



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

74028
 PURCHASE ORDER
 FOR SUPPLY OF EQUIPMENT
 P. R. NO. _____ Dated: **8/08/22**
 MODE OF PROCUREMENT: **PUBLIC BIDDING**
 CS No. **NOVEMBER 14, 2022** No. _____
 DATE OF P.O. _____

MEDICAL CENTER TRADING CORPORATION

TO: Supplier/Dealer **1000 North Street, cor. Shaw Blvd., Pasig City**
 Address: _____

Department/Office/Division/Section/Unit where delivery: **Supply & Property Section**
 Is to be made: **Ground Floor, PCMC Bldg.**
 Location: _____
 Special Instructions: _____
 Delivery period: 7 working days
 Performance Security Posted: Surety Bond No. **02026526294082**
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P **46,704.00**
 Other Terms: **LC BPI**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	26,880	pc	Rapid Antigen Test kit (Covid 19) [Biobase Biotechnology Shandong Co. Ltd.] Specifications: 1. Product complied with the required Sensitivity of $\geq 80\%$ and Specificity of $\geq 97\%$ 2. Results within 15 minutes 3. Antigen test with nasopharyngeal swab collection kit 4. Storage of kits at room temperature ***** nothing follows ***** NOTE: For the use of Covid Testing Laboratory (CY 2022) All deliveries shall have at least One (1) year expiration period - VAT EXEMPT -	34.75	934,080.00 (Nine hundred thirty four thousand eighty pesos only)

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 working 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
 5. Terms and conditions specified on Notice of Award.

/mrpe _____ TOTAL AMOUNT P **934,080.00**

Funding Code **5-02-03-080** *md 11/18/22*

FUNDS AVAILABLE: **₱ 934,080 -**
LOURDES B. DELOS REYES, CPA
 OIC, Accounting Division
 APPROVED:
SONIA B. GONZALEZ, MD, MSChSM, MPM
 Executive Director

Attachments: **CTL-2022-004**
 P.R. No.
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification **BAC RES # R2022-11-579**
 Others **NOA-2022-176**
NTP-PROC-2022-400

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-2022-400

November 14, 2022



MEDICAL CENTER TRADING CORPORATION

Pioneer Street., corner Shaw Boulevard,
Pasig City
Tel. No. 8631-1715 / 8631-7869

Sir/Madam:

This is to inform you that Purchase Order No. 74028 as a result of Public Bidding for the Procurement of 26,880 pieces Rapid Antigen Test Kit (Covid 19).

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: _____