

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 FOR SUPPLIES OR EQUIPMENT	No	76114
P. R. NO. MMD-CMS-2024-01 MODE OF PROCUREMENT /	ted:	761 10/16/202
CS No. NOA-2024-002-013 A	C No	R2024-00-011

	pplier/Dealer	Contractor _	MEDIWIDE PHILIPPINES,	INC	140	Tel: 917-	-8144 Fax: 242-0001	
Address	s:	Level 10-1, Fo	ort Legend Tower, 3rd Avenue Co		cio Global City	101. 517	01441 00. 242-0001	
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:  Cash / Cashier's / Manager's O PCMC O.R. No.		Other Terms:  Surety Bond No. 5(13) 6 3005  Check No.  Amount P 2 64, 162, 60		
Item No.	QTY.	UNIT		RTICLES		UNIT COST	TOTAL COST	
Tichi Ivo.	Q11.	CIVII	1	KITCLES		CIVII COST	TOTAL COST	
1	290 .	pc .	Catheter, Umbilical fr. 3.5 VYGON				00 102,080.00	
2	20 .	pc	Catheter, Umbilical fr. 4.0 do VYGON	ouble lumen 、		5,000		
3	200 、	pc ·	Catheter, Umbilical fr. 5.0 VYGON			352	00 70,400.00	
2 Kan 4	2000	pc	Connector, Needle-Less Bio VYGON	nector			00 150,000.00	
5	160	рс				441	00 70,560.00 493,040.00	
1. One-tenth Once the the Properties action ar 2. Excess in through 3. In case of	e cumulative amount of l	Unsatisfactory D %) of the cost of unpriquidated damages re or terminate the control of the circumstance on third parties, curement and	rformed portion for everyday of delay. aches 10% of the amount of the contract ract, without prejudice to other courses of		Additional Ins 1. Staggered Del 2. Delivery will to confirmation 3. Delivery is w/delivery confil 4. PCMC has the this P0 for ju	thousand truction & Conditions: ivery / Payment ake effect upon receipt of do of quantity/date	ipt of y item in unds roment	
Funding Code _ 4-02-03-040 mg 1/16/24					TOTAL	AMOUNT P		
LEAM.	S AVAILAB WILLALOBOS, O Chief Accou	LE: \$\frac{497}{2\frac{1}{4}}\$CPA, MBA intant	Attachments:  P.R. No.  Abstract of  Canvass Sh  Notarized C  Exclusive I  Justification  Others	n	today	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.  24-034 (Signature over printed name)  Date:		
Distrib		ite (Origina low (Duplic	al) - Attachment to pays	ment	Pink	- Supply ar	nd Property	



## Republic of the Philippines DEPARTMENT OF HEALTH PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100
website: <a href="mailto:www.pcmc.gov.ph">www.pcmc.gov.ph</a> email: <a href="mailto:officeofthedirector@pcmc.gov.ph">officeofthedirector@pcmc.gov.ph</a>
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

## NOTICE TO PROCEED NTP-PROC-2024-034

January 9, 2024

MEDIWIDE PHILIPPINES, INC. <

3rd Avenue corner 31st St., Taguig City, Metro Manila, NCR, Philippines Tel No.: (02) 917-8144

Sir/Madam:			
This is to inform you that Purchase Order No.		as a result of	Public Bidding
for the Procurement of has been approved.	lous Common M	edical Supplies CY 202	4
You may now proceed with the delivery of the in Seven (7) working days for staggered delivery.			e Order within
SONIA B. GONZALEZ, M.D., MScHSM, MPM Executive Director			
CONFORME: Received Original			
Signature Over Printed Name Authorized Representative Date:			