

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 | RDER | 76210 | No | 76210 | | | | |
|-----------------|----------|-------------|----------|------------|---|--|--|--|
| FOR SUPPLIE | / | | | | | | | |
| P. R. NO. PATHO | DBB-RTU- | 2024-02 | Bated: _ | 10/13/2023 | 1 | | | |
| MODE OF PR | | | oject) 🖊 | | | | | |
| CS No. | AC No | | | | | | | |
| DATE OF P.O. | Janu | lary 22, 20 | 24 / | | | | | |

| | oplier/Deale | r Contractor | MEDLINK MARKE isayas Avenue, Quezon Cit | | | | | | |
|---|---|---|--|--|--|--|---|--|--|
| Department/Office/Division/Section/Unit where delivery Is to be made: Materials Management Division | | | | Delivery period: 7 | Delivery period: 7 working days Performance Security Posted: Other Terms: Surety Bond No. | | | | |
| Location: Ground Floor, PCMC Bldg. Special Instructions | | | | s / Manager's Che | eck No | | | | |
| Item No. | QTY. | UNIT | | ARTICLES | | UNIT COST | TOTAL COST | | |
| | | years for Blood | | plies/consumables und Iter and free use of Thr | | | | | |
| 1 | 6,240 | pcs / | Blood Bags, Quintuple, Fresenieus Kabi Comp | 450ml, with filter for Leu oselect. Box of 20's | 1,571.00 | 9,803,040.00 | | | |
| | | No | Conforme to the a te: For the use of Patho (Multi Yea | ons per attached Memorar ttached Terms of Reference llogy Division-Bloodbank r Project: 3rd Year) east One (1) year expire | ce k (CY-2024) | (Ni hundred | 9,803,040.00 ne million eight f three thousand forty pesos only) | | |
| | | | | | 1900 | | | | |
| 1. One-to- Once the the Proc action a 2. Excess | enth (1/10) of o e cumulative am curing Entity ma and remedies av s in price, if proc | ount of liquidated da y rescind or terminat allable under the circ curred from third par | ne cost of unperformed portion mages reaches 10% of the amo e the contract, without prejudic | unt of the contract, e to other courses of of procurement; and | 1, Stagge 2, Delive Delivery 3, Delivery Delivery Cor 4,PCMC has in this PO fo where the ar | Confimation of is within 7 working da | ct upon receipt c Quantity/Date ys upon receipt of cancel any items mable ground ne Government | | |
| /mrpe | | | | | 7 . A A. | oralidono spedined | | | |
| | | - 02 - 03 - 08 | O' | | TOTAL | AMOUNT P | 9,803,040.00 | | |
| APPRO | M. VILLALOI Chief Acco | BLE: 7 9,802 BOS, CPA, MBA buntant LEZ, ND, MSCHS | | t of Canvass/Bids Sheet/Tender of Bid ed Certification of ve Distributor | s today Order, bound of the applica | the copy of and held t by the terms a contract an | hat I received this Purchase he Company and stipulation d other laws | | |
| Distrib | - | /hite (Original ellow (Duplica |) - Attachment to juste) - Procurement | payment | Pink | c - Supply a | nd 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-2024-103

January 22, 2024

MEDLINK MARKETING, INC.

Suite 301 77 Visayas Avenue, Quezon City

Tel: 8928-7690

Sir/Madam:

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

SONIA B. GONZALEZ, MD, MScHSM, MPM
Executive Director

CONFORME:

Received Original

Signature Over Printed Name Authorized Representative

Date: _____