



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 **76799** 76799
 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 18, 2024**

TO: Supplier/Dealer Contractor **S.V. MORE PHARMA (METRO MANILA-LUZON) CORPORATION**
 Address: **Scout Tuazon Corner Roces Avenue, Quezon City**
 Tel No.: **0917-80744262 / 0998-5613041**, Email Add: **julius.stamaria@svmoregroup.net**
 Department/Office/Division/Section/Unit where delivery
 Is to be made: **Supply & Property Section**
 Location: _____
 Special Instructions: **Ground Floor, PCMC Bldg.**
 Delivery period: 7 working days Other Terms: _____
 Performance Security Posted: Surety Bond No. _____
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. **A090072** Amount P **9,630.00**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1,200	bt	Prednisone suspension bt 10mg/5mL 60mL "Prolix Suspension" [Lloyd Laboratories]	99.50	119,400.00
2	15,000	tab	Prednisone Tab 20mg "Prolix Tablet" [Lloyd Laboratories]	4.88	73,200.00
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.					192,600.00 vvvvvvvvv **One Hundred Ninety Two Thousand Six Hundred Pesos only*

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, clal*

TOTAL AMOUNT P 192,600.00

FUNDS AVAILABLE: **# 192,600.00**

Attachments:

- P.R. **PHAR-2024-008-GF**
- Abstract of Canvass/Bids
- Canvass Sheet/Tender of Bids
- Notarized Certification of Exclusive Distributor
- Justification
- Others
- BAC RESO # R2024-06-300**
- NOA-2024-081-018**
- NTP-PROC-2024-210**

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: _____

llan 6/25
LEA M. VILLALOBOS, CPA, DBA
 Chief Accountant

APPROVED: *SB/Regley*
SONIA B. GONZALEZ, MD, MSChSM, MPM

Executive Director *llan*

Distribution : White (Original) - Attachment to payment
 Yellow (Duplicate) - Procurement

Pink - Supply and 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-2024-210

June 18, 2024

S.V. MORE PHARMA (METRO MANILA-LUZON) CORPORATION

Scout Tuazon Corner Roces Avenue,
Quezon City



Tel No.: 0917-80744262 / 0998-5613041

Email Add: julius.stamaria@svmoregroup.net

Sir/Madam:

This is to inform you that Purchase Order No. **76799** 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: _____

PhilHealth Accredited





Management System
ISO 9001:2015
ISO 14001:2015
ISO 45001:2018
www.tuv.com
ID: 9105075954

