



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 74671 N^o 74671
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. GSD-RME-2023-15 Dated: 11/22/22
 MODE OF PROCUREMENT
DIRECT CONTRACTING (50.c)
 CS No. _____ AC No. _____
 DATE OF P.O. March 8, 2023

TO: Supplier/Dealer Contractor **MEDILINES DISTRIBUTORS, INC.**
 Address: 3rd Floor, Vistamall Hub, C.V. Starr Avenue, Pamplona Dos, Las Piñas City
 Tel. No. 634-9132/634-3752; rknicolos@medilines.com.ph
 Department/Office/Division/Section/Unit where delivery
 Is to be made: Materials Management Division
 Location: Ground Floor, PCMC Bldg.
 Special Instructions _____
 Delivery period: 7 working days Other Terms: _____
 Performance Security Posted: Surety Bond No. _____
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
	4	lot	Supply of Labor, Tools and Materials for the Quarterly Preventive Maintenance Services of Ten (10) Units Dialysis Machine at Hemodialysis Unit SN : 503-771 ; PN: 1801-419-2413-A-HEMO ✓ SN : 503-772 ; PN: 1801-419-2414-A-HEMO ✓ SN : 503-773 ; PN: 1801-419-2415-A-HEMO ✓ SN : 503-774 ; PN: 1801-419-2416-A-HEMO ✓ SN : 503-775 ; PN: 1801-419-2417-A-HEMO ✓ SN : 503-776 ; PN: 1801-419-2418-A-HEMO ✓ SN : 503-777 ; PN: 1801-419-2419-A-HEMO ✓ SN : 503-778 ; PN: 1801-419-2420-A-HEMO ✓ SN : 503-779 ; PN: 1801-419-2421-A-HEMO ✓ SN : 503-780 ; PN: 1801-419-2422-A-HEMO ✓ Warranty: One (1) month per quarter Delivery Schedule: Within seven (7) working days upon receipt of PO. ✓ ***Nothing Follows*** For the use of General Services Division	340,000.00	1,360,000.00
					1,360,000.00 wwwwwwvvvv (One Million Three Hundred Sixty Thousand Pesos only) ✓

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:

- Delivery is within 7 working days upon receipt of this PO.
- Terms and conditions specified on Notice of Award.

Funding Code 5-02-13-050-400 / mdr 3/13/23

TOTAL AMOUNT P 1,360,000.00 *dmr*

FUNDS AVAILABLE: ₱ 1,360,000.00

Dem 3/14
LOURDES B. DELOS REYES, CPA
 Chief Accountant
 OIC, Accounting Division

APPROVED:

SS Bagley
SONIA B. GONZALEZ, MD, MSChSM, MPM
 Executive Director

Attachments:

- P.R. No. GSD-RME-2023-15 ✓
- Abstract of Canvass/Bids ✓
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others
- x BAC Reso No.2023-02-144 ✓
- x NOA-2023-064 ✓
- x NTP-PROC-2023-180 ✓

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


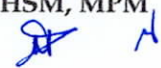
NOTICE TO PROCEED
NTP-PROC-2023-180

MEDILINES DISTRIBUTORS, INC.
3rd Floor, Vistamall Hub, C.V. Starr Avenue,
Pamplona Dos, Las Piñas City
Tel. No.634-9132/634-3752
Email: rknicholas@medilines.com.ph

Sir/Madam:

This is to inform you that Purchase Order No. 74671, as a result of Direct Contracting for the **Supply of Labor, Tools and Materials for the Quarterly Preventive Maintenance Services of Ten (10) Units Dialysis Machine at Hemodialysis Unit** has been approved.

You may now proceed with the delivery of the services called for in the attached Purchase Order within seven (7) working days from receipt of this notice.


SONIA B. GONZALEZ, MD, MScHSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____