



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 76731 76734
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **PHAR-2024-008-GF** / ✓ Dated: **2/19/2024**
MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. **June 11, 2024**

TO: Supplier/Dealer Contractor **BELLUS LIFE SOLUTIONS, INC.** / ✓
 Address: _____ Dela-Rosa St., Makati City Tel. No.: +63 917 705 7642

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. **LB 68238**
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P **19,950.00**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	3,500	amp	Epinephrine (As Hydrochloride) 1 mg/ml Solution For Injection (IM/IV/SC) 1 ml Usp Type I Amber Glass Ampoule Box Of 10's "Epix" [Grand Pharmaceutical (China) Co. Ltd.]	19.00	66,500.00
** Sixty Six Thousand Five Hundred Pesos only**					66,500.00
Nothing Follows Conforme to the attached Terms of Reference For the use of Pharmacy Division (CY-2024) To be sourced from COB All deliveries shall have at least One (1) year expiration period.					

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 security equal to 5% of the undelivered item/s.

Additional instructions & conditions:

- Staggered Delivery/Payment
- Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date
- Delivery is within 7 working days upon receipt of Delivery Confirmation
- PCMC has the right to reject or cancel any items in this PO for justifiable and reasonable ground where the award will not benefit the Government
- Terms and conditions specified on Notice of Award.

Funding Code **5-02-03-070** TOTAL AMOUNT P **66,500.00**

FUNDS AVAILABLE: **₱ 66,500.00**
 LEA M. VILLALOBOS, CPA, DBA

Chief Accountant

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

- Attachments:
- P.R. No. **PHAR-2024-008-GF** / ✓
 - Abstract of Canvass/Bids
 - Canvass Sheet/Tender of Bids
 - Notarized Certification of Exclusive Distributor
 - Justification
 - Others **RESO NO. R2024-06-300**
 - x NOA-2024-081-002 / ✓
 - x NTP-PROC-2024-193 / ✓

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

24-2261CF



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-2024-193**

June 11, 2024



BELLUS LIFE SOLUTIONS, INC.

Dela Rosa St.,
Makati City
Tel. No.: +63 917 705 7642
E-mail Address: sales@belluslife.com

Sir/Madam:

This is to inform you that Purchase Order No. 76734 as a result of Public Bidding for the Procurement of Various Pharmaceutical Supplies CY 2024 has been approved.

You may now proceed with the delivery of items listed in the attached Purchase Order within seven (7) working days 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: _____

