

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

PURCH	ASE ORDER	No	76161
FOR SU	PPLIES OR EQUIPME	ENT	7616
P. R. NO	PHAR-2024-001-GF	Dated:	10/09/2023
MODE	OF PROCUREMENT PUBLIC BIDDING		
CS No.	17. 17. 18. 18.	AC No.	

JANUARY 10, 2024

	1000			DATE O	F P.O. JANUA	ARY 10, 2024			
TO: Sup Address	s:	RBC Corporat	RBC-MDC CORPO	RATION (RBCJ evard, Alabang Hills	PHARMACY Village, Cupang	() , Muntinlupa City			
Tel. No.: 09178345276 / 8772-1465 Department/Office/Division/Section/Unit where delivery Is to be made:Supply & Property Section Location:Ground Floor, PCMC Bldg. Special Instructions				Delivery period: 7 working days Performance Security Posted: Cash / Cashier's / Manager's Check No. PCMC O.R. No. Amount P 752, 439.00					
Item No.	QTY.	UNIT	A	RTICLES		UNIT COST	TOTAL COST		
1 2	6,000 7,500	tab tab	Digoxin tab 250mcg "Digox" [Hizon Laboratories, Inc.] Topiramate tab 25mg blister/foil pack "Epitop" Film-Coated Tablet [Micro Labs Limited] Topiramate tab 50mg blister/foil pack "Topirol 50" Film-Coated Tablet [Sun Pharmaceutical Industries Ltd.			3.50 8.92	21,000.00		
3	25,000	tab				8.75	218,750.00		
4	3,500	cap	Ursodeoxycholic Acid cap 250mg blister/foil pack "Ursodox" [Micro Labs Limited]			26.99	94,465.00		
5	15,000	tab	Valproic Acid + Sodium Valproate 500mg controlled release tablet "Encorate Chrono 500" 333 mg/145 mg Controlled Release Tablet			8.00	120,000.00 (521,115.00 vvvvvvvv		
		Patien .		[Sun Pharmaceutical Industries]			(Five Hundred Twenty One Thousand One Hundred Fifteen Pesos Only)		
			***Nothing Conforme to the attack For the use of Pharm To be source						
		All d	eliveries shall have at least	One (1) year expira	tion period.				
1. One-te Once the the Procu action ar 2. Excess	nth (1/10) of or cumulative am tring Entity may nd remedies ava in price, if proc	e percent (1%) of ount of liquidate rescind or term allable under the urred from third	sfactory Deliveries: If the cost of unperformed portion If the cost of unperformed portion If damages reaches 10% of the am Inate the contract, without prejudicircumstances. If parties, through alternative mode Inance security equal to 5% of the	ount of the contract, ce to other courses of e of procurement; and	1. Stagge 2. Delivery Delivery 3. Delivery Delivery Co 4. PCMC ha in this PO f where the a	I instructions & cor red Delivery/Pay ry will take effect Confimation of Qualis within 7 working dan infirmation is the right to reject or for justifiable and reason award will not benefit and conditions specified	ment upon receipt of uantity/Date ays upon receipt of r cancel any items sonable ground the Government		
Funding	g Code V	- 02-03-0	20 mg 1/18/24	e to see a final	ТОТАІ	AMOUNT P	, 521,115.00		
APPRO	S AVAILA IN UN LIV V. VILLALOB Chief Acco OVED: Ma. Sa. S A B. GONZAI	BLE: ** (ZI) 1 IIV SOS, CPA, MB	Attachments: P.R. No. Abstract of Canvass S Notarized Exclusive Justification Others HSM, MPM	PHAR-2024-001-GF f Canvass/Bids heet/Tender of Bid Certification of Distributor	This today Order bound of the application of the ap	certification to certify the copy of r, and held to the terms are contract and cable.	TION hat I received this Purchase he Company and stipulation d other laws		

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-2024-061

January 10, 2024

RBC-MDC CORPORATION (RBCJ PHARMACY)

RBC Corporation Center, Don Jesus Boulevard, Alabang Hills Village, Cupang, Muntinlupa City

Tel. No.: 09178345276 / 8772-1465

	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.
2	SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director
	CONFORME: Received Original



Date: _____

Signature Over Printed Name Authorized Representative