



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 76588**
FOR SUPPLIES OR EQUIPMENT 76588
 P. R. NO. PHAR-2024-002-GF / Dated: 10/09/2023
 MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. APRIL 30, 2024

TO: Supplier/Dealer Contractor **DELEX PHARMA INTERNATIONAL, INC.**
 Address: Lot 4 Blk. 4 Carnation Corner Magnolia Street, Brgy. Sauyo, Quezon City
Contact No. 426-0270 / 426-0271

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. 5U-C(13)-10-24-0066743-00
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 21,000.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	700	amp	<p>Norepinephrine bitartrate amp 1mg/mL, 2mL (IV inf) 1mg/mL Concentrate Solution for Infusion USP Type I Amber Colored Glass Ampoule in 2mL per ampule (box of 5's) "NOREPIN 2ML" [United Biotech Pvt. Limited]</p> <p>***Nothing Follows***</p> <p>For the use of Pharmacy Division (CY-2024) To be sourced from COB All deliveries shall have at least One (1) year expiration period.</p> <p style="text-align: center;">VAT-EXEMPT</p>	100.00	70,000.00 vvvvvvvvvv (Seventy Thousand 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. 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.

/LMA

Funding Code 5-02-03-070 **TOTAL AMOUNT P 70,000.00**

FUNDS AVAILABLE: ₱ 70,000.00
LEA M. VILLALOBOS, CPA, MBA
 Chief Accountant
 APPROVED:
SONIA B. GONZALEZ, MD, MSChSM, MPM
 Executive Director

Attachments:
 P.R. No. PHAR-2024-002-GF
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others BAC RESO # R2024-04-213/NOA-2024-057-001 / NTP-PROC-2024-163

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

24-17195F



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-2024-163**

April 30, 2024

DELEX PHARMA INTERNATIONAL, INC.

L4 B4 Carnation Cor. Magnolia St.
Brgy. Sauyo, Quezon City
Tel. No.: (02) 8426-0270 / 8426-0271
Email Address: m.camaho@delexpharma.com

Sir/Madam:

This is to inform you that Purchase Order No. 76588 as a result of Public Bidding 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

Signature Over Printed Name
Authorized Representative
Date: _____