



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 **7680076800**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **PHAR-2024-008-GF** Date: **2/19/2024**
 MODE OF PROCUREMENT
PUBLIC BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. **June 18, 2024**

TO: Supplier/Dealer Contract **TRIOKAA PHARMACEUTICAL PHILIPPINES INC**
 Address: **Lourdes Drive cor. Pearl Drive, Pasig City**
 Tel. No.: **09154907882 / 5310-2803**, Email Add: **tppisales9@gmail.com**
 Department/Office/Division/Section/Unit where delivery
 Is to be made: **Supply & Property Section**
 Location: **Ground Floor, PCMC Bldg.**
 Delivery period: 7 working days Other Terms: _____
 Performance Security Posted: Surety Bond No. _____
 Cash / Cashier's / Manager's Check No. **A90045**
 PCMC O.R. No. **A090065** Amount P **10,395.50**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	3,500	amp	Fentanyl Citrate 50mcg/ml Solution for Injection, IV/IM, 2ml, box of 5's ampoules "Trofentyl" [Troikaa Pharmaceuticals Ltd.]	50.40	176,400.00
2	70	vl	Ketamine Hydrochloride 50mg/ml Solution for IV/IM, 10ml, box of 1's vial "Ketotroy 50" [Troikaa Pharmaceuticals Ltd.]	450.00	31,500.00

*****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.

207,900.00

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****Two Hundred Seven Thousand Nine 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 **5-02-03-30 mgd. 6/24/24**

TOTAL AMOUNT P 207,900.00

FUNDS AVAILABLE: **207,900.00**

- Attachments:
- P.R. NO. **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-2024-081-019**
 - NTP-PROC-2024-211**

LEA M. VILLALOBOS, CPA, DBA
 Chief Accountant

APPROVED:
SONIA B. GONZALEZ, MD, MSChSM, MPM

Executive Director

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



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-2024-211

June 18, 2024



TROIKAA PHARMACEUTICAL PHILIPPINES INC

Lourdes Drive cor. Pearl Drive,
Pasig City
Tel No.: 09154907882 / 5310-2803
Email Add: tppisales9@gmail.com

Sir/Madam:

This is to inform you that Purchase Order No. **76800** 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: 8105075954

