows *****					

/LMA

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 of Delivery Confirmation of Quantity/Date
 3. Delivery is within 7 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

Funding Code **5-02-03-080 md 10/24/22**

TOTAL AMOUNT P 154,800.00 *mm*

FUNDS AVAILABLE: **P 154,800 -**
before 10/27
LOURDES B. DELOS REYES, CPA
 OIC, Accounting Division

Attachments:
 P.R. No. **MMD-CMS-2022-02** /
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others **NOA-2022-171-002/** /
BAC RESO # R2022-10-528/ /
NTP-PROC-2022-388 /

APPROVED:
S/S Reyes
SONIA B. GONZALEZ, MD, MSCHSM, MPM
 Executive Director *mm*

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-2022-388

October 20, 2022

IDS MEDICAL SYSTEMS PHILIPPINES, INC.

Unit 1010, BTTC Centre, 288 Ortigas Ave.
cor. Roosevelt St., Greenhills, San Juan City
Tel. No. 8737-9898
Fax No. 721-0794

Sir/Madam:

This is to inform you that Purchase Order No. 73898 as a result of Public Bidding for the Procurement of Common Medical Supplies for CY 2022 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: _____