

## 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 OR	DER	· N	o	<b>7655</b> 3
FOR SUPPLIES P. R. NO. PHAR-2	024-008-GF		d: 0	7655 2/19/2024 🗸
MODE OF PRO	C 50.c	¥		
CS No		AC N	lo	1 1 H. E
DATE OF PO	APRIL 22,	2024	,	

TO: Su	pplier/Dealer	Contractor	PHILCARE PHARM	IA, INC.					
Address	s:N	o. 3 Mahoga	ny St., Agapito Subdivision	, Santolan, Pasig City	150 - 30	The State of the s	234 632		
Donort		el. No. 8682-		Delivery period: 7 wor	king days	Other Terms:			
					Delivery period: 7 working days Performance Security Posted:  Other Terms:  Surety Bond No.				
Location: Ground Floor, PCMC Bidg.				☐ Cash / Cashier's / Manager's Check No.					
Specia	Instructions			PCMC O.R. No		Amount P			
Item No.	QTY.	UNIT		ARTICLES		UNIT COST	TOTAL COST		
		,	Manager 20 III (mg) 1	"DRESCON"		1 060 00	196,900.00		
1	100 2	vl /	Vasopressin 20 IU/mL, 1  [Joint Stock Company]			1,969.00	VVVVVVVVV		
			įsomi stock company į	JSC) raiman		(One Hundred I	The state of the s		
				E. Jackson Salkon		Thousand Nine	The state of the s		
		VIG.1	***Nothing	g Follows***		Pesos Only)			
:				acy Division (CY-2024)		51/11/2			
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		13170	1800						
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2		5.							
0			all response						
he Procur action an	ing Entity may i d remedies avai n price, if procu	escind or terming lable under the rred from third p	d damages reaches 10% of the an ate the contract, without prejud circumstances. parties, through alternative mod- ance security equal to 5% of the	ice to other courses of e of procurement; and	3. Delivery is Delivery Conf 4.PCMC has t in this PO for	onfimation of Qu within 7 working da irmation the right to reject or justifiable and reas ard will not benefit	ys upon receipt of cancel any items onable ground		
2 2 1					5. Terms and	conditions specified	on Notice of Award.		
/4	MA	4 1 2							
Fundin	g Code _ ح	02-03-0	To med Hos		TOTAL	AMOUNT P	196,900.00		
		BLE:	Attachments	E		CERTIFICAT	TION June		
LEA N	TE LE WA	OS, CPA, MBA	P.R. No.	of Canvass/Bids	today	is to certify that I received the copy of this Purchase			
	Chief Acco	untant		Sheet/Tender of Bids d Certification of	bound	by the terms a	he Company and stipulation		
APPRO	OVED:		☐ Justificati	e Distributor ion BAC RESO # R2024-04-214	applica		d other laws		
SONIA B. GONZALEZ, MD, MSCHSM, MPM NOA-2024-0				NOA-2024-056 / NTP-PROC-2024-161 /	056 / (S		ignature over printed name)		
	Executive L	him h	9300	41F-FROC-2024-101 •	Date	::			
Distrib		hite (Origina ellow (Dupli	al) - Attachment to pa cate) - Procurement	yment	Pin	k - Supply a	nd 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-2024-161

April 22, 2024

## PHILCARE PHARMA, INC.

No. 3 Mahogany St.

Agapito Subdivision,
Santolan, Pasig City
Tel. No. 8682-3466
Sir/Madam:
This is to inform you that Purchase Order No
for the purchase of Various Pharmaceutical Supplies for CY 2024
has been approved.
You may now proceed with the delivery of the items listed in the attached Purchase Order within seven (7) working days upon receipt of the Notice To Proceed and/or Delivery Order Slip
for Staggered Delivery.
Thank you.
Very Truly Yours,
SONIA B. GONZALEZ, MD, MSCHSM, MPM
Executive Director
CONFORME:
Received Original



Date: \_\_\_\_\_

Signature Over Printed Name Authorized Representative