



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
 FOR SUPPLIES OR EQUIPMENT**

Nº 75255

P. R. NO. CARDIO 2023-008 Dated: 05/23/2023
 MODE OF PROCUREMENT DC
 CS No. NOA-2023-130 AC No. R2023-07-380
 DATE OF P.O. July 21, 2023

TO: Supplier/Dealer Contractor GLOBO ASIATICO ENTERPRISES INC.
 Address: JDK Bldg. 127 Maginhawa St., Teacher's Village, Quezon City Tel: 982-7000 Fax: 436-5833

Department/Office/Division/Section/Unit where delivery Is to be made: _____
 Location: Supply & Property Section
 Special Instructions: Ground Floor, PCMC Bldg.
 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	18	pc	Cartridges, Heparin Assay Yellow 0.0- 1.5mg/kg, 4-channel cartridge, HMS Cartridge, Medtronic, USA	800.00	14,400.00
2	153	pc	Cartridges, Heparin Assay Blue 2.5-4.0 mg/kg 4-channel cartridge, HMS Cartridge, Medtronic, USA	800.00	122,400.00
3	18	pc	Cartridges, Heparin Dose Response (HDR) 6-channel cartridge, HMS Cartridge, Medtronic, USA	900.00	16,200.00
4	216	pc	Cartridges, High Range (HR ACT) 2-channel cartridge, HMS Cartridge, Medtronic, USA	500.00	108,000.00
					261,000.00

Nothing Follows

Note: For the use of Cardiology
All deliveries shall have at least One (1) year expiration period.

(Two hundred sixty one 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 bond equal to 5% of the undelivered item/s.

Additional Instruction & 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 U-02-03-040 / md 7/26/23

TOTAL AMOUNT P 261,000.00

FUNDS AVAILABLE: ₱ 261,000.00

Attachments:

- P.R. No. CARDIO-2023-008
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others NOA-2023-130 / NTP-PROC-2023-261

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: _____

LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant

APPROVED:

SONIA B. GONZALEZ, M.D., MSChSM, MPM
 Executive Director

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-2023-261

July 21, 2023

GLOBO ASIATICO ENTERPRISES INC.
IDK Bldg. 127 Maginhawa St.,
Teacher's Village,
Quezon City
Tel: 982-7000 / Fax: 436-5833

Sir/Madam:

This is to inform you that Purchase Order No. 75255 as a result of Direct Contracting
for the Procurement of Direct Medical Supplies - 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.

for *Ms. En Joyson*
SONIA B. GONZALEZ, M.D., MScHSM, MPM
Executive Director *SH* *H*

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

