

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 744	119 NO	74419
FOR SUPPLIES	OR EQUIP	MENT	/
P. R. NO. PATH	10-2023-06	/ Dated:	11/10/22
MODE OF PROPUBLIC BIDDIN			,
CS No.		AC No)
DATE OF P.O.	January 1	6, 2023	

		er Contractor		DISTRIBUTORS		/ Fay Na .	2025.05	200		
Address	s:	49 Examiner		angie, Quezon City tarayao.jemimah2	/ Tel. No.: 8928-4293	/ Fax No.:	8925-03	000		100
Depart	ment/Office	e/Division/Sect			Delivery period: 7 v	working d	lavs	Other Terms:		
	made:	Materials Man	agement Div	ision	Performance Securi		-	Surety Bone	d No	
Location: Ground Floor, PCMC Bldg.				Cash / Cashier's					1	
Specia	Instruction	ns	in bataul	n w January	PCMC O.R. No	463230	0	Amount P	26, 680.50	-1/241
Item No.	QTY.	UNIT	ac adida	A	RTICLES	Trobert zi		UNIT COST	TOTAL	COST
		The second secon			s/consumables unde e use of One (1) unit					
1	7,000	weld/	TSCD WAFER, 140's/box 140 welds per box, TERUMO				76.23 4	533,610	0.00	
		at militari	same Terms and Conditions per attached Memorandum of Agreement Conforme to the attached Terms of Reference Note: For the use of Pathology Division (CY-2023) (Multi Year Project: 2nd Year) deliveries shall have at least One (1) year expiration period.			t (Five Hundred Thirty Three Thousand Six Hundred Ten Pesos only)				
		nis aztesi resintas fra ni tiov ti ni nin tio								
1. One-te Once the the Procu action an 2. Excess	nth (1/10) of c cumulative am ring Entity ma d remedies av in price, if prod	ount of liquidated d y rescind or termina ailable under the circ curred from third pa	tory Deliveries the cost of unper amages reaches te the contract, v cumstances. rties, through al nce security equ	: formed portion for events of the amount of without prejudice to only the strength of the undelivents of the undelivents.	f the contract, ther courses of ocurement; and	1. S 2. E Del 3. E Delir 4.P in th	Stagger Delivery livery Co Delivery is very Confi CMC has the his PO for ere the away	estructions & conded Delivery/Pawill take effect infimation of Quartin 7 working demation the right to reject or justifiable and reasted will not benefit conditions specified	ayment upon receipt untity/Date ays upon receipt cancel any item onable ground the Government	t of s
/yvt		Busowal	e sell of h	one to telem				16-17-17-18		
Fundin	g Code	T-02-03-69	60/mb/	1/2/33		TO	DTAL A	AMOUNT P	533,610	.00
APPROVED: SONIA B. GONZALEZ MID, MSCHSM, MPM Executive Director Abstract o Canvass S Notarized Exclusive Justificatio Others X BAC X NO				PATHO-2023-06 of Canvass/Bids heet/Tender of Bids Certification of Distributor on Reso No.2023-01-05 A-2022-007	58 /	CERTIFICATION This is to certify that I receive today the copy of this Purchas Order, and held the Compan bound by the terms and stipulatio of the contract and other law applicable. (Signature over printed name) Date:				
Distrib		White (Origina Yellow (Dupli		achment to pay	rment	*	Pink	- Supply	and Proper	ty

HSPR-PCMC-POF1 170314 Rev 1



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-2023-069

January 16, 2023

ZAFIRE DISTRIBUTORS, INC.

49 Examiner St., West Triangle,

Quezon City

Tel No.: 8928-4293 / Fax No.: 8925-0500 Email: tarayao,jemimah25@gmail.com

Sir/Madam:

This is to inform you that Purchase Order No. 74419 for the 2nd Year of Multi-Year Project for the procurement of One (1) Lot Supply and Delivery of supplies/consumables under Machine Placement Agreement for three (3) years for Sterile Connecting Device 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. GONZAJEZ, MD, MScHSM, MPM
Executive Director

CONFORME: Received Original

Signature Over Printed Name Authorized Representative Date: