



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 75273**
 FOR SUPPLIES OR EQUIPMENT 75273
 P. R. NO. MMD-CMS-2023-01 Dated: 10/13/2022 ✓
 MODE OF PROCUREMENT
PUBLIC BIDDING ✓
 CS No. _____ AC No. _____
 DATE OF P.O. JULY 25, 2023 ✓

TO: Supplier/Dealer Contractor **SURGICARE MEDICAL SYSTEMS ENTERPRISES** ✓
 Address: 1C-Guatemala Street, Loyola Grand Villas, Katipunan Avenue, Quezon City Tel. No. 8920-8376

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. 660260 Amount P 6,540.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	20,000 ✓	pc ✓	Gauze, Pedia, 23x3 Mesh with Radiopaque lining, sterile 10s/pk, China ✓	7.38 ✓	147,600.00 ✓
2	40,000 ✓	pc ✓	Gauze, Pre-cut 4"x4"x8-Ply 28x24 Mesh, Nonsterile China ✓	2.58 ✓	103,200.00 ✓
					250,800.00 ✓
					vvvvvvvvvv ✓
					(Two Hundred Fifty Thousand Eight Hundred Pesos Only) ✓
VAT-EXEMPT ITEMS 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)					

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 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

Funding Code ✓-02-03-080 / md 7/20/23 **TOTAL AMOUNT P** 250,800.00 ✓

FUNDS AVAILABLE: 250,800.00
Amalabon 7/23
LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant

Attachments:
 P.R. No. MMD-CMS-2023-01 ✓
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others NOA-2023-132-002/ ✓
R2023-07-396/ ✓
NTP-PROC-2023-265 ✓

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: _____

APPROVED:
fr mal
SONIA B. GONZALEZ, MD, 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-2023-265**

July 25, 2023

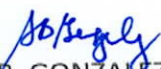
SURGICARE MEDICAL SYSTEMS ENTERPRISES

1C-Guatemala Street, Loyola Grand Villas,
Katipunan Avenue, Quezon City
Tel. No. 8920-8376

Sir/Madam:

This is to inform you that Purchase Order Nos. 75273, 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: _____