



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 76662**  
 FOR SUPPLIES OR EQUIPMENT  
 P. R. NO. SURGERY-2024-01 Dated: 10/24/2023  
 MODE OF PROCUREMENT PB 2024  
 CS No. NOA-072-001 AC No. R-2024-05-256  
 DATE OF P.O. May 22, 2024

TO: Supplier/Dealer Contractor DISTRIBUTION SOLUTIONS PHILS., INC. Tel: 8801-2339 / 8801-3092  
 Address: 3rd Floor Alexcy One Building, #51 President's Ave., BF Homes, Phase 1, Paranaque City

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. \_\_\_\_\_  
 Cash / Cashier's / Manager's Check No. \_\_\_\_\_  
 PCMC O.R. No. \_\_\_\_\_ Amount P \_\_\_\_\_

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	110	pc	Double Lumen Central Catheter Fr.4 20cm CERTOFIX DUO PAED S 408, BBRAUN  ***Nothing Follows*** Note: For the use of Surgery <b>All deliveries shall have at least One (1) year expiration period.</b>	4,494.00	494,340.00 wwwwww

**Penalty Clause for Delayed or Unsatisfactory Deliveries:**

- 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
- Excess in price, if procured from third parties, through alternative mode of procurement; and
- In case of bidding, forfeiture of performance bond equal to 5% of the undelivered item/s.

**Additional Instruction & Conditions:**

- Staggered Delivery / Payment
- Delivery will take effect upon receipt of delivery confirmation of quantity/date
- Delivery is w/in 7 working days upon receipt of delivery confirmation
- PCMC has the right to reject or cancel any item in this PO for justifiable and reasonable grounds where the award will not benefit the Government
- Terms and conditions specified on Notice of Award

Funding Code 15-02-03-080 mgd/s/br

**TOTAL AMOUNT P** 494,340.00

FUNDS AVAILABLE: ₱ 494,340.00  
LEAM VILLALOBOS, CPA, MBA  
 Chief Accountant

- Attachments:
- P.R. No. SURGERY-2024-01
  - Abstract of Canvass/Bids
  - Canvass Sheet/Tender of Bids
  - Notarized Certification of Exclusive Distributor
  - Justification
  - Others \_\_\_\_\_

APPROVED:  
SONIA B. GONZALEZ, M.D., MScHSM, MPM  
 Executive Director

NOA-2024-072-001 / NTP-PROG-2024-180

**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

20-19765P



Republic of the Philippines  
DEPARTMENT OF HEALTH  
PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100  
website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)  
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED  
NTP-PROC-2024-180

May 22 2024

DISTRIBUTION SOLUTIONS PHILS., INC.  
3rd Floor Alexcy One Bldg.  
# 51 President's Ave., BF Homes,  
Phase 1, Paranaque City  
Tel: 8801-2339 / 09778365096

Sir/Madam:

This is to inform you that Purchase Order No. 76662/76663 as a result of Public Bidding  
for the Procurement of Various Direct Medical Supplies CY 2024  
has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within  
7 (Seven) working days from receipt of this notice and / or Delivery Order Slip for  
Staggered Delivery.

  
SONIA B. GONZALEZ, M.D., MScHSM, MPM  
Executive Director 

CONFORME:  
Received Original

\_\_\_\_\_  
Signature Over Printed Name  
Authorized Representative  
Date: \_\_\_\_\_

