



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 76124**
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. _____ Dated: 10/13/2023
 MODE OF PROCUREMENT: SR-2024-02
 CS No. PB AC No. R2024-019
 DATE OF P.O. NOA-2024-008-001
January 10, 2024

TO: Supplier/Dealer Contractor AMI EQUIPMENT SERVICES & SOLUTIONS, INC. Tel: 706-7300/Fax: 219-7707
 Address: U-1012 Medical Plaza Bldg. No. 25 San Miguel Ave., Ortigas Center, Brgy. San Antonio, Pasig City

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 Other Terms: _____
 Performance Security Posted: Surety Bond No. _____
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	250	pc	Bowie-Dick Test Pack TERRAGENE	349.00	87,250.00
2	150	vl	Indicator, Biological, EO Gas Sterilization TERRAGENE	159.00	23,850.00
3	300	vl	Indicator, Biological, Steam Sterilization TERRAGENE	99.00	29,700.00
4	300	pc	Indicator, Chemical, steam (Class 5)	7.00	2,100.00
					<u>142,900.00</u>

Nothing Follows
 Note: For the use of SR
All deliveries shall have at least One (1) year expiration period.

(One hundred forty two thousand nine hundred 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 02-03-080 *mg 2/12/24*

FUNDS AVAILABLE: ₱ 142,900.00

[Signature]
 LEA M. VICILLOS, CPA, MBA
 Chief Accountant

APPROVED:

[Signature]
 SONIA B. GONZALEZ, M.D., MSChSM, MPM
 Executive Director

- Attachments:
- P.R. No. _____
 - Abstract of Canvass/Bids SR-2024-02
 - Canvass Sheet/Tender of Bids
 - Notarized Certification of Exclusive Distributor
 - Justification
 - Others _____

TOTAL AMOUNT P 142,900.00

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.

 (Signature over printed name)
 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-2024-042

January 10, 2024

A.M.I. EQUIPMENT SERVICES AND SOLUTIONS INC.

U-1012 Medical Plaza Bldg.

#25 San Miguel Avenue, Ortigas Center

Brgy. San Antonio, Pasig City

Tel Nos: 219-7707, 7737 / Fax No.: 706-7300

Sir/Madam:

This is to inform you that Purchase Order No. 76124 as a result of Public Bidding
for the Procurement of Various Direct Medical Supplies CY 2024
has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within
7 (Seven) 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: _____