

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 76720 FOR SUPPLIES OR EQUIPMENT

76720

P. R. NO. PATHO-2024-29 /

Dated: 04/04/2024

MODE OF PROCUREMENT DIRECT CONTRACTING

CS No.	AC No.			
DATE OF P.O.	JUNE 07, 2024 /			

TO: Sup Address			ZAFIRE DI eet, West Triangle						
Is to be Location	made: Mat	terials Mana ound Floor, F	etion/Unit where de agement Division PCMC Bldg.	elivery	Delivery period: 7 work Performance Security P Cash / Cashier's / M PCMC O.R. No.	osted:	Other Terms: Surety Bond neck No. Amount P	No	
Item No.	QTY.	UNIT		Al	RTICLES		UNIT COST	TOTAL COST	
			Additional Reage	ents for RTU	J - Flow Cytometry Mad	hine ,	1111		
1				E, 100 tests, -FITC, 50t Cl ests CE Beck LASR Beck ue, 50 tests, ests, CE-IVE ckman Cou luor 750, 0. 50 tests, Cl CE Beckman Eluor 700, 0. LASR Beck SR Beckman tests, CE-IVE E Beckman	CE-IVD Beckman Coulter cman Coulter cman Coulter cman Coulter CE-IVD Beckman Coulter Deckman Coulter C	63,405.79			
page 1 o	of 2 pages		93.						
Funding	Code	10-1/19-1	To the terminal termi		- 1	TOTAL	AMOUNT P	1,963,767.95	
FUNDS AVAILABLE: LEA M. VILLALOBOS, CPA, MBA, DBA Chief Accountant APPROVED: SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director			, DBA	Abstract of Canvass Sh Notarized CExclusive I Justification Others BA		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:			
Distribu		nite (Origin llow (Dupl	nal) - Attachm icate) - Procuren	ent to payn	nent	Pin	k - Supply ar	nd Property	



Republic of the Philippines

PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Ave. Quezon City

Tel. No.: 8588-9900 loc. 224, 226, 361, 355

PURCHA	SE ORDER		76720	
	PLIES OR EQUIP PATHO-2024-29	NT Dated:	04/04/2024	
_	RECT CONTRACTION			

Fax no.: 85889997 • e-mail: pcmcproc@gmail.com				CS NoAC No DATE OF P.OJUNE 07, 2024 /					
TO: Su Address			ZAFIRE DIS		INC.				
Is to be	e made:Ma	aterials Mana ound Floor, F	tion/Unit where deli- gement Division PCMC Bldg.	Perform Cas	ry period: 7 wor mance Security I h / Cashier's / M O.R. No.	Posted:	Other Terms: Surety Bond eck No. Amount P	No	
Item No.	QTY.	UNIT	P n g	ARTICLI	ES	and the second	UNIT COST	TOTAL	COST
			Additional Reage	nts for RTU - Flow	v Cytometry Ma	achine	AL.		4
One-tent Once the cu he Procuri action and 2. Excess in	mulative amount ng Entity may res remedies availab price, if procurre	ercent (1%) of the of liquidated dar- cind or terminate e under the circu d from third part	e cost of unperformed por mages reaches 10% of the the contract, without prej	amount of the contract, judice to other courses of node of procurement; an	of Acres	1. Staggered De 2. Delivery will Delivery Confirm 3. Delivery is wi Delivery Confirm 4.PCMC has the in this PO for ju where the aware	take effect upon rece ation of Quantity/Da thin 7 working days u	ipt of ite pon receipt of cel any items de ground sovernment	
		Marie de la companya del companya de la companya de							it.
page 2	2 of 2 pages		1. 10						
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FUND LEA M APPRO	SAYAILAL MILLALOBO Chief Acco	S, CPA,	03,747.9€ Attac □ P.1 □ DBA □ AI □ Ca □ No	uicis	ss/Bids ader of Bids ation of tor R2024-05-275	This is today Order, bound of the applica	gnature over pr	TION nat I rece this Pure he Com nd stipul d other	eived chase pany ation laws
Distrib		hite (Origina llow (Dupli	al) - Attachmen cate) - Procureme	nt to payment		Pink	- Supply ar	nd Proper	ty



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-2024-190

June 07, 2024

ZAFIRE DISTRIBUTORS, INC.

49 Examiner St., West Triangle, Quezon City

Tel. No.: 8928-4293 / Fax No.: 8925-0500

Sir/Madam:

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

SONIA B. GONZALEZ, MD, MScHSM, MPM Executive Director

CONFORME: Received Original

Signature Over Printed Name Authorized Representative

Date: _____

