

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	76174
FOR SUPPLIES OR EQU	JIPMENT	7617
P. R. NO. PHAR-2024-00	2-GF Dated:	10/09/2023
MODE OF PROCUREM PUBLIC BIDD		
CS No	AC No.	

JANUARY 10, 2024

DATE OF P.O.

			ZUELLIG PHARMA				C
Addres			ervice Road SSH Corner Edi		alley, Parañ	aque City	
Danasi	turant/Office/	Tel. No. (02) 9	08-2222; Fax No. (02) 325- on/Unit where delivery	0641 Delivery period: 7 work	ing days	Other Terms: 1f	THER OF CHEVIT-
		Supply & Prope		Performance Security P		The state of the second	No. 020265203140
Locati				Cash / Cashier's / M			43,6-7
Special Instructions Ground Floor, PCMC Bldg.			PCMC O.R. No		Amount P 169	. 398.83.	
Item No.	QTY.	UNIT	A	RTICLES		UNIT COST	TOTAL COST
1	500	tab	Atorvastatin 40mg tab bl			8.50	4,250.00
2	800	tab	Azathioprine tab 50mg ". [Aspen SA Operations (<mark>Imuran"</mark> 50mg tablet 10	0's	32.59	26,072.00
3	1750	vI					346,500.00
4	500	vl	Insulin Isophane Human	(recomb DNA) vl 100IU/ in -N" 100 IU / ml suspei		198.00	99,000.00
5	500	vI	Insulin Regular Human (r	ecomb DNA) vl 100IU/m sulin - R" 100 IU/ ml sus		198.00	99,000.00
6	800	bt	Oxcarbazepine 60mg/mL		ileptal"	611.03	488,824.00
		, 4		100ml 1's [Delpharm Hun		,	1,063,646.00
			Nothing	Follows	(One	Million Sixty Ti	
			Conforme to the attach	ned Terms of Reference	Six F	lundred Forty Si	x Pesos Only)
				acy Division (CY-2024)			
			To be source				
		All de	eliveries shall have at least VAT-E)		period.		
			sfactory Deliveries:		Additional i	nstructions & con	ditions:
			the cost of unperformed portion			d Delivery/Pay	
			d damages reaches 10% of the amo			will take effect infimation of Qu	upon receipt of
		rescind or terminal	nate the contract, without prejudi	ce to other courses of		within 7 working da	
			parties, through alternative mode	of procurement; and	Delivery Confi	_	ys apon receipt of
			ance security equal to 5% of the u			he right to reject or	cancel any items
					in this PO for	justifiable and reas	onable ground
		-x -7				ard will not benefit	
		3	· · · · · · · · · · · · · · · · · · ·	1 0 11 11 11	5. Terms and	conditions specified	on Notice of Award.
Fundin	ig Code	-02-03-5	med 1/19/24		TOTAL	AMOUNT P	1,063,646.00
FUNE	SAVAILA	BLE: # 1,06	3, 644.00 Attachments:	PHAR-2024-002-GF	This i	CERTIFICATION TO CERTIFY TO CERTIFICATION	ΓΙΟΝ hat I received
LEA N	M. VILLALOB	OS, CPA, MBA		of Canvass/Bids			this Purchase
	Chief Acco	ountant		heet/Tender of Bids			he Company
				Certification of		•	nd stipulation
APPRO	OVED:			Distributor			d other laws
	m. 5 0		☐ Justification	on AC RESO # R2024-00-023,	applica	ible.	
D Unicis		VOA-2024-012-004	(Signature over printed name)				
		TP-PROC-2024-069					
		JA	Miles		Date	:	
Dietrih	oution : W	hite (Origina	al) - Attachment to pay	yment			
שואמוט		` -	cate) - Procurement		Pinl	k - 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-2024-069

January 10, 2024

ZUELLIG PHARMA CORP. JVA INTERPHIL LABORATORIES INC.

KM 14 West Service Road SSH Corner Edison Avenue, Brgy. Sun Valley, Parañaque City Tel. No. (02) 908-2222 Fax No. (02) 325-0641

	Sir/Madam:
	This is to inform you that Purchase Order No76173/76174 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.
h	SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director
	CONFORME: Received Original



Signature Over Printed Name Authorized Representative Date: _____