



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 76388**
FOR SUPPLIES OR EQUIPMENT **76388**
 P. R. NO. **PHAR-2024-005-GF** Dated: **02/16/2024**
 MODE OF PROCUREMENT
NP-EMERGENCY (53.2)
 CS No. _____ AC No. **2024-099M(NP)**
 DATE OF P.O. **MARCH 08, 2024**

TO: Supplier/Dealer Contractor **ZUELLIG PHARMA CORPORATION**
 Address: **KM 14 West Service Road SSH Corner Edison Avenue, Brgy. Sun Valley, Parañaque City**
 Tel. No. (02) 908-2222; Fax No. (02) 325-0641

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 Other Terms: _____
 Performance Security Posted: Surety Bond No. _____
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	5,000	tab	Azathioprine tab 50mg "IMURAN", 100's ***Nothing Follows*** For the use of Pharmacy Division (CY-2024) To be sourced from COB All deliveries shall have at least One (1) year expiration period. VAT-EXEMPT	32.585	162,925.00 vvvvvvvvvv (One Hundred Sixty Two Thousand Nine Hundred Twenty Five Pesos Only)

Penalty Clause for Delayed or Unsatisfactory Deliveries:
 1. 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.
 2. Excess in price, if procured from third parties, through alternative mode of procurement; and
 3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

Additional instructions & conditions:
1. Delivery is within seven (7) working days upon receipt of this P.O.

/LMA

Funding Code **5-02-03-070** *ngf 3/14*

TOTAL AMOUNT P 162,925.00

FUNDS AVAILABLE: **162,925.00**
3/14
LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant

Attachments:
 P.R. No. **PHAR-2024-005-GF**
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others **BAC RESO # R2024-02-105/ ALT-R2024-091**

APPROVED:
S. B. Gonzalez
SONIA B. GONZALEZ, MD, MSChSM, MPM
 Executive Director

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