



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 **76488** N^o **76488**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **PATHO-2024-25** Dated: **02/19/2024**
 MODE OF PROCUREMENT **DC**
 CS No. _____ AC No. _____
 DATE OF P.O. **APRIL 08, 2024**

ZAFIRE DISTRIBUTORS, INC.

TO: Supplier/Dealer Contractor **49 Examiner Street, West Triangle, Quezon City**
 Address: _____

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
Additional Reagents for RTU - Immunoanalyzer for Procalcitonin Determination					
1	24	kit	PCT Sensitive K-050 (50 test per unit) THERMOFISHER	36,111.12	866,666.88
2	2	bx	K-Compact Solution 3 (4 bot/box) THERMOFISHER	6,901.96	13,803.92
3	4	bx	K-Compact Solution 4 (4 bot/box) BRAHMS	4,601.31	18,405.24
					898,876.04
					XXXXXXXXXXXXXXXXXX
***** nothing follows *****					
NOTE: For the use of Pathology Division (CY 2024)					
All deliveries shall have at least One (1) year expiration period					(Eight hundred ninety eight thousand eight hundred seventy six pesos & 04/100 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. Staggered Delivery/Payment
 2. Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date
 3. Delivery is within 7 working days upon receipt of Delivery Confirmation
 4. PCMC has the right to reject or cancel any items in this PO for justifiable and reasonable ground where the award will not benefit the Government
 5. Terms and conditions specified on Notice of Award.

/mrpe
 Funding Code **V-02-03-040**
TOTAL AMOUNT P 898,876.04

FUNDS AVAILABLE: **898,876.04**
LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant
 APPROVED:
SONIA B. GONZALEZ, MD, MSChSM, MPM
 Executive Director

Attachments:
 P.R. No. **PATHO-2024-25**
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others **BAC RES # R2024-03-185**
NTP-PROC-2024-152
NOA-2024-053

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

24-14510P



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-2024-152



April 08, 2024

ZAFIRE DISTRIBUTORS, INC.
49 Examiner Street, West Triangle
Quezon City
Tel No. 8928-4293

Sir/Madam:

This is to inform you that Purchase Order No. 76488 as a result of Direct Contracting for the Procurement of Additional Reagents for Reagent Tie - Up for Procalcitonin Determination has been approved.

You may now proceed with the delivery of 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, MD, MSChSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

