



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 **76735**
 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 BLUE SKY TRADING CO., INC.
 Address: 416 Dasmariñas St. Binondo, Manila Tel. No.: (02) 8241-8501 to 04

Department/Office/Division/Section/Unit where delivery Materials Management Division
 Is to be made: Ground Floor, PCMC Bldg.
 Location: _____
 Special Instructions _____
 Delivery period: 7 working days Other Terms: _____
 Performance Security Posted: Surety Bond No. 6(13) 272800
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 71,550.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	31,800	tab	Calcium Carbonate Chewable Tablet 500mg "Calbone" [Swisspharma Research Laboratories, Inc.]	7.50	238,500.00
					-
					-
					238,500.00

** Two Hundred Thirty Eight Thousand Five Hunded Pesos only**

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 mgd 2/21/24 238,500.00

FUNDS AVAILABLE: ₱ 238,500.00
 LEA M. VILLALOBOS, CPA, DBA

Chief Accountant

APPROVED:
Sonia B. Gonzalez
 SONIA B. GONZALEZ, MD, MSCHSM, MPM

Executive Director
Sonia B. Gonzalez

- Attachments:
- P.R. No. PHAR-2024-008-GF
 - Abstract of Canvass/Bids
 - Canvass Sheet/Tender of Bids
 - Notarized Certification of Exclusive Distributor
 - Justification
 - Others NO. R2024-06-300
 - x NOA-2024-081-003
 - x NTP-PROC-2024-194

TOTAL AMOUNT P 238,500.00

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

24-22606F



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-2024-194

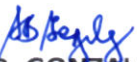

June 11, 2024

BLUE SKY TRADING CO., INC.
416 Dasmariñas St
Binondo, Manila
Tel. No.: (02) 8241-8501 to 04
E-mail Address: mesuarez@bluesky.com.ph

Sir/Madam:

This is to inform you that Purchase Order No. 76735 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: _____

