

Yellow (Duplicate) - Procurement

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 ORDE	R 74372	No	74372
FOR SUPPLIES OR P. R. NO. PHAR-20 MODE OF PROCU PUBLIC B		T Dated:	10/11/22 /
CS No.	anuary 9, 202	AC No.	

TO: Su Address	pplier/Dealer s:	Contractor No. 2 Pinagkui	NEO-CARE PHILIPPINES rusan Alitagtag, Batangas Tel	No. (043)-772-018 / 0917504	27			
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: Cash / Cashier's / Manager's Check No. PCMC O.R. No. Amount P 70,500.60				
Item No.	QTY.	UNIT	d in this order may be ex	RTICLES	ns. The p	UNIT COST	TOTAL COST	
1	1,000 /	amp ,	Clindamycin PO4 amp 150n "Clindaseph" [Norris Medi	icines Limited, India] 🗸 🗀	uive Dire ner offers		235,000.00 235,000.00 vvvvvvvvvvv	
		in three (3) following	Conforme to the attach For the use of Pharma To be sourced from I deliveries shall have at least	Five Thousa	dundred Thirty nd pesos only) /			
		otance and and of the d well in red not in	shall be subject to accerby the House inspectors, who should be advise aspection. Goods deliver ejection shall invariably herejection shall invariably here	d pursuant to the P.O. requisitioner as well as or their representatives them ample time for a pecifications shall be re-	SIS Surety dolivered by the Audition to give y with s			
1. One-to- Once the the Proc action a	enth (1/10) of on e cumulative amo uring Entity may nd remedies avai s in price, if procu	yed or Unsatisfa e percent (1%) of unt of liquidated of rescind or termina lable under the cir arred from third pa eiture of performa	ctory Deliveries: the cost of unperformed portion for ev amages reaches 10% of the amount of the the contract, without prejudice to o	veryday of delay. If the contract, ther courses of ocurement; and vered item/s.	1. Stagger 2. Delivery 3. Delivery is Delivery conf 4.PCMC has in this PO for where the aw	nstructions & conditions on the conditions of Confirmation of Confirmation of Confirmation of Confirmation of the right to reject or a justifiable and reasonard will not benefit to conditions specified	yment t upon receipt Quantity/Date ys upon receipt of cancel any items hable ground he Government	
/yvt		ext lowest	ansfer of award to the n	market or in case of to	noto un	ni as		
Fundin	g Code 2-	01-01-010	000	bidder, purchase of the	TOTAL	AMOUNT P	235,000.00	
APPRO	RDES B. DELC DEPINEE ALMEN DVED:	BLE: # 25. () () () () () () () () () () () () ()	A Abstract of Canvass SI Notarized C Exclusive I Justificatio Others A Abstract of Canvass SI Notarized C Exclusive I A Abstract of Canvass SI Others BAC NO	PHAR 2023-001-RF f Canvass/Bids neet/Tender of Bids Certification of Distributor	This is today to Order, bound lof the applica	CERTIFICATES to certify the copy of and held to to the terms a contract an	hat I received this Purchase he Company and stipulation d other laws	
Dietrih	ution: W	hite (Origins	al) - Attachment to pay	ment				

HSPR-PCMC-POF1 170314 Rev 1

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-2023-022

January 9, 2023

NEO-CARE PHILIPPINES

No. 2 Pinagkurusan, Alitagtag, Batangas Tel. No. (043) 772-0108

Sir/Madam:

This is to inform you that Purchase Order No. 74372 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: ___