



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 75351**

P. R. NO. MMD-CMS-2023-02 Dated: 10/13/2022  
 MODE OF PROCUREMENT

CS No. NP 53.1 AC No. R2023-08-433  
 DATE OF P.O. NOA-2023-143-001 August 16, 2023

TO: Supplier/Dealer Contractor (MCTC) - MEDICAL CENTER TRADING CORP.  
 Address: Pioneer St. cor. Shaw Blvd., Pasig City Tel: 631-1715 to 17 Fax: 631-7896

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: LETTER OF CREDIT  
 Performance Security Posted:  Surety Bond No. 02026520204649  
 Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 PCMC O.R. No. \_\_\_\_\_ Amount P 24,197.05

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1,000	pc	Container, Sharp 5 lit, made of Heavy duty plastic, fitting, puncture resistant lid, property labeled, MC, Ningbo Foyomed Medical Instruments Co. Ltd  *****Nothing Follows***** Note: For the use of MMD <b>All deliveries shall have at least One (1) year expiration period.</b>	167.88	167,880.00  (One hundred sixty seven thousand eight hundred eighty 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.

- 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 5-02-03-080 mgf 8/17/23

**TOTAL AMOUNT P** 167,880.00

FUNDS AVAILABLE: 147,860.00  
4/22  
**LEA M. VILLALOBOS, CPA, MBA**  
 Chief Accountant

- Attachments:
- P.R. No. MMD-CMS-2023-02
  - Abstract of Canvass/Bids
  - Canvass Sheet/Tender of Bids
  - Notarized Certification of Exclusive Distributor
  - Justification
  - Others

**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.

APPROVED:  
So Segely  
**SONIA B. GONZALEZ, M.D., MSChSM, MPM**  
 Executive Director

NOA-2023-143-001/NTP-PROC-2023-284 (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](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)

Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED  
NTP-PROC-2023-284

August 16, 2023

MEDICAL CENTER TRADING CORPORATION

Pioneer St. Cor. Shaw Blvd.

Kapitolyo, Pasig City

Sir/Madam:

This is to inform you that Purchase Order No. 75348/75351 as a result of NP- Two Failed Bidding for the Procurement of Common Medical 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: \_\_\_\_\_

