



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 75237**
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **CARDIO 2023-008** Dated: **05/23/2023**
 MODE OF PROCUREMENT **DC**
 CS No. **NOA-2023 -129** AC No. **R2023-07-379**
 DATE OF P.O. **July 14, 2023**

TO: Supplier/Dealer Contractor **PATIENT CARE CORPORATION** Tel: 8939-2125
 Address: **AMHSCO Bldg. Mac Arthur Highway, Dolores City of San Fernando, Pampanga**

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. _____
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	2	bx	Underbody Blanket Adult Bair Hugger, 54500 / 3M, bx of 10, USA	13,361.30	26,722.60
2	2	bx	Underbody Blanket Pedia Small Bair Hugger, 55501 / 3M, bx of 10, USA	15,075.80	30,151.60
3	2	bx	Underbody Blanket Pedia Large Bair Hugger, 55000 / 3M, bx of 10, USA	16,822.10	33,644.20
					90,518.40
					wwwwww
Nothing Follows Note: For the use of Cardiology Div. All deliveries shall have at least One (1) year expiration period.					(Ninety thousand five hundred eighteen pesos and 40/100).

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 bond 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 w/in 7 working days upon receipt of delivery confirmation
- PCMC has the right to reject or cancel any item in this PO for justifiable and reasonable grounds where the award will not benefit the Government
- Terms and conditions specified on Notice of Award

Funding Code **5-02-03-040** / **med 7/19/23** **TOTAL AMOUNT P 90,518.40**

FUNDS AVAILABLE: **90,518.40**
LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant
 APPROVED: **Sonia B. Gonzalez**
SONIA B. GONZALEZ, M.D., MScHSM, MPM
 Executive Director

- Attachments: **CARDIO-2023-008**
 P.R. No. _____
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others **NOA-2023-129 /NTP-PROC-2023-259**
AMP

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-2023-259


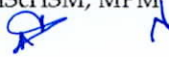
July 14, 2023

PATIENT CARE CORPORATION
AMHSCO Bldg., Mac Arthur Highway
Dolores City of San Fernando, Pampanga
Tel. No. (02) 277-5630

Sir/Madam:

This is to inform you that Purchase Order No. 75237 as a result of Direct Contracting
for the Procurement of Direct Medical Supply-Pediatric Cardiology Supplies CY 2023
has been approved.

You may now proceed with the delivery of the 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, M.D., MScHSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

