

## Republic of the Philippines PHILIPPINE CHILDREN'S MEDICAL CENTER

PURCHASE ORDI	/340		752	89
FOR SUPPLIES OF PATHO-	R EQUIPMEN -2023-01		10-17-22	,
MODE OF PROCU	REMENT BIDDING			
CS No.	1111172	AC No 8, 2023		
DATE OF P.O.	JULY 2	8, 2023	,	

Quezon Ave. Quezon City
Tel. No.: 8588-9900 loc. 224, 226, 361, 355
Fax no.: 85889997 • e-mail: pcmcproc@gmail.com

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One-tenth nce the cur ne Procurin ction and ro Excess in p . In case of	(1/10) of one per nulative amount g Entity may resc emedies available orice, if procurred	of liquidated dam nd or terminate t under the circun I from third partic	cost of unperformed ages reaches 10% of the contract, without	f the amount of the t prejudice to other we mode of procur	e contract, r courses of rement; and	Staggered De     Delivery will     Delivery Confirm     Delivery is w     Delivery Confirm     4.PCMC has the     in this PO for ju     where the aware	take effect upon rece ation of Quantity/Da thin 7 working days u	ipt of ite pon receipt of cel any items le ground Government
FUND LEA M. V Chief, A APPRO	S AVAILAL  VILLALOBOS,  coolunting Dir  DVED:  \$1/\$ey.	vision Q , MD, MScH	υ ω . σ Α Ε Ε	Attachments:  P.R. No.  Abstract of  Canvass SI  Notarized  Exclusive  Justificatio  Others  B		This today Order, bound of the applica	the copy of and held t by the terms a contract an	hat I received this Purchase he Company and stipulation d other laws

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: <a href="mailto:www.pcmc.gov.ph">www.pcmc.gov.ph</a> email: <a href="mailto:officeofthedirector@pcmc.gov.ph">officeofthedirector@pcmc.gov.ph</a>
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

## NOTICE TO PROCEED NTP-PROC-2023-271

July 28, 2023

## LIFELINE DIAGNOSTICS SUPPLIES, INC.

1225 Quezon Avenue, Brgy Sta. Cruz

Quezon City

Tel. No.: 8376-591 / Fax. No.: 8372-1675/98

Sir/Madam:

This is to inform you that Purchase Order No. \_\_\_\_\_\_\_ as a result of \_\_\_\_\_\_ as a result of \_\_\_\_\_\_\_ for the Procurement of \_\_\_\_\_\_\_ Various Laboratory Supplies \_\_\_\_\_\_ has been approved.

You may now proceed with the delivery of items listed in the attached Purchase Order within <u>seven (7) working days</u> 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: \_\_\_\_\_