



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 76654 76654

P. R. NO. **PHAR-2024-008** **GF** Dated: **2/19/2024**
 MODE OF PROCUREMENT

CS No. **NP-EMERGENCY (53.2)** AC No.
 DATE OF P.O. **May 23, 2024**

TO: Supplier/Dealer Contractor **LUNARMED PHARMA TRADING**
 Address: **59 A General Orduñez St., Conception II, Marikina City, Email Add.: lunarmedgladyslirios04@gmail.com**

Department/Office/Division/Section/Unit where delivery
 Is to be made: Materials Management Division
 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
2	150	vl/bag	Albumin H vl 20% 50mL (IV) "Albuminar" [CSL Beheing LLC]	1,820.00	273,000.00
3	150	vl/bag	Albumin H vl 25% 50mL (IV) "Albuminar" [CSL Beheing LLC]	2,250.00	337,500.00
6	500	vl	Ceftazidime Pentahyd vl 1g (IM,IV) "Ceftacare" [Aglobal]	78.00	39,000.00
					649,500.00
				Six Hundred Forty Nine Thousand Five Hundred Pesos only	
<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>					

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. Delivery is within seven (7) working days upon receipt of this P.O.

Funding Code 5-02-03-070 **TOTAL AMOUNT P** **649,500.00**

FUNDS AVAILABLE: **649,500.00**
LEA M. VILLALOBOS, CPA
 Chief Accountant

- Attachments:
- P.R. No. **PHAR-2024-008/009-GF**
 - Abstract of Canvass/Bids
 - Canvass Sheet/Tender of Bids
 - Notarized Certification of Exclusive Distributor
 - Justification
 - Others
- x BAC RESO-NO. **R2024-04-198**
 x ALT-RESO-2024-228

APPROVED:
SONIA B. GONZALEZ, MD, MSChSM, MI
 Executive Director

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

24-1980CF