

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

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

Distribution:

PURCHASE ORDE	R 74379	Ma	7437	•
FOR SUPPLIES OR P. R. NO. PHAR-20 MODE OF PROCUE PUBLIC B		Dated:	10/11/22	,
CS No.	anuary 9, 202	AC No.		

TO: Su								
A dalana	oplier/Dealer	Contractor S.	.V. MORE PH	IARMA (I	MM-L) CORP. > 6 Scout Tuazon Corner. Roce	s Avenue, Q	uezon City	
Address	3:						419073161	
Depart Is to be	ment/Office/De made: Ma	Te Division/Section/ aterials Manage	el. 8373-6240 / 8 /Unit where del ment Division	3373-6242 livery	Delivery period: 7 worki Performance Security Po		Other Terms:	Neck - MBTO No.
Location	200	ound Floor, PCN	AC Bldg.	t of olina			eck No.	
	Instructions_	Injours set n	- Indicated	ranoutivi	Cash / Cashier's / Ma PCMC O.R. No. 57	3828	Amount P	10,584,00
Item No.	QTY.	UNIT	addy may be	A	RTICLES	es incpe	UNIT COST	TOTAL COST
1 2	Prednisone "Prolix Sus, Prednisone to "Prolix Tab Conforme For the			susp 10mg/5mL 60mL suspension bt 10mg/5mL 60mL spension" [Lioyd Laboratories, Philippines] tab 20mg blister/foil pack ablet" [Lloyd Laboratories, Philippines] /		91.00 <	109,200.00 / 102,480.00 / 211,680.00 /	
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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-2023-027

January 9, 2023

S.V MORE PHARMA (MM-L) CORP.

4TH S.V. More Group Corporate Center, #16 Scout Tuazon Corner Roces Avenue, Quezon City Tel. No. 373-6240 Fax No. 371-1428

Sir/Madam:

This is to inform you that Purchase Order No. 74379 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: ____