

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	No	74458
FOR SUPPLIES	OR EQUIPMEN	VT TV	74458
P. R. NO. MMD	-CMS-2023-02	/Dated;	10/13/2022
MODE OF PROC		,	
CS No.		AC No.	
DATE OF P.O.	JANUARY 18,	2023	

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Department/Office/Division/Section/Unit where delivery Is to be made: Supply & Property Section Location: Ground Floor, PCMC Bldg. Special Instructions				Delivery period: 7 work Performance Security Performance	osted:	Other Terms: LETTER OF CREDIT	
				Cash / Cashier's / Ma PCMC O.R. No.	eck No		
Item No.	QTY. UNIT ARTICLES Handwash, Surgical Antiseptic solution, (4% Chlorhexidine Gluconate) 5 liter, KOHL, I 20 ' rl ' Tubing, Rubber 1/4 x 1/16 50ft, ARARI, Arari (90 ' rl ' Tubing, Rubber 1/8 x 1/32 50ft, ARARI, Arari (180 ' rl ' Tubing, Rubber 3/16 x 3/32 50ft, ARARI (180 ' rl ' Tubing, Rubber 3/16 x 3/32 50ft, ARARI (180 ' rl ' Tubing, Rubber 3/16 x 3/32 50ft, ARARI (180 ' rl ' Tubing, Rubber 3/16 x 3/32 50ft, ARARI (180 ' rl ' Tubing, Rubber 3/16 x 3/32 50ft, ARARI (180 ' rl ' Tubing, Rubber 3/16 x 3/32 50ft, ARARI (180 ' rl ' Tubing, Rubber 3/16 x 3/32 50ft, ARARI (180 ' rl ' Tubing, Rubber 3/16 x 3/32 50ft, ARARI (180 ' rl ' Tubing, Rubber 3/16 x 3/32 50ft, ARARI (180 ' rl ' Tubing, Rubber 3/16 x 3/32 50ft, ARARI (180 ' rl ' Tubing, Rubber 3/16 x			iconate) 5 liter , KOHL, Koh 1/16 50ft, ARARI, Arari Co. 1/32 50ft, ARARI, Arari Co.	Ltd. /	UNIT COST	
		NOTE:	FOR THE USE OF MAT eliveries shall have at le ****************** noth	TERIALS MANAGEMENT I ast One (1) year expiration ing follows ************************************	DIVISION period	(Six Hundred Thousand Fou Ninety Pesos C	633,490.00 vvvvvvvvvv Thirty Three ur Hundred
	/LMA	No feet of the last of the las	ote pilon je od 1945. gant July 1949 Latre San July Jacob 1966. gant July Jesinda	Of the street of			
	ause for Delayed				A J. Hat I t.		
Once the the Proc action ar Excess in	cumulative amou uring Entity may r nd remedies availa price, if procurre	ercent (1%) of the co nt of liquidated dam escind or terminate ble under the circun d from third parties,	est of unperformed portion for e ages reaches 10% of the amoun the contract, without prejudice t	t of the contract, to other courses of ocurement; and	Staggered Delivery with Delivery Company Comp	nstructions & condit Delivery/Payment Il take effect upon reconfimation of Quantity within 7 days upon reconfirmation the right to reject or caffor justifiable and reas award will not benefit	eipt of y/Date ceipt of ancel any items conable ground
Once the the Proc action ar Excess in In case o	cumulative amou uring Entity may n nd remedies availa price, if procurre f bidding, forfeitu	ercent (1%) of the cont of liquidated dam escind or terminate ble under the circun d from third parties, re of performance s	est of unperformed portion for e ages reaches 10% of the amoun the contract, without prejudice t istances. through alternative mode of pro	t of the contract, to other courses of ocurement; and	Staggered Delivery with Delivery C Delivery is Delivery C PCMC has in this PO where the	Delivery/Payment Il take effect upon reconfimation of Quantity within 7 days upon reconfirmation the right to reject or cafor justifiable and reas	eipt of y/Date ceipt of ancel any items conable ground

HSPR-PCMC-POF1 170314



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-2023-100

January 18, 2022

MEDICAL CENTER TRADING CORPORATION

Pioneer Street cor.Shaw Boulevard Pasig City

Tel. No: (02) 8631-1715 to 17

Fax No: 8631-7869

Sir/Madam:	
This is to inform you that Purchase Order No	dding
You may now proceed with the delivery of items listed in the attached Purchase Owithin <u>seven (7) working days</u> from receipt of this notice and/or Delivery Ord for Staggered Delivery.	
SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director	
CONFORME: Received Original	
Signature Over Printed Name Authorized Representative	
Date:	