

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 OF SUPPLIE			AT No.	76098	_
P. R. NO. PA MODE OF PR	THO-202	24-16 /		10/17/2023	/
CS No DATE OF P.O	JANU		_ AC No. 2024 🗸		_

TO: Sur Address	oplier/Dealer s:U	Contractor nit 401, 3rd F	DISTRIBUTION S Floor Alexcy One Building #	SOLUTION 51 President	S PH	ILS., ue, BF	INC. /	nase 1, Parana	que Cit	. y	
Is to be Location	ment/Office/I made: M on: G	Delivery period: 7 working days Performance Security Posted: ☐ Cash / Cashier's / Manager's Check No. PCMC O.R. No. ☐ Amount P211,200.00						7			
Item No.	QTY.	UNIT	A	RTICLES		22.2	25	UNIT COST	TO	TAL COST	
1 2 3 4 5	2 / 2 / 2 / 1 / 4 /	bx / bx / bx / bx / kit /	Direct LDL Test for Chemic Clinical Diagnostics] HBA1C Reagent 300T "Vitor Iron Test 90T "Vitros" [Or Total Iron Binding Capacit [Ortho Clinical Diagnostic Vancomycin Rgt Box / 300 [Ortho Clinical Diagnostic Vancomycin Vancomycin Rgt Box / 300 [Ortho Clinical Diagnostic Vancom	ros" [Ortho (tho Clinical E ty Test (TIBC) stics] / D Tests (300 T stics] /	Clincal E Diagnosi 300T " Tests/bo	Diagnotics] 'Vitro: OX) "V ***	s" fitros"	45,000.00 81,000.00 5,000.00 42,000.00 100,000.00 (Seven hundre thousand peso	vvvvv	90,000.00 162,000.00 10,000.00 42,000.00 704,000.00 704,000.00	
1. One-ter Once the the Procu action an 2. Excess	nth (1/10) of one cumulative amou ring Entity may r d remedies availa in price, if procur	int of liquidated d escind or terminal able under the circ red from third pa	he cost of unperformed portion for ex amages reaches 10% of the amount of te the contract, without prejudice to o	f the contract, ther courses of ocurement; and		1	1. Staggered Do 2. Delivery will Delivery Confir 3. Delivery is w Delivery Confir 4.PCMC has the in this PO for ju where the awar	structions & cond elivery/Payment take effect upon r nation of Quantity within 7 working day nation e right to reject or of istifiable and reaso d will not benefit the	receipt of /Date ys upon re cancel any mable gro	eceipt of ritems und iment	
/mrpe							J. Fermis und co	maidons specified	onnouce	or Avvai G.	
EA M. APPRO SONIA	S AVAILAE VILLALOBOS Chief Accor	S, CPA, MBA untant z, MD, MScHS	Attachments: P.R. No. F Abstract of Canvass SI Notarized Exclusive Justificatio Others BA	f Canvass/B heet/Tender Certification Distributor on	ds of Bids of 24-00-0	21 /	This is today of Order, bound of the applica	CERTIFICATION CERTIFICATION This is to certify that I received oday the copy of this Purchase order, and held the Company ound by the terms and stipulation of the contract and other laws opplicable. (Signature over printed name) Date:			
Distribu		nite (Origina llow (Duplic	l) - Attachment to pays ate) - Procurement	ment			Pink	- Supply	and Pr	operty	



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-2024-017

January 09, 2024

DISTRIBUTION SOLUTIONS PHILS., INC.

Unit 401, 3rd Floor Alexcy One Building No. 51 President's Avenue, BF Homes Phase I, Paranaque City Tel No.: 0922-291-5475

Sir/Madam:

This is to inform you that Purchase Order No. <u>76098</u> as a result of <u>Public Bidding</u> for the Procurement of <u>Various Laboratory Supplies</u> has been approved.

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: