

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 C		No	76151			
P. R. NO. PHAI	S OR EQUIPME <b>R-2023-00<b>2</b>-<b>RF</b></b>		7615 02/2 <b>7/2023</b>			
MODE OF PR	OCUREMENT BLIC BIDDING					
CS No.		AC No				
DATE OF P.O.	SEPTEMBER	08, 2023	08, 2023			

TO: Su	pplier/Dealer	Contractor_	INTERMED PHARM	MA and MEDICAL	SUPPLIES	S, INC.	
Addres	the second secon		, Escano Road, Mabolo, Cel 77237510 / 09324162595	bu City		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Is to be Locati	tment/Office/se made:	Division/Sect Supply & Prop Ground Floor.	ion/Unit where delivery erty Section	Delivery period: 7 we Performance Security Cash / Cashier's / PCMC O.R. No.	Posted:		No. G(B) 17754
Specia	i instructions	Taring and the same of the sam		Teme out ito			, 144-14
Item No.	QTY.	UNIT	F	ARTICLES		UNIT COST	TOTAL COST
1	9,450	bt/ bag	05% D in 0.45% NaCl 1L (IV inf) "ANB"  1000mL Polypropylene (PP) plastic bottle for IV infusion, box of 10s [ANB Laboratories Co., Ltd.]  05% D in 0.45% NaCl 500 mL (IV inf) "ANB"  500mL Polypropylene (PP) plastic bottle for IV infusion, box of 20s [ANB Laboratories Co., Ltd.]			187.50 165.18	1,771,875.00 1,030,723.20
2	6,240	bt/ bag					
3	750	bt/bag	Acetated Ringer's Solution 1000mL Polypropylene		V infusion	187.50	140,625.00
		344	box of 10s [ANB Labor		· myasicii		vvvvvvvvv
			Conforme to the attac	g Follows*** hed Terms of Reference acy Division (CY-2024)	(Two Million Nine Hundred Forty Three Thousand Two Hundred Twenty Three Pesos & 20/100 Only)		
		ter day		ed from COB			
		All d	eliveries shall have at least	One (1) year expiration	on perioa.		
		4	VAT E	XEMPT		4 3200	
Penalty	Clause for Del	aved or Unsat	Isfactory Deliveries:		Additional	instructions & con	ditions:
1. One-tenth (1/10) of one percent (1%) of the cost of unperformed portion.  Once the cumulative amount of liquidated damages reaches 10% of the and the Procuring Entity may rescind or terminate the contract, without prejud action and remedies available under the circumstances.  2. Excess in price, if procurred from third parties, through alternative mod 3. In case of bidding, forfeiture of performance security equal to 5% of the			nount of the contract, ice to other courses of e of procurement; and	2. Delivery Co. 3. Delivery Co. 4. PCMC has in this PO for where the a	1. Staggered Delivery/Payment 2. Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date 3. Delivery is within 7 working days upon receipt of Delivery Confirmation 4. PCMC has the right to reject or cancel any items in this PO for justifiable and reasonable ground where the award will not benefit the Government 5. Terms and conditions specified on Notice of Award.		
1	LMA				3. Territa dile	conditions specific	The same of the same
Funding Code 5-02-03-070 mg 1/8/24			TOTAL	AMOUNT P	2,943,223.20		
APPRO	M. VILLALOB Chief Acco OVED: St. King A B. GONZAL		P.R. No. □ Abstract of □ Canvass S □ Notarized Exclusive □ Justification Others □ HSM, MPM	PHAR-2024-002-GF of Canvass/Bids Sheet/Tender of Bids Certification of Distributor	today Order bound of the applica	ignature over pr	nat I received this Purchase he Company nd stipulation d other laws
Distrib		hite (Origina ellow (Duplic	al) - Attachment to pay cate) - Procurement	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-2024-054

January 10, 2024

## INTERMED PHARMA and MEDICAL SUPPLIES, INC.

Stratum Bldg Escano Road

Mabolo, Cebu City Tel. No.: 09177237510 / 09324162595
Sir/Madam:
This is to inform you that Purchase Order No76151_ as a result ofPublic Bidding for the Procurement ofVarious Pharmaceutical Supplies for CY 2024 has been approved.
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.
SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director
CONFORME: Received Original
Signature Over Printed Name
Authorized Representative
Date: