

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 OR	DER 74359	Ma	74359
FOR SUPPLIES	The state of the s		/
P. R. NO. PHAR	-2023-001-RF /	Dated:	10/11/22 /
MODE OF PROC	CUREMENT		
PUBL	IC BIDDING /		
CS No.		AC No.	
DATE OF PO	January 9, 20	23 /	

TO: Su Addres	pplier/Dealer s:	Contractor	GB DISTRIBUTORS, II lest Compound, Km. 23 We	NC. / est Service Road, Cupang, Munt	inlupa City	San Isal	
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. Cash / Cashier's / Manager's Check No. MISTC PCMC O.R. No. 576092 Amount P 643, 170.00				
Item No.	QTY.	UNIT		ARTICLES	Yalko la l	UNIT COST	TOTAL COST
2	3,000 -		KOATE DVI -USA - Grifols + filter needle +double - e "KOATE DVI 50 IU/ML" Topiramate tab 25mg blis Topvex 25mg - Alu/Alu B	/III Conc lyoph powd vi + diluent (IV) 50 IU/mL EDVI-USA - Grifols Therapeutics, Inc Glass Vial + SWFI Diluer r needle +double - ended transfer needle + administration set p TEDVI 50 IU/ML" - Box of 1's [Grifols Therapeutics, Inc., USA nate tab 25mg blister/foil pack ex 25mg - Alu/Alu Blister pack of 10's Box of 60 Film coated tab fex 25mg" [West Coast Pharmaceutical Works Ltd., India]		nt x 5ml er box 1 8.67 <u>~</u>	173,400.00 / 12,863,400.00 / vvvvvvvvvv
		Make a pro- mit an pro- mit describe	***Nothing Follows*** Conforme to the attached Terms of Reference For the use of Pharmacy Division (CY-2023) To be sourced from Revolving Fund (RF) deliveries shall have at least One (1) year expiration period.				Eight Hundred hree Thousand red Pesos only) /
1. One-te Once the the Proce action ar 2. Excess	enth (1/10) of one cumulative amou uring Entity may re nd remedies availa in price, if procur	ed or Unsatisfactor percent (1%) of the nt of liquidated dame escind or terminate to ble under the circum red from third partie ture of performance	ry Deliveries: cost of unperformed portion for ages reaches 10% of the amount he contract, without prejudice to	everyday of delay. of the contract, other courses of procurement; and	1. Staggers 2. Delivery Delivery C 3. Delivery is Delivery Confii 4.PCMC has to in this PO for where the away	estructions & condi- ed Delivery/Pay will take effec- onfimation of Q within 7 working day rmation he right to reject or co justifiable and reason and will not benefit the	ment t upon receipt uantity/Date s upon receipt of ancel any items able ground e Government
/yvt		12.00 10.00	Silver by we like you	nsirile suriei er istræ	e manning		
		3LE: 7 12,863,	Attachments	s: PHAR 2023-001-RF of Canvass/Bids	This is	CERTIFICATES to certify the copy of	FION hat I received

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-2023-013

January 9, 2023

GB DISTRIBUTORS, INC. \

Bldg. 5A Sunbelst Cmpd. Km. 23 West Service Road, Cupang Muntinlupa City Tel. No. 8772-5501

Sir/Madam:

This is to inform you that Purchase Order No. 74359 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: ____