



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** **Nº 74459**  
 FOR SUPPLIES OR EQUIPMENT 74459  
 P. R. NO. MMD-CMS-2023-02 Dated: 10/13/2022  
 MODE OF PROCUREMENT PUBLIC BIDDING  
 CS No. \_\_\_\_\_ AC No. \_\_\_\_\_  
 DATE OF P.O. JANUARY 18, 2023

TO: Supplier/Dealer Contractor **MEDICOTEK, INC.**  
 Address: 396 Mlb Center Don Jesus Blvd. Brgy. Cupang Muntlupa City Tel. No: (02) 8251-1226

Department/Office/Division/Section/Unit where delivery Is to be made: Supply & Property Section  
 Location: Ground Floor, PCMC Bldg.  
 Special Instructions \_\_\_\_\_  
 Delivery period: 7 working days Other Terms: BANK GUARANTEE  
 Performance Security Posted:  Surety Bond No. 066/LG/000117/23  
 Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 PCMC O.R. No. \_\_\_\_\_ Amount P 4,003.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	870	film	Mat, Decontaminating, Disposable 30polyfilms/sheet CLEAN-O-MAT, Medinet, Italy	138.00	120,060.00 vvvvvvvvvv (One Hundred Twenty Thousand Sixty Pesos Only)
<b>NOTE: FOR THE USE OF MATERIALS MANAGEMENT DIVISION</b> <i>All deliveries shall have at least One (1) year expiration period</i> ***** nothing follows *****  (Conforme with the attached Terms of Reference)					
/LMA					

<b>Penalty Clause for Delayed or Unsatisfactory Deliveries:</b> 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.	<b>Additional instructions &amp; conditions:</b> 1. Staggered Delivery/Payment 2. Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date 3. Delivery is within 7 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
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Funding Code 5-02-03-080 *nd 1/18/23*

**TOTAL AMOUNT P** 120,060.00

FUNDS AVAILABLE: 120,060.00

- Attachments:
- P.R. No. MMD-CMS-2023-02
  - Abstract of Canvass/Bids
  - Canvass Sheet/Tender of Bids
  - Notarized Certification of Exclusive Distributor
  - Justification
  - Others NOA-2023-016-011/
  - R2023-00-023/
  - NTP-PROC-2023-101

Lourdes B. Delos Reyes, CPA  
 OIC, Accounting Division  
 Chief Accountant

APPROVED:

Sonia B. Gonzalez, MD, MSchSM, MPM  
 Executive Director

**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](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)  
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE TO PROCEED**  
**NTP-PROC-2023-101**

January 18, 2022

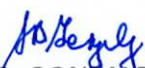
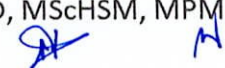
**MEDICOTEK, INC.**

396 Mlb Center Don Jesus Blvd.  
Brgy. Cupang Muntlupa City  
Tel. No: (02) 8251-1226

Sir/Madam:

This is to inform you that Purchase Order No. 74459 as a result of Public Bidding for the Procurement of Common Medical Supplies for CY 2023 has been approved.

You may now proceed with the delivery of 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: \_\_\_\_\_