



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 76108**
FOR SUPPLIES OR EQUIPMENT 76108
 P. R. NO. MMD-CMS-2024-017 dated: 10/16/2023
 MODE OF PROCUREMENT PB
 CS No. NOA-2024-002-009 AC No. R2024-00-011
 DATE OF P.O. January 9, 2024

TO: Supplier/Dealer Contractor LLAM TRADING
 Address: 59 Takipilim St. Teresa heights Subd. Brgy. Pasong Putik, Quezon City Tel No.: (02) 8569-0265/ 0917-713-1901

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
 Performance Security Posted: Surety Bond No. 6(13)154684
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 78,868.50

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	255	rl	Thermal Paper, Type II UPP 110-HD Sony Ultrasound Thermal Paper, Type II UPP 110HD, 10 rolls/box	859.00	219,045.00
2	10	rl	Thermal Paper, Type UUP 210-HD Sony Ultrasound Thermal Paper, Type UPP 210HD, 5 rolls/box	3,385.00	33,850.00
					<u>252,895.00</u>
					wwwwww

Nothing Follows
 Note: For the use MMD
All deliveries shall have at least One (1) year expiration period.
 Conformance to attached Terms of Reference

(Two hundred fifty two thousand eight hundred ninety five 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

TOTAL AMOUNT P 252,895.00

FUNDS AVAILABLE: ₱ 252,895.00

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

LEA M. TORRES, CPA, MBA
 Chief Accountant

APPROVED:
Sonia B. Gonzalez
 SONIA B. GONZALEZ, M.D., MSChSM, MPM
 Executive Director

NOA-2024-002-009 / NTP-PROC-2024-036 (Signature over printed name)

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.

 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-2024-030

January 9, 2023

LLAM TRADING

59 Takipsilim St. Teresa Heights Subd
Brgy. Pasong Putik, Quezon City
Tel No.: (02) 8569-0265/ 0917-713-1901

Sir/Madam:

This is to inform you that Purchase Order No. 76108 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: _____