



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 76074**
 FOR SUPPLIES OR EQUIPMENT 76074
 P. R. NO. SR-2024-01 Dated: 10/13/2023
 MODE OF PROCUREMENT
PB
 CS No. NOA-2024-005 AC No. R2024-00-014
 DATE OF P.O. January 5, 2024

TO: Supplier/Dealer Contractor LINDE PHILIPPINES, INC. Tel: 02 8895-4633
 Address: 12th Floor, Unit 1201, The Podium West Tower, 12 ADB Avenue, Ortigas Center, Mandaluyong City

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. (13)-PC66416
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 588,322.80

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	116,320	m ³	<p><i>One (1) Lot Supply and Delivery of Medical Oxygen Pipe in Liquid for Vacuum Insulated Evaporator (VIE) and Med'l Oxygen Standard for Manifold Backup for three (3) years</i></p> <p>Oxygen, Liquid Pipe-In, Linde, Philippines Purity: Minimum 99.5% Odor or Taste: Without significant odor or taste Moisture/ Vapor/ Water: Less than 1 ppm, <i>(for 1st year)</i></p>	16.80	1,954,176.00
2	30	cyl	<p>Oxygen, Medical (standard) for Manifold Back-up, Linde Philippines Purity: Minimum 99.5% Pressure: Minimum 1,800 PSI Odor or Taste: Without significant odor or taste Moisture/ Vapor/ Water: Less than 1 ppm, <i>(for 1st year)</i></p> <p>***Nothing Follows*** Note: For the use of SR <i>Conforme to the Terms of Reference for CY-2024</i></p>	230.00	6,900.00 1,961,076.00 www

(One million nine hundred sixty one thousand seventy six 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.

Funding Code 19-02-03-080 *ngs 1/10/24*

FUNDS AVAILABLE 1,961,076.00

[Signature]
 LEA CHIEF ACCOUNTANT

APPROVED:

[Signature]
 SONIA B. GONZALEZ, M.D., MSChSM, MPM
 Executive Director

- Attachments:
- P.R. No.
 - Abstract of Canvass/Bids *SR-2024-01*
 - Canvass Sheet/Tender of Bids
 - Notarized Certification of Exclusive Distributor
 - Justification
 - Others

NOA-2024-005 / NTP-PROC-2024-008 (Signature over printed name)

TOTAL AMOUNT P 1,961,076.00

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.

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-2024-008



January 5, 2024

LINDE PHILIPPINES, INC
12th floor, Unit 1201, The Podium West Tower
12 ADB Avenue, Ortigas Center
Pasig City
Telefax: 8702-7500/8817-8767

Sir/Madam:

This is to inform you that Purchase Order No. 76074 as a result of Public Bidding
for the Procurement of One (1) Lot Supply and Delivery of Medical Oxygen Pipe-in-Liquid for Vacuum Insulated
Evaporator (VIE) and Medical Oxygen Standard for Manifold Back-Up for three (3) Years
has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within
Seven (7) days or less from receipt of this notice and/or Delivery Order Slip for
Staggered Delivery.


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

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____