



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 74300**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. GSD-HOUSE-2023-02 Dated: 11/07/2022
 MODE OF PROCUREMENT
Public Bidding 01/16/2023
 CS No. _____ AC No. AB-2023-027
 DATE OF P.O. January 17, 2023

TO: Supplier/Dealer Contractor **CERTICON-CERTIFIED PEST CONTROL SERVICES**
 Address: 146-C 3rd Street, 10th Avenue, Caloocan City

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
 Performance Security Posted: Surety Bond No. G(13)B004-0298430
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 158,558.40

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1	lot	Comprehensive Termite and Pest Control of the grounds and building. Regular maintenance of the hospital building and grounds including rat and cat control, mosquitoes and flying insects (Multi-year) for two (2) years (for the 1st year) (Conforme to all the details contained in the attached Terms of Reference) For the use of GSD xxxxxxxxxxxxxxxxNothing Follows xxxxxxxxxxxxxxxxxxxx	528,528.00	528,528.00 vvvvvvvvvvvvvvvv Five Hundred Twenty Eight Thousand Five Hundred Twenty Eight 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 course 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 bond equal to 5% of the undelivered item/s.

Funding Code 5-02-12-010 *md 1/25/23* **TOTAL AMOUNT P** 528,528.00 *dmw*

FUNDS AVAILABLE: 528,528.00
 LOURDES B. DELOS REYES, CPA *1/26/23*
 OIC Chief Accountant

Attachments: GSD-HOUSE-2023-02
 P.R. No. _____
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others _____

APPROVED:
SB/Seguly
 SONIA B. GONZALEZ, M.D, 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.

Notice of Award
 NOA # 2023-024 (Signature over printed name)
 Reso# 2023-00-031
 NTP-PROC -2023-071
 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-2023-071

January 17, 2023

CERTICON (CERTIFIED PEST CONTROL SERVICES)

146-C 3rd Street, 10th Avenue

Caloocan City


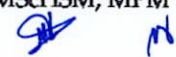
Tel: 8361-1065 / 8361-1971

Sir/Madam:

This is to inform you that Purchase Order No. 74300 as a result of Public Bidding for the Procurement of 1 lot Comprehensive Termite and Pest Control of the grounds and building. Regular maintenance of the hospital building and grounds including rat and cat control, mosquitoes and flying insects for the first year (Multi-Year) for two (2) years (Conforme to all details contained in the attached Terms of Reference) has been approved effective May 1, 2023.

Upon receipt of this notice, you are responsible for performing the services under the attached Terms of Reference.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Philippine Children's Medical Center.


SONIA B. GONZALEZ, M.D., MScHSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____