



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 74465**
FOR SUPPLIES OR EQUIPMENT 74465
 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 **UNDECIM MEDICAL SUPPLIES**
 Address: Unit 103-105 70 Holy Spirit Don Antonio Heights Holy Spirit, Quezon City Tel. No: (02) 7278-6632

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
 Performance Security Posted: Surety Bond No. SJ-C(13)-10-23-000173-00
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 55,705.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	105	pc	Anesthesia Gas Sampling Line, GE Shenzhen Caremed Medical Technology Co., LTD	1,650.00	173,250.00
2	6	pc	Invasive Blood Pressure Transducer (Utah type), UTAH Shenzhen Caremed Medical Technology Co., LTD	1,850.00	11,100.00
					184,350.00 vvvvvvvvvvvvvv
NOTE: FOR THE USE OF MATERIALS MANAGEMENT DIVISION <i>All deliveries shall have at least One (1) year expiration period</i> ***** nothing follows ***** (Conforme with the attached Terms of Reference)				<i>(One Hundred Eighty Four Thousand Three Hundred Fifty Pesos Only)</i>	
/LMA					

Penalty Clause for Delayed or Unsatisfactory Deliveries:

- 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.
- Excess in price, if procured from third parties, through alternative mode of procurement; and
- In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

Additional instructions & conditions:

- Staggered Delivery/Payment
- Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date
- Delivery is within 7 days upon receipt of Delivery Confirmation
- 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

Funding Code 5-02-03-060 *md 1/18/23* **TOTAL AMOUNT P** 184,350.00

FUNDS AVAILABLE: ₱184,350.00

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-2023-016-016/R2023-00-023/NTP-PROC-2023-107

APPROVED:
AS/Seguly
SONIA B. GONZALES, 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 email: officeofthedirector@pcmc.gov.ph

Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED
NTP-PROC-2023-107

January 18, 2022


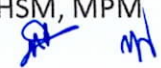
UNDECIM MEDICAL SUPPLIES

Unit 103-105 70 Holy Spirit
Don Antonio Heights Holy Spirit
Quezon City
Central Diliman, Quezon City
Tel. No: (02) 7278-6632

Sir/Madam:

This is to inform you that Purchase Order No. 74465 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: _____