

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 ORI | DER 6 / 3 3 76733 |
|-----------------------------------|-------------------------------|
| FOR SUPPLIES OF P. R. PHAR-2024-0 | OR EQUIPMENT 2/19/2024 Dated: |
| MODE OF PROC | UREMENT LIC BIDDING |
| CS No | June 11,2024 AC No. |

| | | | | DATE OF | r.U | | |
|---|--|--|---|---|--|---|--|
| TO: Sup | plier/Dealer | r Contractor | AMBICA INTERN | NATIONAL COL | RPORATIO | ON. | |
| Address | : | | No. 9 Amsterdam Extension M | Merville Park Subdivision, | Parañaque City Te | l. No. 0917-843-1 | 294 |
| Is to be Locatio | made: N | Materials Manage Fround Floor, PC | tion/Unit where delivery | Delivery period: 7 w Performance Security Cash / Cashier's / PCMC O.R. No. | orking days y Posted: Manager's Che | Other Terms: Surety Bond | No. E(B) 064 11 |
| | | | | | | | |
| Item No. | QTY. | UNIT | | ARTICLES | | UNIT COST | TOTAL COST |
| 1 | 1,676, | vl | Immunoglobulin, NH IGIV vi Human Normal Immunoglobu "Immunorel" [Reliance Life | ulin 5% (50mg/mL), 50mL | vial | 8,159.00 | 13,674,484,00 |
| | | - | | | shift. | | 4 |
| | | | - 1 | | 1 | 1 | 13.674,484.00 |
| | | | | | ** Thirteen | Million Six Hund | |
| | | | | | | and Four Hundre | d Eighty Four |
| | | reds a | | | Pesos only* | 1 | |
| | | | | | | | |
| | | 3 | ***No | thing Follows*** | -2 | | |
| | | | For the use of l | e attached Terms of Refe Pharmacy Division (CY- sourced from COB at least One (1) year exp | 2024) | | |
| | | | | | -4 | | - |
| One-tenth nce the cur e Procurin ction and | (1/10) of one mulative amou g Entity may re remedies avails | percent (1%) of nt of liquidated escind or terminable under the red from third is | factory Deliverles: the cost of unperformed portion of damages reaches 10% of the amo ate the contract, without prejudic circumstances. arties, through alternative mode ance security equal to 5% of the u | of procurement; and | 1. Staggered 2. Delivery w Delivery Cont 3. Delivery is of Delivery C 4. PCMC has in this PO fo | the right to reject or r justifiable and rea ward will not benefi | receipt of y/Date ays upon receipt or cancel any items asonable ground |
| Funding | Code C | -02-03-0 | 70 mg 6/21/24 | 31 - 8 - | TOTALA | MOUNT P | 13,674,484.00 |
| LEAM. | VILLALOBO Chief Acco | S, CPA , DBA | ☐ Canvass S ☐ Notarized Exclusive ☐ Justificati ☐ Others x BAC RESO x NOA-2024 | Sheet/Tender of Bids Certification of Distributor on | bound by the terms and stipulation of the contract and other laws applicable. (Signature over printed name) | | |
| | 1 1- | An | x NTP-PROC | -W14-174 , | Date: | 311 1 43 | |
| Distribu | | hite (Origin llow (Dupli | al) - Attachment to pay cate) - Procurement | yment | Pink | - Supply an | d Property |



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-2024-192

June 11,2024

AMBICA INTERNATIONAL CORPORATION

No. 9 Amsterdam Extension, Merville, Parañaque City Tel. No. 0917-8186523/0917-8431294

| Sir/Madam: |
|--|
| This is to inform you that Purchase Order No |
| 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: |