



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
 FOR SUPPLIES OR EQUIPMENT

Nº 76185

76185

P. R. NO. SURGERY-2024-01 Dated: 10/24/2023

MODE OF PROCUREMENT

NP - 2 Failed Biddings

CS No. NOA-2024-018-003 AC No. R2024-00-029

DATE OF P.O. January 12, 2024

TO: Supplier/Dealer Contractor GLOBO ASIATICO ENTERPRISES INC.
 Address: JDK Bldg. 127 Maginhawa St., Teacher's Village, Quezon City Tel: 982-7000 Fax: 436-5833

Department/Office/Division/Section/Unit where delivery Is to be made: _____
 Location: Supply & Property Section
 Special Instructions Ground Floor, PCMC Bldg.
 Delivery period: 7 working days Other Terms: BANK GUARANTEE - RCB
 Performance Security Posted: Surety Bond No. IBC 049924
 Cash / Cashier's / Manager's Check No. 000025
 PCMC O.R. No. _____ Amount P 19,242.50

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	13	pc	Shunt, Medium Pressure 12mm \	16,990.00	220,870.00
			SHUNT KIT-BURR HOLE, MEDTRONIC		-
2	2	pc	Shunt, Medium Pressure 16mm \	16,990.00	33,980.00
			SHUNT KIT-BURR HOLE, MEDTRONIC		-
3	5	pc	Shunt, Ultra Small Medium Pressure \	26000.00	130,000.00
			MEDTRONIC		1 384,850.00
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Nothing Follows
 Note: For the use of Ped. Surgery
All deliveries shall have at least One (1) year expiration period.

(Three hundred eighty four thousand eight hundred fifty pesos only).

Penalty Clause for Delayed or Unsatisfactory Deliveries:

- One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for everyday of delay. Once the cumulative amount of liquidated damages reaches 10% of the amount of the contract the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.
- Excess in price, if procured from third parties, through alternative mode of procurement; and
- In case of bidding, forfeiture of performance bond equal to 5% of the undelivered item/s.

Additional Instruction & Conditions:

- Staggered Delivery / Payment
- Delivery will take effect upon receipt of delivery confirmation of quantity/date
- Delivery is w/in 7 working days upon receipt of delivery confirmation
- PCMC has the right to reject or cancel any item in this PO for justifiable and reasonable grounds where the award will not benefit the Government
- Terms and conditions specified on Notice of Award

Funding Code U-02-03-080 *mgf 1/22/24*

TOTAL AMOUNT P 384,850.00

FUNDS AVAILABLE: ₱ 384,850.00

LEA M. VILLALOBOS, CPA, MBA

Chief Accountant

APPROVED:

SONIA B. GONZALEZ, M.D., MSChSM, MPM

Executive Director

Attachments:

- P.R. No. SURGERY-2024-01
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others NOA-2024-018-003 / NTP-PROC-2024-082

CERTIFICATION

This is to certify that I received 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: _____

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-2024-082



January 12, 2024

GLOBO ASIATICO ENTERPRISES INC.
JDK Bldg. 127 Maginhawa St.,
Teacher's Village,
Quezon City
Tel: 982-7000 / Fax: 436-5833

Sir/Madam:

This is to inform you that Purchase Order No. 76185 as a result of NP - 2 Failed Biddings
for the Procurement of Various Direct Medical Supplies CY 2024
has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within
Seven (7) working days from receipt of this notice and/or Delivery Order Slip for
Staggered Delivery.


SONIA B. GONZALEZ, M.D., MScHSM, MPM
Executive Director


CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____