



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 76123**  
 FOR SUPPLIES OR EQUIPMENT <sup>76123</sup>  
 P. R. NO. MMD-CMS-2024-02 Dated: 10/16/2023  
 MODE OF PROCUREMENT PB  
 CS No. NOA-2024-13-004 AC No. R2024-00-024  
 DATE OF P.O. January 9, 2024

TO: Supplier/Dealer Contractor SURGICARE MEDICAL SYSTEMS ENTERPRISES  
 Address: 1 C Gumamela St., LGV, Katipunan Ave. Quezon City Tel: 920-8376/927-6042

Department/Office/Division/Section/Unit where delivery  
 Is to be made: Supply & Property Section  
 Location: Ground Floor, PCMG Bldg.  
 Special Instructions \_\_\_\_\_  
 Delivery period: 7 working days Other Terms: \_\_\_\_\_  
 Performance Security Posted:  Surety Bond No. \_\_\_\_\_  
 Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 PCMC O.R. No. \_\_\_\_\_ Amount P \_\_\_\_\_

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	13,000	pc	Gauze, Adult, 4x16x38 mesh with Radiopaque lining, 100s/pk CHINA	16.50	214,500.00
2	30,000	pc	Gauze, Pedia, 23x3 Mesh with Radiopaque lining, sterile CHINA	7.38	221,400.00
					435,900.00
					wwwwww
***Nothing Follows*** Note: For the use of MMD <b>All deliveries shall have at least 1 year expiration period</b> <b>Conforme to the attached Terms of Reference</b> <b>Vat Exempt</b>					(Four hundred thirty five thousand nine 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 5-02-03-060 *mgf 1/17/24*

**TOTAL AMOUNT P** **435,900.00**

FUNDS AVAILABLE: ₱ 435,900.00  
*Carilala 1/17/24*  
 LEA M. VILLALOBOS, CPA, MBA  
 Chief Accountant

- Attachments:
- P.R. No. MMD-CMS-2024-02
  - 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:  
*Sonia B. Gonzalez*  
 SONIA B. GONZALEZ, M.D., MSChSM, MPM  
 Executive Director

NOA-2024-13-004 / NTP-PROC-2024-041 (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-2024-041

January 9, 2024

**SURGICARE MEDICAL SYSTEMS ENTERPRISES**

I-C Guatemala Street, Loyola Grand Villas,  
Katipunan Avenue Quezon City  
Corner Reliance Street Mandaluyong City  
Tel. No. 920-8376/927-6042  
Fax No: (063) 920-8376

Sir/Madam:

This is to inform you that Purchase Order No. 76123 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: \_\_\_\_\_





PHILIPPINE CHILDREN'S MEDICAL CENTER

**TERMS OF REFERENCE**

**CATEGORY: MEDICAL SUPPLIES (CY 2024)  
ONE (1) YEAR REQUIREMENT**

- 1 Products to be bidded shall pass the end-user's evaluation
- 2 Expiration should have at least one (1) year from date of delivery
- 3 Supplier should have a return policy for defective and near expiring supplies
- 4 The supplier shall have an established disposal and retrieval program or take back system for their products (Empty containers will be returned to Supplier)
- 5 End-user Units shall conduct random sampling of medical supplies delivered for evaluation/testing and supplier shall replace the item/s taken as sample (same batch)
- 6 The supplier shall submit CPR which must be valid during the entire duration of contract, or proof if renewal in case of expiry
- 7 The supplier shall submit valid MSDS (2 copies) for a specified product
- 8 Product label shall bear the following informations :
  - a. Product specifications and ingredients
  - b. Manufacturing, Lot Number and Expiration Dates
  - c. Precautions
  - d. Instructions for proper use and disposition
- 9 Product shall not contain halogenated plastics and PVCs
- 10 Product shall be packed in suitable packaging materials which is reusable and recyclable  
Manufacturer and/or products preferably certified by an independent 3rd party Certifying body (ISO14020, 11 14021, 14024, 14025 or its equivalent)
- 12 Staggered delivery, staggered payment
- 13 Quantity may increase or decrease depending on the actual utilization of the hospital

MARIA ELENA V. LARLAR  
Conforme:

Authorized Signatory

9208-376  
Contact Number

SURGICARE MEDICAL SYSTEMS ENTERPRISES  
Name of Company/Firm

surgicarephil@gmail.com  
Company Email Address  
(where notices will be sent)

CERTIFIED TRUE COPY  
*cm*  
By: PCMG - Procurement