



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 76084

76084

P. R. NO. MMD-CMS-2024-017 / 10/16/2023
 MODE OF PROCUREMENT / PB
 CS No. NOA-2024-002-006 AC No. R2024-00-011
 DATE OF P.O. January 9, 2024

TO: Supplier/Dealer Contractor IDS MEDICAL SYSTEMS PHILIPPINES, INC. Tel: 737-9898; Fax: 721-0794
 Address: Unit 1010, BTC Centre, 288 Ortigas Ave. cor. Roosevelt St., Greenhills, San Juan 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. 6(13)152334
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 29,770.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	5,400	pc	Electrodes, Neonate INNOQ, Global SCP	5.00	27,000.00
2	25,800	pc	Electrodes, Pedia INNOQ, Global SCP	5.00	129,000.00
3	50	pc	Mask, Face Anesthesia, Neonate, size 3 INNOQ, Global SCP	180.00	9,000.00
4	20	pc	Mask, Face Anesthesia, Neonate, size 5 INNOQ, Global SCP	180.00	3,600.00
5	50	pc	Mask, Face Anesthesia, Pedia, size 4 INNOQ, Global SCP	180.00	9,000.00
					<u>177,600.00</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

(One hundred seventy seven thousand six hundred 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 Instruction & 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 5-02-03-080 mgf 1/16/24

FUNDS AVAILABLE: ₱ 177,600.00

LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant

APPROVED:

Sonia B. Gonzalez, M.D., MSChSM, MPM

Executive Director

Attachments:

- P.R. No. MMD-CMS-2024-017
- Abstract of Canvass/Bids /
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others

NOA-2024-002-006 / NTP-PROC-2024-027

TOTAL AMOUNT P 177,600.00

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.

(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-2024-027

January 9, 2023

IDS MEDICAL SYSTEMS PHILIPPINES, INC.
Unit 1010, BTTC Centre,
288 Ortigas Ave. cor. Roosevelt St.
San Juan City
Tel: 737-9898 / Fax: 721-0794

Sir/Madam:

This is to inform you that Purchase Order No. 76084/76085 as a result of Public bidding
for the Procurement of Common Medical Supplies - CY2024
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., MHcHSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____