

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	7659	13
FOR SUPPLIES OR EQ	QUIPME	NT	printer in surprise	76593
P. R. NO. PHAR-2024-00	1-GF /	Dated: 10	/09/2023	1
MODE OF PROCUREM PUBLIC BIDD				
CS No.	20 1K B. K. ~ U.	_ AC No	1 387 4	
DATE OF P.O. APR	IL 30, 20	24	a Black	

Tel. No. (02) 908-2222; Fax No. (02) 325-0 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: Cash / Cashier's / Manager's Check No.				
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m No.	QTY.	UNIT		ARTICLES	U	NIT COST	TOTAL COST	
1	500 4	bag /				450.00	225,000.00	
2	150	bt /				757.83	113,674.50	
3	120 '	amp *				420.00	50,400.00	
						(Three Hundred Eighty Nine Thousand Seventy Four Pesos		
			For the use of Pharm To be source		/100 Only)	/ ·		
		All de	liveries shall have at leas	t One (1) year expiration perio	od.			
			Part Person		56 4-17 July 13		A STATE OF THE PARTY OF THE PAR	
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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-2024-166

April 30, 2024

ZUELLIG PHARMA CORP. JVA INTERPHIL LABORATORIES INC.

KM 14 West Service Road SSH Corner Edison Avenue

NVI 14 West Service Road 3511 Control Edison West 25
Brgy. Sun Valley, Parañaque City
Tel. No. (02) 908-2222 / 0998-9618324
Email Address: phzgovernmentbiddingteam@zuelligpharma.com
Sir/Madam:
This is to inform you that Purchase Order No. <u>76593</u> as a result of <u>Public Bidding</u> for the purchase of <u>Various Pharmaceutical Supplies for CY 2024</u> 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 SI for Staggered Delivery.
Thank you.
SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director
CONFORME: Received Original
Signature Over Printed Name
Authorized Representative
Date:



