

## 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 <b>74367</b>	Mâ	14361	
FOR SUPPLIES	OR EQUIPME	NT	New Market	
P. R. NO. PHAR	-2023-002-RF	Dated:	10/11/22	1
MODE OF PRO	The state of the s			
POBL	IC BIDDING /			
CS No.		_ AC No.	300 3	
DATE OF DO	January 9 20	72 /		

TO: Su	pplier/Deal	er Contractor_	MARCBURG PHILIPPIN				
Address	s:	Unit 2 AB Sy	mphony Tower 1, #06 Sgt. Esgue	erra Street Corner Timog Ave	enue, South T	riangle, Quezon Cit	ty
Is to be	e made:	Materials Man	Tel. No. 245-6477/ Fax No. (632) tion/Unit where delivery agement Division	Delivery period: 7 work Performance Security P	osted:	Other Terms:	
Location: Ground Floor, PCMC Bldg. Special Instructions			PCIVIC BIDG.	Cash / Casher 8 / Manager 8 Check No.			39, 815,55
Item No.	QTY.	UNIT	A	RTICLES	Tall of Aller	UNIT COST	TOTAL COST
1 2	50 /	amp /	Atracurium Besilate amp 10mg/mL, 2.5mL (IV) / Atracurium Besilate 10mg/ml (25mg/2.5 ml) Solution for Injection (IV "Atra-Cure" [Myungmoon Pharmaceuticals Co., Ltd., Korea] Dobutamine HCl 50mg/mL, 5mL (IV) Dobutamine (as Hydrochloride) 50mg/ml (250mg/5ml)			153.22 -	7,661.00 /
3	2,000	amp /	Solution for Injection (IV Infusion) "Dobumarc" [Myungmoon Pharmaceuticals Co., Ltd., Korea]				184,220.00
4	9,000	vI	Vancomycin HCl vl 500mg	(IV) ride) 500mg Powder for Inje		ion)	1,057,500.00 1,411,711.00 vvvvvvvvvvvv
		All	Conforme to the attach For the use of Pharma To be sourced from the deliveries shall have at least VAT EX	cy Division (CY-2023) Revolving Fund (RF) One (1) year expiration p	en dia	en Hundred Eleve	arresos omy
1. One-ter Once the the Procur action and 2. Excess i 3. In case	oth (1/10) of or cumulative amo ring Entity may d remedies ava in price, if proce	ount of liquidated d rescind or termina ilable under the circ urred from third pa	the cost of unperformed portion for ev amages reaches 10% of the amount of te the contract, without prejudice to of	the contract, ther courses of curement; and	1. Staggere 2. Delivery Delivery Co 3. Delivery is of the confirmation of the confirma	structions & condition and Delivery/Pay will take effect confimation of Qu within 7 working days mation a right to reject or ca ustifiable and reasons rd will not benefit the conditions specified or	ment upon receipt uantity/Date upon receipt of neel any items able ground Government
/yvt	G 1 1	01	022 - 0 / /	ng je de partir da de frei Salada, salada salada	unided of	10000	
Funding	g Code	-61-01-010-	-002 - and 1/18/23		TOTAL	AMOUNT P	,411,711.00
APPRO	DES B. DELC C. Aice S. Aice DVED: Sto / Jego B. GONZAL	L EZ ,MD, MScH	Abstract o  Canvass S.  Notarized Exclusive Justificatio Others  M D.R. No. Pl	heet/Tender of Bids Certification of Distributor on Reso No.2023-00-016	Order, bound of the applica	ble.	nat I received this Purchase he Company nd stipulation I other laws
SONIA	\$5/Jeg	EZ,MD, MScH	☐ Justification ☐ Others x BAC x NOA	on	applic	Si	Signature over pr

White (Original) - Attachment to payment Yellow (Duplicate) - Procurement Distribution: White (Original)

Pink - Supply and Property



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PURCHASE ORD	ER <b>74366</b>	No	7436	6
FOR SUPPLIES O P. R. NO. PHAR-2 MODE OF PROCU PUBLIC	023-001-RF /		10/11/22	,
CS No.		AC No.		
DATE OF P.O.	January 9, 202	23 -		

Address  Departi Is to be Locatio	ment/Offi	ce/D		Symphony Tow Tel. No. 245	URG PHILIPP er 1, #06 Sgt. Esg	INES, INC. / uerra Street Corner Timog	Avenue South T	riangle Quezon Ci		
Departi Is to be Locatio	ment/Offi made:	ce/D		Tel. No. 245	er 1, #Ub Sgt. Esg	HELLS STREET LOTHER TIMOS	AVENUE South	FIRMULA ( ) LIAZON ( )		
Is to be Locatio	made: _	ce/D	ivision/Se				Avenue, south 1	nangie, Quezon Ci	ty	
Special	Tel. No. 245-6477/ Fax No. (632) 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:  Performance Security Posted: ☐ Surety Bond No.  ☐ Cash / Cashier's / Manager's Check No.  ☐ Doo					
	Instructi	ons_		out the Large	PER ST. OF STREET	PCMC O.R. No	572 795	Amount P	89,815.55	2
Item No.	QTY.		UNIT		en derage, sizem de annes en en en	ARTICLES	in the same of the	UNIT COST	TOTAL COS	ST
1	3,000	1	amp /	Ketorolo	Ketorolac trometamol amp 30mg/mL, 1mL (IM,IV)  Ketorolac Trometamol 30mg/ml Solution for Injection (IM/IV)  "Ketosenz" [Myungmoon Pharmaceutical Co., Ltd., Korea]  Omeprazole vl 40mg + diluent (IV)  Omeprazole (as sodium) 40mg Lyophilized Powder for IV Injection  "Afreezole" [Alwin DMD Pharmaceuticals, India]			18.00	54,000.00	1
2	10,000	,	vl ′	Omeprazo Omepra				29.22	292,200.00	1
3 40 / vi /				Thiopenta	Thiopental Sodium 500mg powder for Injection (IV)  "Thiosol" [Neon Laboratories Ltd., India]			960.00 _	38,400.00 384,600.00 vvvvvvvvvv	1
					***Nothin	g Follows***		(Three Hundre	ed Eighty Four	
				The series		January Long Hose &	Th	Thousand Six Hundred Pesos only)		
	A	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.				complex approxima				
1. One-ten Once the co the Procuri action and 2. Excess in	th (1/10) of umulative ar- ing Entity ma remedies ar n price, if pro	one per mount ay reso vailable ocurre	ercent (1%) of of liquidated ind or termina under the of d from third	I damages reaches nate the contract, circumstances. parties, through a nance security equ	s:  rformed portion for a s 10% of the amount without prejudice to alternative mode of p a l to 5% of the undel	of the contract, other courses of rocurement; and livered item/s.	1. Stagger 2. Delivery Delivery C 3. Delivery is Delivery Confi	nstructions & conditions of Delivery/Pay  y will take effect on Firmation of Quithin 7 working days reaction to reject or calcustifiable and reason.	ment upon receipt uantity/Date upon receipt of	
								ard will not benefit the		
hat	- 62 - 27		201	and a store	Land Bar	Ton its entering out	5. Terms and	conditions specified or	Notice of Award.	
/yvt			No grate	Spirit gui	45 8 10 10 10	na do mer el como				
Funding	g Code _	2-	01-01-10	010-002	L 1/13/23		TOTAL	AMOUNT P	384,600.00	for
FUNDS	S AVAIL	AB Los I	LE: 7 39 1/16/2 REYES, CP	4,60.00	Attachments  P.R. No.  Abstract  Canvass  Notarized  Exclusive	of Canvass/Bids Sheet/Tender of Bids d Certification of e Distributor	today Order, bound	CERTIFICAT is to certify the the copy of the and held the by the terms a contract and	nat I receive this Purchas he Compan nd stipulatio	se ny on
APPRO SONIA E	S. GONZA	LEZ,	MD, MSc	HSM, MPM	x NC	C Reso No.2023-00-016 0A-2023-003-013 / P-PROC-2023-019 /	,	ignature over pr	inted name)	

White (Original) - Attachment to payment Yellow (Duplicate) - Procurement Distribution:

Pink - Supply and Property



# 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-2023-019

January 9, 2023

### MARCBURG PHILIPPINES INC.

Unit 2 AB Symphony Tower 1, #06 Sgt. Esguerra Street Corner Timog Avenue, South Triangle, Quezon City Tel. No. 245-6477/ Fax No. (632) 743-6958

Sir/Madam:

This is to inform you that Purchase Order Nos. 74366/74367 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: \_\_\_\_