



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 76083

P. R. NO. MMD-CMS-2024-01/ 76083
 MODE OF PROCUREMENT / 10/16/2023
 CS No. PB AC No. R2024-00-011
 DATE OF P.O. NOA-2024-002-005 January 9, 2024

TO: Supplier/Dealer Contractor GENACE PHARMA DISTRIBUTOR
 Address: #19 Diamond St., Green Heights Village, Sucat, Parañaque City Telefax: (02) 659-7890

Department/Office/Division/Section/Unit where delivery Is to be made: Supply & Property Section
 Location: Ground Floor, PCMC Bldg.
 Delivery period: 7 working days Other Terms: Performance Security Posted: Surety Bond No. 6(13)-BD016-30686
 Cash / Cashier's / Manager's Check No. PCMC O.R. No. Amount P 12,212.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	754.00	bt	Povidone Iodine Antiseptic 10% 120mL spray bottle	45.00	33,930.00
2	86.00	gal	Zetadone, Greatstar Laboratories Povidone Iodine Antiseptic 10% 1G	900.00	77,400.00
3	4,010.00	bt	Zetadone, Greatstar Laboratories Povidone Iodine Antiseptic 10% bt 15mL	21.00	84,210.00
4	65.00	gal	Zetadone, Greatstar Laboratories Povidone Iodine Antiseptic 7.5% 1G	900.00	58,500.00
					<u>254,040.00</u>

Nothing Follows

Note: For the use of MMD
All deliveries shall have at least One (1) year expiration period.
Conforme to the attached Terms of Reference

(Two hundred fifty four thousand forty 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.

Additional Instructions & Conditions:

- 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 5-02-03-030 *mgf 1/16/24*

TOTAL AMOUNT P 254,040.00

FUNDS AVAILABLE: 254,040.00

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

Amilala
 LEAM VILLALOBOS, CPA, MBA
 Chief Accountant

APPROVED:

Sonia B. Gonzalez
 SONIA B. GONZALEZ, M.D., MScHSM, MPM
 Executive Director

NOA-2024-002-005 / NTP-PROC-2024-026

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-2024-026

January 9, 2024

GENACE PHARMA DISTRIBUTOR
19 Diamond Street, Greenhills Village
Brgy. San Isidro, Paranaque City
Tel. No: (02) 659-7890
Email Address: genacepharma2020@gmail.com

Sir/Madam:

This is to inform you that Purchase Order No. 76083 as a result of Public Bidding
for the Procurement of Various Common Medical Supplies CY 2024
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: _____