

Yellow (Duplicate) - Procurement

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

No 76145 **PURCHASE ORDER** FOR SUPPLIES OR EQUIPMENT P. R. NO. PHAR-2024-001-GF

Dated: 10/09/2023

76145

MODE OF PROCUREMENT **PUBLIC BIDDING**

AC No. CS No. DATE OF P.O. JANUARY 10, 2024

Address	•		ongos Calumpit, Bulacan	CEUTICAL TRA	DING			
			3645930 / 044-812-8355	1				
		Division/Sect	ion/Unit where delivery		Delivery period: 7 working days Other Terms: BANK GUANANTEE - BAS Other Terms: BANK GUANANTEE - BAS W			
		upply & Prop	erty Section	renormance security rosted.				
Location: Ground Floor, PCMC Bldg.				Cash / Cashier's / Manager's Check No.				
Special	Instructions			PCMC O.R. No		Amount P 48,7	m.m	
em No.	QTY.	UNIT	A	RTICLES		UNIT COST	TOTAL COST	
1	1,500	vI	Cefazolin Sod vl 1g (IM,IV Individually boxed boros		h rubber	25.00	37,500.00	
2	4,500	vl	stopper and blue flip off seal (Box of 10's) [CSPC Zhongnuo Pharmaceutical (Shijiazhuang) co., Ltd.] Cefepime HCl vl 1g (IM,IV) "Cefegen" USP Type II Clear Glass Vial (Box of 1's) & 2 Ampoules of 5ml Sterile Water for Injection as diluent			145.00	652,500.00	
3	6,000	tab	[Neutro Pharma (Pvt.) Ltd.] Ciprofloxacin HCl tab 500mg blister/foil pack "Cyfrox" PVC/ Blister Pack x 10's [CSPC Ouyi Pharmaceutical Co. Ltd.]			7.00	42,000.00	
4	6,000	cap/tab	Folic Acid 5mg blister/foi Alu/clear PVC Blister pa	l pack "Folisaph" ck x 10's (Box of 100		3.00	18,000.00	
5	8,000	amp	[Sapphire Lifescience Pv Paracetamol 150mg/mL, "Amcetam" Type II Amb	2mL Soln for injection 2mL Soln for injection of the second of the secon	on (IM/IV) ImL (Box of 10's)	8.00	64,000.00 ' 814,000.00	
		All de	[CSPC Ouyi Pharmaceut ***Nothing Conforme to the attach For the use of Pharma To be source eliveries shall have at least	Follows*** ned Terms of Referency Division (CY-202) of from COB	4)	(Eight Hundred Thousand Pesos		
enalty (lause for Dela		sfactory Deliveries:	One (1) year expira		nstructions & con	ditions:	
			the cost of unperformed portion	for everyday of delay.	1. Staggere	d Delivery/Payr	nent	
			d damages reaches 10% of the amo	to the state of th	A CONTRACTOR OF THE PARTY OF TH	will take effect	The state of the s	
			nate the contract, without prejudic			nfimation of Qu		
		lable under the				within 7 working da	ys upon receipt of	
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	parties, through alternative mode		Delivery Confi	and the second second		
in case o	of bidding, forte	eture of perform	ance security equal to 5% of the u	ndelivered item/s.	in this PO for where the aw	he right to reject or justifiable and rease ard will not benefit	onable ground the Government	
		X			5. Terms and	onditions specified	on Notice of Award.	
/4	MA		Puplant					
unding	g Code <u></u> ✓	02-03 -0	70 mgs 1/18/24		TOTAL	AMOUNT P	1 814,000.00	
LEA M	s availai Klaun	BLETE 814 1/8 DS, CPA, MBA	Attachments: P.R. No. P Abstract o Canvass S Notarized Exclusive	HAR-2024-001-GF f Canvass/Bids heet/Tender of Bid Certification of Distributor	today Order, bound of the	the copy of and held t by the terms a contract an	TION hat I received this Purchase he Company and stipulation d other laws	
N	R GONTAL	MM Z, MD, MSch	☐ Justification ★☐ Others B	on AC RESO # R2024-00 IOA-2024-001-007	-	The and		
		Director A		TP-PROC-2024-050	(Signature over printed name)			
Distrib		hite (Original)	al) - Attachment to pay cate) - Procurement	rment	Pinl	c - Supply a	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-2024-050

January 10, 2024

GENZEN PHARMACEUTICAL TRADING

890 Purok 4,

Longos Calumpit, Bulacan

Tel. No.: 09503645930 / 044-812-8355

	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.							
fn	SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director							
	CONFORME: Received Original							
	Signature Over Printed Name							
	Authorized Representative							
	Date:							