

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 74364	Na	74364
FOR SUPPLIES			
P. R. NO. PHAR		Dated:	10/11/22 /
MODE OF PROC			
PUBLI	C BIDDING /		
CS No.		_ AC No.	
DATE OF P.O.	January 9, 20	23 /	

TO: Su Addres	pplier/Dealer s:		h Floor, BTTC Centre, No. 288 0	IS PHILIPPINES, INC. Ortigas Avenue Cor., Roosevel				
Is to be Location	e made: Mon: G	aterials Man round Floor,	tion/Unit where delivery agement Division PCMC Bldg.	Delivery period: 7 working days Performance Security Posted: Cash / Cashier's / Manager's C				
Specia	1 Instructions		La L	PCMC O.R. No		Amount P	975,600.00	
Item No.	QTY.	UNIT		ARTICLES		UNIT COST	TOTAL COST	
1 600 / VI /			Gadoteric Acid 10mL / "Dotarem" [Guerbet, France] / loversol 636 mg/mL (300mg/mL iodine) 50mL "Optiray" [Optiray, France] / ***Nothing Follows*** Conforme to the attached Terms of Reference (Hazardous)			1,200.00 _/	1,452,000.00 / 1,800,000.00 / 3,252,000.00 / vvvvvvvvvvv	
		Confo	For the use of Pharms To be sourced from deliveries shall have at least	of Reference (all Pharmace acy Division (CY-2023) Revolving Fund (RF) t One (1) year expiration p	euticals)	The second secon	and Pesos only) /	
1. One-ter Once the o the Procur action and 2. Excess i	oth (1/10) of one cumulative amouring Entity may red remedies availant price, if procuri	percent (1%) of t nt of liquidated d scind or termina ble under the circ ed from third pa	tory Deliveries: the cost of unperformed portion for elamages reaches 10% of the amount of the contract, without prejudice to commistances. Tries, through alternative mode of processecurity equal to 5% of the undelivence.	of the contract, other courses of ocurement; and	1. Staggere 2. Delivery Delivery Co 3. Delivery is to Delivery Confir 4.PCMC has th in this PO for j where the away	structions & condi- ed Delivery/Pay will take effect onfimation of Q within 7 working day mation re right to reject or coustifiable and reasor rd will not benefit the	ment t upon receipt tuantity/Date s upon receipt of ancel any items hable ground e Government	
/yvt		20 vgitte	rusia este biverse la richen	is to said in in colum	and the property			
Fundin	g Code _ 2 -	01-01-010	-002 - mf 1/13/23	ertimo partirita e al	TOTAL	AMOUNT P	3,252,000.00	
Attachments: P.R. No. Ph. P.R. No. Ph.			of Canvass/Bids Sheet/Tender of Bids Certification of Distributor	This is today Order, bound of the applica	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:			
Distrib		hite (Origin llow (Dupli	al) - Attachment to pay	yment	Pink	- Supply a	and Property	

HSPR-PCMC-POF1 170314 Rev 1



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-2023-017

January 9, 2023

IDS MEDICAL SYSTEMS PHILIPPINES, INC.

Unit 1010, 10th Floor, BTTC Centre No. 288 Ortigas Avenue, corner Roosevelt St., Greenhills, San Juan Ciy Tel. No. 8737-9898

Sir/Madam:

This is to inform you that Purchase Order No. 74364 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: _____