



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 **74352** **Nº 74352**  
 FOR SUPPLIES OR EQUIPMENT  
 P. R. NO. **PHAR-2023-001-RF** Dated: **10/11/22**  
 MODE OF PROCUREMENT  
**PUBLIC BIDDING**  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. **January 9, 2023**

**COSMO MEDICAL INC.**

TO: Supplier/Dealer Contractor  
 Address: **Unit 2310 High Street, South Corporate Plaza, Tower 2, 26th Street Corner 11th Avenue, BCG, Taguig City**

Department/Office/Division/Section/Unit where delivery Is to be made: **Materials Management Division**  
 Location: **Ground Floor, PCMC Bldg.**  
 Special Instructions \_\_\_\_\_  
 Delivery period: 7 working days  
 Performance Security Posted:  Surety Bond No. **6(13) 161377**  
 Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 PCMC O.R. No. \_\_\_\_\_ Amount P **1,739,828.60**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	8,000	pc	Blood Transfusion Set IV Administration Set (Blood Transfusion Set) 215-225cm length Tubing, Clear, 100's/ box, "Cos-Med" [Cosmo Medical Inc., Philippines]	25.00	200,000.00
2	1,500	pc	IV Catheter g18 IV Catheter G18, With Injection Port And One Way Valve, India, 100's/ Box "Suruflo" [Suru Int'L. Pvt Ltd., India]	30.00	45,000.00
3	1,000	pc	IV Catheter g20 IV Catheter G20, With Injection Port And One Way Valve, India, 100's/ Box "Suruflo" [Suru Int'L. Pvt Ltd., India]	30.00	30,000.00
4	5,000	pc	IV Catheter g22 IV Catheter G22, With Injection Port And One Way Valve, India, 100's/ Box "Suruflo" [Suru Int'L. Pvt Ltd., India]	30.00	150,000.00
5	40,000	pc	IV Catheter g24 IV Catheter G24, With Injection Port And One Way Valve, India, 100's/ Box "Suruflo" [Suru Int'L. Pvt Ltd., India]	30.00	1,200,000.00
6	40,000	pc	IV Catheter g26 IV Catheter G26, With Injection Port And One Way Valve, India, 100's/ Box "Suruflo" [Suru Int'L. Pvt Ltd., India]	32.00	1,280,000.00
7	200	pc	Scalp Vein g23 Scalp Vein G23, 100's/ Box, Philippines "Cos-Med" [Cosmo Medical Inc., Philippines]	6.00	1,200.00
8	200	pc	Scalp Vein g25 Scalp Vein G25, 100's/ Box, Philippines "Cos-Med" [Cosmo Medical Inc., Philippines]	6.00	1,200.00
9	15,000	pc	Solution Administration Set Adult (SASA) Macroset 215Cm-225Cm Length Tubing, Luer Lock Connector, No Kink, Y-Site Injector Port, 300'S/ Box, "Cos-Med" [Cosmo Medical Inc., Philippines]	16.00	240,000.00

/yvt page 1 of 2

Funding Code \_\_\_\_\_ **TOTAL AMOUNT P 3,147,400.00**

FUNDS AVAILABLE:  
**LOURDES B. DELOS REYES, CPA**  
 OIC Accounting Division  
 APPROVED:  
**SONIA B. GONZALEZ, MD, MSchSM, MPM**  
 Executive Director

- Attachments:  
 P.R. No. **PHAR 2023-001-RF**  
 Abstract of Canvass/Bids  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others  
 **BAC Reso No.2023-00-016**  
 **NOA-2023-003-002**  
 **NTP-PROC-2023-008**

**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  
**PHILIPPINE CHILDREN'S MEDICAL CENTER**  
 Quezon Ave. Quezon City  
 Tel. No.: 588-9900 loc. 224, 226, 390

**PURCHASE ORDER**  
 FOR SUPPLIES OR EQUIPMENT  
 P. R. NO. **PHAR-2023-001-RF** / Dated: **10/11/22**  
 MODE OF PROCUREMENT  
**PUBLIC BIDDING**  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. **January 9, 2023**

**74352**

TO: Supplier/Dealer Contractor **COSMO MEDICAL INC.**  
 Address: **Unit 2310 High Street, South Corporate Plaza, Tower 2, 26th Street Corner 11th Avenue, BCG, Taguig City**

Department/Office/Division/Section/Unit where delivery is to be made: **Materials Management Division**  
 Location: **Ground Floor, PCMC Bldg.**  
 Delivery period: 7 working days Other Terms: **Surety Bond**  
 Bidder's Bond Posted:  Cash  GSIS Policy  
 Cashier's / Manager's / Cert Check No. **6(2) 16/377**  
 PCMC O.R. No. \_\_\_\_\_ Amount P **1,799,821.00**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
				<b>Bal. forwarded</b>	<b>3,147,400.00</b>
10	8,000	pc	Solution Administration Set Pedia (SASP) Microset 215Cm-225Cm Length Tubing, Luer Lock Connector, No Kink, Y-Site Injector Port, 300'S/ Box "Cos-Med" [Cosmo Medical Inc., Philippines]	19.00	152,000.00
11	20,000	pc	Volume Control Administration Set Volume Control Administration Set, 100ml W/ Clear Calibrated Cylinder, Clear Tubing And Chamber, Luer Lock Connector, Y Site Injection Port Microdrip, 50'S/ Box, Philippines "Cos-Med" [Cosmo Medical Inc., Philippines]	125.00	2,500,000.00
***Nothing Follows***					<b>5,799,400.00</b>
					vvvvvvvvvvv
					<b>(Five Million Seven Hundred Ninety Nine Thousand Four Hundred Pesos only)</b>
Conforms to the attached Terms of Reference For the use of Pharmacy Division (CY-2023) To be sourced from Revolving Fund (RF) <b>All deliveries shall have at least One (1) year expiration period.</b>					

**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.

Funding Code **2-01-01-010-002** - *mg 1/10/23*  
 TOTAL AMOUNT P **5,799,400.00**

FUNDS AVAILABLE: **5,799,400.00**  
**LOURDES B. DELOS REYES, CPA**  
 Chief Accountant  
 OIC, Accounting Division

APPROVED:  
**SONIA B. GONZALEZ, MD, MSChSM, MPM**  
 Executive Director

Attachments:  
 P.R. No. **PHAR 2023-001-RF**  
 Abstract of Canvass/Bids  
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 Justification  
 Others

**BAC Reso No.2023-00-016**  
 **NOA-2023-003-002**  
 **NTP-PROC-2023-008**

**CERTIFICATION**  
 This is to certify that I received today the Original 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) - Supplier (to be attached in the claim voucher with other supporting documents) Pink - Supply and Property  
 Yellow (Duplicate) - Procurement





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

Quezon Avenue, Quezon City 1100

website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)

Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE TO PROCEED**  
NTP-PROC-2023-008

January 9, 2023



**COSMO MEDICAL INC.**

Unit 2310 High Street, South Corporate Plaza, Tower 2,  
26th Street Corner 11th Avenue, BCG, Taguig City  
Tel. No. 8564-2262

Sir/Madam:

This is to inform you that Purchase Order No. 74352 as a result of Public Bidding for the procurement of Various Pharmaceutical Supplies 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.

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

CONFORME:  
Received Original

\_\_\_\_\_  
Signature Over Printed Name  
Authorized Representative  
Date: \_\_\_\_\_

