

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: pemcproc@gmail.com

PURCHASE OF	RDER	No	76142
FOR SUPPLIES P. R. NO. PHAR		NT Dated:	7614 10/09/2023
MODE OF PROPUB			
CS No.	JANUARY 10	AC No.	

	16			DATE OF P	O.O.	11 10, 2024	
TO: Su	pplier/Dealer	Contractor	EURO-MED LABO	RATORIES PHIL	INC.		
Address			celino St., United Nations A				
			4-0091 to 98 / 0929-301-88				
			tion/Unit where delivery	Delivery period: 7 wo		Other Terms:	(/a) -,-,-
		Supply & Prop					No. C(3) 154752
	on:	Ground Floor	, PCMC Bldg.	Cash / Cashier's / N PCMC O.R. No.	Manager's Che	Amount P \$13	720 81
Specia	l Instructions			_ FCMC O.K. No		Amount 1 _813	,120.00
Item No.	QTY.	UNIT	-5	ARTICLES		UNIT COST	TOTAL COST
1	3,960	bt	00.9% NaCl 1L (IV inf) 0. [Euro-Med Laboratori		00ml,	32.50	128,700.00
2	1,100	bt				111,496.00	
3	7,000	vl	50% D in W (D50-50) vl			31.50	220,500.00
4	2,500	amp	Lidocaine HCl amp 2% 5 Lidocaine Hydrochlorid	for IV Injection, 50ml [Euro-Med Laboratories Phil., Inc.] Lidocaine HCl amp 2% 5mL "EUROCAINE" Lidocaine Hydrochloride 2% Solution for Injection, 5ml [Euro-Med Laboratories Phil., Inc.]			20,000.00
5	800	amp				17,000.00	
6	2,000	vl				109,000.00	
7	3,000	vl	Potassium Chloride soln vl 2mEq/mL, 20mL (IV inf) 22.00 Potassium Chloride 2mEq/ml Solution for IV Injection, 20ml [Euro-Med Laboratories Phil., Inc.]			66,000.00	
8	16,000	neb				4.50	72,000.00
9	2,500	vI	Sodium Chloride vl 2.5r	mEq/mL, 20mL nEq/ml Parenteral Solution		20.50	51,250.00
10	2,600	bt	[Euro-Med Laboratorie	ter for Injection, 1000ml		22.95	59,670.00 855,616.00 vvvvvvvvv
			. 38				
Fundin	g Code		(b) (1	0	TOTAL	AMOUNT P	
Chief Accountant ☐ Canvass ☐ Notarized		of Canvass/Bids Sheet/Tender of Bids I Certification of	today Order, bound	CERTIFICATION This is to certify that I received day the copy of this Purchase Order, and held the Company ound by the terms and stipulation f the contract and other laws			
APPRO	OVED:		☐ Justificati	e Distributor ion	applica		7
	Executive I	Director			Date		maile)

Chief Accountant PPROVED: Executive Director	 □ P.R. No. □ Abstract of Canvass/Bids □ Canvass Sheet/Tender of Bids □ Notarized Certification of Exclusive Distributor □ Justification □ Others 	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:
vistribution: White (Original) - Att Yellow (Duplicate) - Pro	tachment to payment ocurement	Pink - Supply and Property



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PURCHASE OF	EDER		76142
FOR SUPPLIES P. R. NO. PHAR-			10/09/2023
MODE OF PRO	The second secon	Buted.	
CS No.		AC No	
DATE OF P.O.	JANUARY 1	0, 2024	

TO: Sup Address	The state of the s		EURO-MED LABOR selino St., United Nations Av		HIL., INC.		
Is to be Locatio	ment/Office/ made:s	Division/Sect upply & Prop		Delivery perio Performance S	d: 7 working days ecurity Posted: tier's / Manager's Cl o.	Other Terms: Surety Bond neck No. Amount P 81	No. 6(13) 154 75. 3,720.86
Item No.	QTY.	UNIT	A	RTICLES		UNIT COST	TOTAL COST
		3 13-12	DALANCE CODWADDED	i i		× 1	955 616 00
11	6,350 1,100	vI bt	Water for Injection bt 50mL Sterile Water for Injection, 50ml [Euro-Med Laboratories Phil., Inc.] Water for Injection glass bt 500mL Sterile Water for			20.00 133.10	855,616.00 127,000.00 146,410.00
			Injection, 500ml (Glass) [Euro-Med Laboratories	[Euro-Med Lab		(One Million On	\ 1,129,026.00 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			Page 2 ***Nothing	Follows		Twenty Nine Th Twenty Six Peso	ousand
			Conforme to the attach For the use of Pharma To be source	cy Division (CY-	2024)		
-		All de	liveries shall have at least	One (1) year ex	piration period.		
the Procuri action and 2. Excess in 3. In case o	ng Entity may remedies avai price, if procu f bidding, forfe	rescind or termin lable under the rred from third	d damages reaches 10% of the amo nate the contract, without prejudic circumstances. parties, through alternative mode nance security equal to 5% of the u	e to other courses of procurement; and	f Delivery C 3. Delivery i Delivery Con 4.PCMC has in this PO fo where the av	y will take effect confimation of Qu s within 7 working da firmation the right to reject or or justifiable and reas ward will not benefit conditions specified	antity/Date ys upon receipt of cancel any items onable ground the Government
/LA	AA					* A	
Funding	Code \	-02-03-0	no med 1/18/24		TOTAL	AMOUNT P	1,129,026.00
LEA M APPRO	AVAILLA I LA LA L	BLE: #1, 124 IN DS, CPA, MBA	Attachments: P.R. No. P Abstract of Canvass SI Notarized Exclusive Justificatio Others N	HAR-2024-001-0 f Canvass/Bids heet/Tender of I Certification of Distributor on AC RESO # R2024 OA-2024-001-00	Bids This today Order bound of the applic (S	CERTIFICAT is to certify the the copy of to ; and held the by the terms a e contract and	TION nat I received this Purchase he Company nd stipulation d other laws
Distribu		hite (Origina llow (Duplic	al) - Attachment to pay	ment	Pin	k - Supply ar	nd 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-2024-048

January 10, 2024

EURO-MED LABORATORIES PHIL., INC.

Cor. San Marcelino St., United Nations Avenue, Manila

Tel. No.: 8524-0091 to 98 / 0929-301-8848

Sir/Madam:
This is to inform you that Purchase Order No
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.
Ms Sn Jmsn SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director
CONFORME: Received Original
Signature Over Printed Name
Authorized Representative
Date: