

## 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 C	ORDER N	<b>76085</b>
FOR SUPPLIE	ES OR EQUIPMENT	7608
	MMD-CMS-2024 Pated OCUREMENT	
CS No DATE OF P.O	PB NOA-2024-002-006 AC N	o. R2024-00-011

Distrib		hite (Origina ellow (Duplic	ate) - Attachment to payreate) - Procurement	ment		Pink	- Supply a	nd Pro	pperty
D' : "	,,	1:4.70.1.1	IN Add I was			Date:			
ONIA B. GONZALEZOM.D., MScHSM, MPM  Executive Director				<del>\-2024-002-006</del> /	NTP-PROC	-2024-027 (Signature over printed name)			
	Sto Hoyler		☐ Justification	n		applica	ble.		
APPROVED: Exclusive D					1	of the contract and other laws			
V			neet/Tender of Certification of		Order, and held the Company bound by the terms and stipulation				
LEA M. VILLALOBOS, CPA, MBA Abstract of			Canvass/Bids	ss/Bids today the copy of this Pu			Purchase		
FUND	of line	BLE: # 84,	✓ P.R. No.	MMD-CMS-20	24 02	This is	s to certify the		received
						TOTAL	CERTIFICAT	TION	88,300.00
Fundin	g Code	02-03-0	80 mg 1/16/24			ТОТАТ	AMOUNT P		
The same			*			5. Terms and con	nditions spcified on Notice o	Award	
	5% of the undelivered					where the awa	ard will not benefit the Gover	nment	
	alternative mode of pro- f bidding, forfeiture of p	1			a bea		tifiable and reasonable grou		
	n price, if procurred fro alternative mode of pro					delivery confir	mation right to reject or cancel am	item in	
		nder the circumstances		**			n 7 working days upon rece	pt of	
the Procuring Entity may recind or terminate the contract, without prejudice to other courses of						confirmation	of quantity/date		
Once the cumulative amount of liquidated damages reaches 10% of the amount of the contract						Delivery will take effect upon receipt of delivery			
nalty Clause for Delayed or Unsatisfactory Deliveries:  1. One-tenth (I/10) of one percent (1%) of the cost of unperformed portion for everyday of delay.						Additional Instruction & Conditions:  1. Staggered Delivery / Payment			
		i na kaje je						4	
. ~ .				xempt					
		,	Conforme to the attacl			nou.	Hundred	peaus (	/i iiy ). 1
Sec	Note: For the use of MMD  All deliveries shall have at least One (1)			t One (1) year ov	miration no	riod	(Eighty e hundred		usand three
				Follows***					
		30	Ansell, Gammex Latex Textur	red, Ansell		,			88,300.00
5	400 \	pair ,	Gloves, Surgical non-latex, po	owder free, sterile	(0.65 AQL)		58.	00	23,200.00
4	100	pair ,	Gloves, Surgical latex, powde Ansell, Gammex Latex Textur		O MUL) 0.0	`			- 1
A	400	noir	Ansell, Gammex Latex Textur		31	00_	3,100.00		
3	600 、	pair	Gloves, Surgical latex, powde	,	31.	00 _	18,600.00		
2	800 、	pair	Gloves, Surgical latex, powde Ansell, Gammex Latex Textur	s =	31.	00 、	24,800.00		
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1	600	nair	Gloves, Surgical latex, powde	r free sterile (0.6	5 AOL) 6 5		21	00 _	18,600.00
148							- 1		
Item No.	QTY.	UNIT		RTICLES			UNIT COST	ТОТ	AL COST
		Ground Floor,	PCMC Bldg.	PCMC O.R. N			Amount P		
Is to be made:			Performance Security Posted:  Surety Bond No. Cash / Cashier's / Manager's Check No.						
1					Delivery period: 7 working days			No	7,
			C Centre, 288 Ortigas Ave. cor.				Other Terms:		
	ç.	Contractor _	IDS MEDICAL SYSTEMS PE				98; Fax: 721-0794	-	
TO G	1' /D 1	C					January 9	, 2024	



## 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-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

Date: \_

Signature Over Printed Name Authorized Representative