

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 OF	EDER	7680	76802
	OR EQUIPMEN R-2024-009-GF	NT Dated ?/19/2024	
MODE OF PRO			
CS No DATE OF P.O.	June 18,2024	AC No	

TO: Su Addres	ipplier/Dealer		UNILAB, INC. ited Street, Mandaluyong	City			
rudics			58-1000 / 0917-8864280,		@unilab.con	n.ph	
Department/Office/Division/Section/Unit where delivery Is to be made: _Supply & Property Section Location: Special Instructions			Delivery period: 7 working days Performance Security Posted: Surety Bond No. Cash / Cashier's / Manager's Check No. PCMC O.R. No. Amount P 1/2, 860.07				
Item No.	QTY.	UNIT		ARTICLES	9 %	UNIT COST	TOTAL COST
1	7,000	tab	"Clonidine HCl tab 75mcg blister/foil pack "Clonipress" 75mcg Tab 100box SS Ph [Amherst Laboratories, Inc.]		4.00	28,000.00	
2	60,000 \	tab	Losartan tab 50mg "Lifezar" Lifezar (New) 50mg Tab 50 SS Ph [Amherst Laboratories, Inc.]			2,00	120,000.00
3	5,000	tab	Potassium (as citrate) 10 n Tascit 10meq Tab 100box [Amherst Laboratories, In	SS Ph c.]		6.00	30,000.00
		2	***Nothing F Conforme to the attache For the use of Pharmac To be sourced	ed Terms of Reference by Division (CY-2024) of from COB			
		All de	liveries shall have at least C	one (1) year expiration p	period.		1 8
			VAT EXE	ЕМРТ			178,000.00
					One Hund Pesos only	red Seventy Eigh	t Thousand
One-tentince the cure Procurinction and Excess in In case of	n (1/10) of one p mulative amour g Entity may res remedies availa price, if procurre bidding, forfeit	ercent (1%) of it of liquidated cind or termina ble under the c ed from third pa ure of performa	arties, through alternative mode of the un	int of the contract, to other courses of of procurement; and	1. Staggered 2. Delivery w Delivery Con 3. Delivery is w Delivery Confirm 4. PCMC has the in this PO for ju where the awar	structions & conditional conditions & condition of Quartin Tworking days nation eright to reject or caustifiable and reasons will not benefit the nditions specified or	ent con receipt of ntity/Date upon receipt of ncel any items able ground e Government
Fundin	g Code _ 🗸	-02-03- c	15/2 Be ak		TOTAL	AMOUNT P	178,000.00
APPRO	S AVAILAI LLALOBOS, Chief Acco OVED: GONZALEZ, Executive I	CPA, DBA untant	A P.R. RHAI Abstract of Canvass S Notarized Exclusive Justificati Others A NOA-2024	of Canvass/Bids Sheet/Tender of Bids Certification of Distributor	Order bound of the applica	ignature over pr	nat I received this Purchase he Company nd stipulation d other laws
Distrib		hite (Origin	al) - Attachment to particate) - Procurement	yment	Pin	k - Supply ar	nd 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-2024-212

June 18,2024

UNILAB, INC.

No. 66 United Street, Mandaluyong City

Tel No.: 8858-1000 / 0917-8864280 Email Add: mbmagno@unilab.com.ph

Sir/Madam:

This is to inform you that Purchase Order No. **76801/76802** as a result of <u>Public Bidding</u> for the Procurement of <u>Various Pharmaceutical Supplies CY 2024</u> has been approved.

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:



