



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 **74375** **Nº 74375**
 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**

TO: Supplier/Dealer Contractor **PANPHARMA HEALTHCARE AND PHARMACEUTICALS, INC.**
 Address: **10F Feliza Bldg., 108 VA Rufino Street, Makati City** Tel. No. 8812-1600/8812-1601 to 05

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 Other Terms: _____
 Performance Security Posted: Surety Bond No. _____
 Cash / Cashier's / Manager's Check No. **MBTC**
 PCMC O.R. No. **573694** Amount P **155,700.00**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	9,000 ✓	vl ✓	Cefotaxime Sod vl 500mg (IV,IM) ✓ Clear and colorless glass vial ✓ "Pantaxin" [Panpharma (Formerly: Laboratoires Panpharma S.A), France] ✓ ***Nothing Follows*** Conforme to the attached Terms of Reference For the use of Pharmacy Division (CY-2023) To be sourced from Revolving Fund (RF) All deliveries shall have at least One (1) year expiration period.	346.00 ✓	3,114,000.00 ✓ vvvvvvvvvv (Three Million One Hundred Fourteen Thousand Pesos only) ✓

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, for 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
 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** - md 1/13/23
TOTAL AMOUNT P 3,114,000.00

FUNDS AVAILABLE: **P 3,114,000.00**
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-2023-003-018
NTP-PROC-2023-024

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
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-2023-024

January 9, 2023

PANPHARMA HEALTHCARE AND PHARMACEUTICALS, INC.

10F Feliza Bldg., 108VA Rufino Street,

Makati City

Tel.No.: (02)-8812-1600 / 8812-1601 to 05

Sir/Madam:

This is to inform you that Purchase Order No. 74375 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: _____

