



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 76472

P. R. NO. **GSD-RME-2024-016** / Dated: **12/28/2023**

MODE OF PROCUREMENT
DC-50.c

CS No. _____ AC No. **AQ# 2024-032**

DATE OF P.O. **April 02, 2024**

TO: Supplier/Dealer Contractor **MEDILINES DISTRIBUTORS, INCORPORATED**

Address: **3rd Flr. Vistamall Hub. CV Star Ave. Pamplona Dos, Las Pinas City**

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
 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	4	lot	<p>Supply of labor, tools, and materials for the Non-Comprehensive Preventive Maintenance Services of Portable Reverse Osmosis Machine at Hemodialysis Unit (PN # 1906-419-2649-HEMO), Philippines</p> <p>Conforme to the attached Terms of Reference (Note: except for Unlimited Calls/Visit, Calibration and Provision of Application Specialists)</p> <p>For the use GSD xxxxxxxxxxxxxxxxxxxNothing Follows xxxxxxxxxxxxxxxxxxx</p> <p>Warranty: Thirty (30) calendar days after installation Delivery Schedule: within fourteen (14) working days from receipt of Purchase Order</p>	15,000.00	60,000.00

Penalty Clause for Delayed of 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.

Funding Code **5-02-13-050-400**

TOTAL AMOUNT P 60,000.00

FUNDS AVAILABLE: **760,000.00**
LEA M. VILLALOBOS, CPA, MBA

- Attachments: **GSD-RME-2024-016**
- P.R. No.
 - Abstract of Canvass/Bids
 - Canvass Sheet/Tender of Bids
 - Notarized Certification of Exclusive Distributor
 - Justification
 - Others

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.

Chief Accountant

APPROVED:

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

Notice of Award

(Signature over printed name)

Executive Director

NOA# 2024-049

Reso # R2024-03-173

Date: _____

NTP-PROC-2024-150

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-2024-150

April 2, 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. 76472 as a result of Direct Contracting
for the Procurement of 4 lot Supply of Labor, Tools and Materials for the Non-Comprehensive Preventive
Maintenance Services of Portable Reverse Osmosis Machine at Hemodialysis Unit (PN: 1906-419-2649 - HEMO)
Philippines, Conforms 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. GONZALEZ, M.D., MScHSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

