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## 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
FOR SUPPLIES OR EQUIPMENT	

P. R. NO. <u>GSD-RME-2024-014</u> Dated: <u>12/28/2023</u> MODE OF PROCUREMENT <u>DC-50.c</u> CS No. <u>AC No. AO# 2024.021</u>

CS NO.			_
DATE	OF	P.O.	

AC No. AQ# 2024-031 March 26, 2024

76441

TO: Supplier/Dealer Contractor ME Address: 3rd Flr. Vistamall H	DILINES DISTRIBUTOR			
Department/Office/Division/Section/U Is to be made:Supply & Proper Location:Ground Floor, Po Special Instructions	TMC Bldg.	Delivery period: 7 working days Performance Security Posted: Cash / Cashier's / Manager's C PCMC O.R. No.	Other Terms: Surety Bond heck No Amount P	No
Item No. QTY. UNIT	AR	TICLES	UNIT COST	TOTAL COST

tem No.	QTY.	UNIT		ARTICLES	UNI.	I COSI	IOTAL COST
1	4. (	lot /	Supply of labor, too	ols, and materials for the	16,00	0.00 ~	/ 64,000.00
				e Preventive Maintenance Servi			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		1 (L		ing Machine at Hemodialysis Un	a sale for the second second		
				•	-		nu resos only
		Prov	(PN # 1801-419-24	424-HEMO ), Philippines 🧹	and the second second	neerelikan selajaran	Records Aller . Andres
		200	Conforme to the at	ttached Terms of Reference			
				Unlimited Calls/Visit, Calibration			
		5		plication Specicialists )			
			F	For the use GSD			
		- 1-10		thing Follows xxxxxxxxxxxxxxxxxxxxxxxx			
		· · · · · · · · · · · ·		0) calendar days after installatio	1.1		
		1 1 N.		within fourteen (14) working da			
				Order	Louise March 199		
		9	receipt of Fulchase				
		1					
					K 1		
enalty (	Clause for Delaye	ed of Unsatisfacto	ry Deliveries				
. One-tent	th (1/10) of one perc	ent (1%) of the cost of	unperformed portion for every	yday of delay.			
			- 1 - 100 - (11 1 - (1	the second state of the se			
				the contract, the Procuring Entity			
				and remedies available under the circumstances	21		
Excess in	price, if procurred	from third parties, thro	ough alternative mode of proce	urement; and			
In case o	f bidding, forfeiture	of performance bond e	equal to 5% of the undelivered	item/s.			
undin	g Code	02-13-050-	400 mg 4/		TOTAL AMO	UNT P	64,000.00
	Castar A	RI F. # 64.0	oo. 00 , Attach	ments:	CER	TIFICAT	ION Aw
UNL	The till a war	43	□ P.R.	GSD-RME-2024-0			at I received
EAM	I VILLALO	BOS, CPA, M	IBA 🗌 Abs	stract of Canvass/Bids	today the co	opy of t	his Purchase
	Chief Acco	untant	□ Can	wass Sheet/Tender of Bids			ne Company
	V			arized Certification of			nd stipulation
APPRO	OVED:			lusive Distributor		ract and	l other laws
	SB Serle			tification	applicable.	- 80° - 1	
ONL	A B. GONZ	LEZ. M.D.	MSCHSM, MPM	ers Notice of Av	vard		
	Executive D	Director G	Im-	NOA# 2024-0	(Ciamota)	e over pri	inted name)
				Reso # R2024-0			
	<i>[</i> *	•		NTP-PROC- 2024-1	1000	~	
			) <u>Attachus</u>				
1	$M_{100}$ $M_{10}$	hite (Original	) - Attachment	io navment			
Distrib		· ·	ate) - Procuremen		Pink - S	Supply an	d Property

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## Republic of the Philippines DEPARTMENT OF HEALTH PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100 website: <u>www.pcmc.gov.ph</u> email: <u>officeofthedirector@pcmc.gov.ph</u> Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

> NOTICE TO PROCEED NTP-PROC-2024-147

March 26, 2024

MEDILINES DISTRIBUTORS, INC. #7 Pioneer cor. Sheridan Sts. Mandaluyong City Tel Nos.: 63-6349132,6343752 Email Add: rknicolas@medilines.com.ph

Sir/Madam:

 This is to inform you that Purchase Order No.
 76441
 as a result of
 Direct Contracting

 for the Procurement of
 Supply of Labor, Tools and Materials for the Non-Comprehensive Preventive Maintenance

 Services of Dialyzer Reprocessing Machine at Hemodialysis Unit (PN: 1801-419-2424-HEMO), Philippines,

 Conforme to the attached Terms of Reference (Note: Except for Unlimited Calls/Visits. Calibration and Provision of Application

 Specialists)
 has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within **Fourteen (14) working days** from receipt of this notice.

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

CONFORME: Received Original

Signature Over Printed Name Authorized Representative Date: \_\_\_\_\_





