

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 OR	DER 74383	No	74383
FOR SUPPLIES P. R. NO. MODE OF PRO PUBL	R-2023-001-RF	NT Dated:	10/11/22 ,
CS No.	January 9, 20	AC No.	

				DATE OF P.O.			
TO: Su	pplier/Dealer	Contractor	AMBICA INTERNATIO	DNAL CORPORATION Abdivision, Merville, Parañaque C	City	and the second	
Addres	s:	#9 Amsterda	m extension Merville Park SC	ibalvision, ivierville, raranaque o	City	OTHER SHEET	
Locati	made.	round Floor, P	on/Unit where delivery gement Division CMC Bldg.	Delivery period: 7 working Performance Security Post Cash / Cashier's / Management PCMC O.R. No.	sted: nager's Che		Shrefy Bond No. C(13) 033060
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Item No.	QTY. UNIT		ARTICLES		3002601	ALLIN DIRUGES SERVICES SERVICES	
1	2,500 /	VI /	Immunoglobulin, NH IGIV vI 2500mg (2.5g) Human Normal Immunoglobulin 5% (50mg/mL) Sol'n for Infusion (IV), 50mL "Immunorel" [Reliance Life Science, Pvt. Ltd, India] ***Nothing Follows*** Conforme to the attached Terms of Reference		6,922.00 17,305,000.00 vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv		
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HSPR-PCMC-POF1 170314 Rev 1

- Supply and Property

Pink



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-2023-030

January 9, 2023

AMBICA INTERNATIONAL CORPORATION

No. 9 Amsterdam Extension, Merville, Parañaque City Tel. No. 8828661

Sir/Madam:

This is to inform you that Purchase Order No. 74383 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: ____