



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 75274**
 FOR SUPPLIES OR EQUIPMENT 75274
 P. R. NO. ETD-015-2023 Dated: 06/15/2023
 MODE OF PROCUREMENT NP 53.10
 CS No. _____ AC No. 2023-440NM(NP)
 DATE OF P.O. JULY 27, 2023

TO: Supplier/Dealer Contractor **ARANETA HOTELS, INC.**
 Address: General Aguinaldo Avenue, Araneta City Tel. No.: 8990-7888

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	1	lot	VENUE, POSTGRADUATE COURSE <i>(inclusive of food, lights and sounds for 2 days)</i> <i>Sept. 12-13, 2023, within Quezon City</i> No. of Pax: September 12, 2023 - 400 pax (8:00AM-5:00PM) @ 2,300.00/pax September 13, 2023 - 400 pax (8:00AM-5:00PM) @ 2,300.00/pax September 13, 2023 - 100 pax (6:00PM-10:00PM) @ 2,000.00/pax Meals: Whole Day Meeting (8:00AM-5:00PM) - AM Snacks, Plated Lunch and PM Snacks Dinner Package (6:00PM - 10:00PM) - Buffet Dinner Complimentary Inclusions: » Free flowing freshly brewed coffee and tea » Conference pads & pencils » Mints for all participants » Complimentary use of standard conference equipment (Basic PA System, 2 microphones, LED Screen, podium, flipchart) » Parking passes based on ten percent (10%) of guaranteed guests TERMS OF PAYMENT: First Payment (20%) - August 04, 2023 Remaining Balance (80%) - September 12, 2023 NOTE: FOR THE USE OF ETD ***** nothing follows ***** 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.	(Two Million Forty Thousand Pesos Only)	2,040,000.00 vvvvvvvvvvvv

Funding Code 20301 050 028 *mgf 8/1/23* **TOTAL AMOUNT P** 2,040,000.00

FUNDS AVAILABLE: 2,040,000
Amilalaban 8/2
LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant

APPROVED:
So. Bagaly
SONIA B. GONZALEZ, MD, MSchSM, MPM
 Executive Director

- Attachments:
 P.R. No. ETD-015-2023
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others BAC RESO # R2023-06-352
ALT-R2023-435
NOA-2023-138
NTP-PROC-2023-266

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

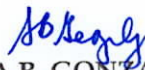
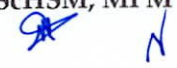
NOTICE TO PROCEED
NTP-PROC-2023-266

ARANETA HOTELS, INC.
General Aguinaldo Avenue, Araneta City
Tel. No.: 8990-7888

Sir/Madam:

This is to inform you that Purchase Order No. 75274, as a result of Negotiated Procurement for the **Venue, Postgraduate Course (inclusive of food, lights and sounds for 2 days)** has been approved.

You may now proceed with the implementation of the said procurement project under the terms & conditions stated in the attached Purchase Order.


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

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____