

## Republic of the Philippines PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Ave. Quezon City

PURCHASE OF	RDER S OR EQUIPMENT	No	76111
	MMD-CMS-2024-01P OCUREMENT /	ted:	7611 10/16/202
CS No DATE OF P.O.	PB NOA-2024-002-011 A	C No	R2024-00-011

Distrib		nite (Origina llow (Duplic	al) - Attachment to pay cate) - Procurement	yment			Pink	- Supply a	nd Pro	perty	
h	Executive D	irector 🎾	(MA)		THE STATE OF THE S	1100-2		gnature over p		name)	
LEAM. VILLALOBOS, CPA, MBA Chief Accountant  APPROVED:  SONIA B. GONZALEZ, M.D., MScHSM, MPM.				<ul> <li>☑ P.R. No. MMD-CMS-2024-01/</li> <li>☑ Abstract of Canvass/Bids</li> <li>☑ Canvass Sheet/Tender of Bids</li> <li>☑ Notarized Certification of Exclusive Distributor</li> <li>☑ Justification</li> </ul>		ds	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.  ROC-2024-032 (Signature over printed name)				
			10 mg 1/1424			Γ	OTAL	AMOUNT P	1	144,500.00	
Eundin	og Code (C:	17-03-09	1/11/21	ratio					w Award	Nation of the same	
equal to	UDE TEMPLEMENT SITE OF THE PROPERTY OF THE	icelly 5.						and will not benefit the bove inditions spcified on Notice			
	o 5% of the undelivered i							stitlable and reasonable gro ard will not benefit the Gove			
	of bidding, forfeiture of p		,					right to reject or cancel a stifiable and reasonable gro			
	in price, if procurred from alternative mode of pro	,	f <sub>file</sub>				delivery confi		the control		
			•					in 7 working days upon rec	eipt of		
12.0	nd remedies available ur							of quantity/date			
4			aches 1U% of the amount of the contract, ract, without prejudice to other courses of					ake effect upon receipt of d	elivery		
One-tenth (I/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.							elivery / Payment				
	ise for Delayed or							truction & Conditions:			
		ا - منفسان									
		\ \	u 1s		1						
			1								
			Conforme to attach				ou.	only).	e nve nu	inureu pesos	
			Note: For the use of MMD  All deliveries shall have at lea	ast One (1) year	rovnin	ation nor	od	(One hu		orty four Indred pesos	
				ng Follows****				(0	ado a de		
					1				,	VVVVVVVV	
2	50 .	rl	Tubing, Rubber 3/16 x 3/32 ARARI, ARARI COMPANY	•				2,050	.00	102,500.00	
		- 11	ARARI, ARARI COMPANY	LTD.							
1	21	rl	Tubing, Rubber 1/4 x 1/16 5	50 <del>fl</del>				2 000	.00 ,	42,000.00	
Item No.	QTY.	UNIT	A A	ARTICLES				UNIT COST	TOT	AL COST	
	T							T			
	al Instructions	Supply & Prop	perty Section	Cash / C		's / Mana	iger's Che	Amount P 26	9.038	110	
Is to b	e made:			Performance				Surety Bond	No0	202652031	
Depar	tment/Office/I	Division/Sect	ion/Unit where delivery	Delivery pe	eriod: 7	7 working	days	Other Terms: 1	ETTER	OF CREDIT-	
Addres	Address: Pioneer St. cor. Shaw Blvd., Pasig City					Tel: 631-1715 to 17 Fax: 631-7896					
	ipplier/Dealer	Contractor _	MEDICAL CENTER TRAD	ING CORP							
								January	9, 2024		
		rax 110 03005	9997 • e-mail: pcmcproc@gmail	L.com	ATE (	OF P.O.	NOA-2024	F002-011	R2	024-00-011	
			588-9900 loc. 224, 226, 361, 35		S No.		PB	AC No.		7	



## 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-2024-032

January 9, 2024

MEDICAL CENTER TRADING CORPORATION

Kapitolyo, Pasig City Tel: 02-8631-1715 to 17	
Sir/Madam:	
This is to inform you that Purchase Order No. 76111/76112 as a result of Public Bidding for the Procurement of Various Common Medical Supplies CY 2024	5
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: \_\_\_