



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 76194

P. R. NO. Cardio 2024-01 Dated: 10/31/2023
 MODE OF PROCUREMENT PB
 CS No. NOA-2024-008-017 AC No. R2024-019
 DATE OF P.O. January 10, 2024

TO: Supplier/Dealer Contractor ZAFIRE DISTRIBUTORS, INC. Tel: 8925-0500/3411-0500
 Address: No. 49 Examiner St. West Triangle, Quezon City Fax: 8928-4293/3411-8643

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 - CHINA BANK
 Performance Security Posted: Surety Bond No. CA L / C L C - 24 - 026
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 13,529.26

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	13	pc	Diagnostic Catheter, Pigtail 4F Straight, 110cm 6SH (RH*4SP0061M / RH+4SP0061M) Radifocus Optitorque Straight Pigtail 4Fr with 6 Side Holes, 110cm, TERUMO Terumo Vietnam Co. Ltd	1,088.00	14,144.00
2	5	pc	Diagnostic Catheter, Pigtail 6F Straight, 110cm 6SH (RH*6SP0061M / RH+6SP0061M) Radifocus Optitorque Straight Pigtail 6Fr with 6 Side Holes, 110cm, TERUMO Terumo Vietnam Co. Ltd	1,088.00	5,440.00
3	5	pk	Oxygenator with Tubing Set for Pedia 14 kgs and below (oxygenation system and CPB tubing set) (1CXFX05RW) CAPIOX FX05 Oxygenator Infant with hard-shell Reservoir and Integrated Arterial Filter, 14kg and below, (8CXC3543000B) Custom Tubings Sets Infant, TERUMO Terumo Vietnam Co. Ltd	35,000.00	175,000.00
4	2	set	Oxygenator with Tubing Set for Pedia 50 kgs and above (oxygenation system and CPG tubing set) (1CXFX25RW) CAPIOX FX25 Oxygenator Pediatric with hardshell Reservoir and Integrated Arterial Filter, 25-50kg, (8CXC3543700C) Custom Tubings Sets Adult, TERUMO Terumo Vietnam Co. Ltd	38,000.00	76,000.00
Nothing Follows					
For the use of Cardiology					
All deliveries shall have at least One (1) year expiration period.					
					270,584.00 wwwwww
					(Two hundred seventy thousand five hundred eighty four pesos only).

Funding Code _____

FUNDS AVAILABLE: _____

LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant

APPROVED: _____

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

Attachments:
 P.R. No. _____
 Abstract of Canvass/Bids CARDIO 2024-01
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others _____

NOA-2024-008-017 / NTP-PROC-2024-091

TOTAL AMOUNT P 270,584.00

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



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PURCHASE ORDER
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. Cardio 2024-01 Dated: 10/31/2023
 MODE OF PROCUREMENT PB
 CS No. NOA-2024-008-017 AC No. R2024-019
 DATE OF P.O. January 10, 2024

TO: Supplier/Dealer Contractor ZAFIRE DISTRIBUTORS, INC. Tel: 8925-0500/3411-0500
 Address: No. 49 Examiner St. West Triangle, Quezon City Fax: 8928-4293/3411-8643

Department/Office/Division/Section/Unit where delivery
 Is to be made: Supply & Property Section Delivery period: 7 working days Other Terms: BANK GUARANTEE - CHINA BANK
 Location: Ground Floor, PCMC Bldg. Performance Security Posted: Surety Bond No. CAL / CLC - 24-026
 Special Instructions _____ Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 13,529.20

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			Balance Forwarded		270,584.00 wwwwww
					(Two hundred seventy thousand five hundred eighty four 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 5-02-03-080

FUNDS AVAILABLE: 270,584.00
LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant

APPROVED:
SONIA B. GONZALEZ, M.D., MSChSM, MPM
 Executive Director

- Attachments:
- P.R. No. CARDIO 2024-01
 - Abstract of Canvass/Bids
 - Canvass Sheet/Tender of Bids
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 - Others

NOA-2024-008-017 / NTP-PROC-2024-091 (Signature over printed name)

TOTAL AMOUNT P 270,584.00

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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-2024-091

January 12, 2024

ZAFIRE DISTRIBUTORS, INC. \\
#49 Examiner St., West Triangle,
Quezon City
Tel. No. (02) 925-0500, 925-0501
(02) 411-0500, 411-0700, 411-8643

Sir/Madam:

This is to inform you that Purchase Order No. 76194 as a result of Public Bidding
for the Procurement of Various Direct Medical Supplies CY2024
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: _____

