

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                       |                       | 160     | 14210       |
|--------------------------------------|-----------------------|---------|-------------|
| FOR SUPPLIES OR F. P. R. NO. MMD-CNM | EQUIPMEN<br>N-2023-01 |         | 10/06/2022  |
| MODE OF PROCURI                      | EMENT Bidding         |         | 01/11/2023  |
| CS No.                               |                       | AC No.  | AB-2023-003 |
| DATE OF DO                           | lanuar                | v 11 20 | 22          |

| TO: Sup<br>Address   | plier/Dealer C  |  | BRITESKY ENTERPRISI  | ES /<br>ad Avenue, Beter Living Subdivision, Don Boso   | o Paranaque City  |  |
|--|---|--|--|---|-------------------|--|
| Is to be<br>Locatio  | ment/Office/Dimade:   | vision/Section   | on/Unit where delivery<br>coperty Section<br>or, PCMC Bldg.  | Delivery period: 7 working days Performance Security Posted:  Cash / Cashier's / Manager's C PCMC O.R. No.  | Other Terms:      | No. C(13) 25737<br>U. 606. DO  |
| Item No.   | QTY.  | UNIT   | and to the second  | ARTICLES  | UNIT COST         | TOTAL COST   |
| 1. The part of the | orme on the atta<br>gered delivery,<br>ery Schedule: '<br>quantities specified depending u<br>to order / purch<br>supplier should | arded item(s) ached Terms of staggered po Within Seven ied are estima pon the actua ase all the iter submit Materi | Eco Bag, 12"x10"x3" Aq Eco Bag, 12"x15"x3" Da Face Towel, 6x6 White, Paper Towel, regular 1 pl (T.O.R Supplier to providispensers for 27,000 Pace Pillow, disposable, Vacur 18x24 unches, white with Generic  For the xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | ed 210cc w/ PCMC Name & Logo, Grand Blue w/ PCMC Name & Logo (Mark Blue w/ PCMC Name & Logo, Gerk Generic Name & Logo, Gerk Blue w/ PCMC Name & Logo, Gerk | 18.00             | enty Pesos Only  |
| amount o  2. Excess  3. In case  Funding   | f the contract, the Principle of bidding, forfeiture Code 4-03  | ocuring Entity mand from third particle of performance 1 -03 -990  | ay rescind or terminate the contract, where $\frac{1}{2}$ is, through alternative mode of procubond equal to 5% of the undelivered $\frac{1}{2}$ and $\frac{1}{19}$  | TOTAL   | LAMOUNT P         | 1,400,020.00   |
| OIC-0  | e C   | tant   | ☐ Abstract of ☐ Canvass S☐ Notarized Exclusive ☐ Justification   | This today of Canvass/Bids Sheet/Tender of Bids I Certification of Distributor  This today Order bound of the   | Signature over pr | hat I received<br>this Purchase<br>he Company<br>and stipulation<br>d other laws |



## Republic of the Philippines DEPARTMENT OF HEALTH PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100

website: <a href="mailto:www.pcmc.gov.ph">www.pcmc.gov.ph</a> email: <a href="mailto:officeofthedirector@pcmc.gov.ph">officeofthedirector@pcmc.gov.ph</a> Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED NTP-PROC-2023-047

January 11, 2023

Sir/Madam:

BRITESKY ENTERPRISES .
2nd Floor Unit B. Orofino Bldg.
#41 Dona Soledad Avenue
Better Living Subdivision, Don Bosco
Paranaque City

| fantha Duasumamant of                                    | C  | N M - 1 1 C 11 CN 2000            | 1               |  |  |  |
|--|--|-----------------------------------|-----------------|--|--|--|
|  | for the Procurement of Common Non-Medical Supplies CY 2023 |                                   |                 |  |  |  |
| has been approved.                                       |  |                                   |                 |  |  |  |
| You may now proceed with the                             | delivery of the ite  | ems listed in the attached Purcha | se Order within |  |  |  |
| Seven (7) working days                                   |  | ipt of this notice and/or Deliver |                 |  |  |  |
| Staggered Delivery.                                      |  | -1                                | \               |  |  |  |
| SONIA B. GONZALES, M.D., M. Executive Director           | HcHSM, MPM   |                                   |                 |  |  |  |
| CONFORME:  |  |                                   |                 |  |  |  |
| Received Original  |  |                                   |                 |  |  |  |
| Signature Over Printed Name<br>Authorized Representative |  |                                   |                 |  |  |  |