



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 75182 N^o 75182
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. PathoBB2023-13 Dated: 06/01/2023
 MODE OF PROCUREMENT DC
 CS No. NOA-2023-125 AC No. R2023-06-340
 DATE OF P.O. JUNE 23, 2023

TO: Supplier/Dealer Contractor **MEDLINK MARKETING**
 Address: Suite 301 77 Visayas Avenue, Quezon City Tel No. 8928-7690 / 8695-9047

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: _____
 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
1	65	kit	Additional Quantity Requirements of Reagents under Machine Placement Agreement for three (3) years for Apheresis kits with anticoagulant Apheresis kit for Therapeutics Procedure Fresenius Kabi P1YA Kit / PL1 Plasma Exchange Set ***** nothing follows ***** NOTE: For the use of Pathology Blood Bank (CY 2023) <i>All deliveries shall have at least One (1) year expiration period</i>	8,960.00	582,400.00

Penalty Clause for Delayed or Unsatisfactory Deliveries:
 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, forfeiture of performance security equal to 5% of the undelivered item/s.

Additional instructions & conditions:
 1. Staggered Delivery/Payment
 2. Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date
 3. Delivery is within 7 working 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
 5. Terms and conditions specified on Notice of Award.

Funding Code 15-02-03-060 / mgd 6/27/23
TOTAL AMOUNT P 582,400.00

FUNDS AVAILABLE: 7582,400.00
EA M. VILLALOBOS, CPA, MBA
 Chief, Accounting Division
 APPROVED:
Sonia B. Gonzalez
 SONIA B. GONZALEZ, MD, MSCHSM, MPM
 Executive Director
 Attachments:
 P.R. No. PathoBB2023-13
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others BAC RES # R2023-06-340
NOA-2023-125
NTP-PROC-2023-255

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-2023-255**

June 23, 2023

MEDLINK MARKETING

Suite 301, 77 Visayas Avenue,
Quezon City
Tel No. 8928-7690 / 8695-9047

Sir/Madam:

This is to inform you that Purchase Order No. 75182, as a result of Direct Contracting for the Procurement of Additional Quantity Requirements of Reagents under Machine Placement Agreement for Apheresis kits with anticoagulant 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: _____