

## 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	0 0 4	76804
FOR SUPPLIES OR EQUIPMEN	NT	
P. R. NO. PHAR-2024-009-GF	Date 2/19/2024	- 1
MODE OF PROCUREMENT \ PUBLIC BIDDING		
CS No.	AC No.	1
DATE OF P.O. June 18,2024	2 6 3	

Depar	tment/Office/	Tel. No Division/Se	o. (02) 908-2222, Fax No. (0 ction/Unit where delivery	<b>Delivery period:</b> 7	working days	Other Terms: L	ETTER OF CHEOTY
Is to b	e made: Sup	nly & Prope	rty Section	Performance Secur	rity Posted:	☐ Surety Bond	No
				Cash / Cashier'	's / Manager's Ch	eck No.	4 244 0
Specia	Instruction	una Floor, P	CIVIC Blug.	PCMC O.R. No	400000000000000000000000000000000000000	Amount P 69	5,251.26
tem No.	QTY.	UNIT	to the secret hair	ARTICLES	4 020 - 25 2	UNIT COST	TOTAL COST
	1,000	bt	Carbamazepine syr bt 100mg/5mL, 100mL Tegretol 100mg/5ml Suspension 100ml 1's \Delpharm Huningue S.A.S.		324.00	324,000.00	
	120	bt	Ciclosporin 100 mg/mL solution, 50 mL Sandimmun Neoral 100mg/ml Oral Solution 50ml 1's Delpharm Huningue S.A.S.			6,634.84	796,180.80
	1,800 /	bt	Oxcarbazepine 60mg/mL, 1 Trileptal 60mg/ml Suspensi Delpharm Huningue S.A.S.			611.03	1,099,854.00
			***Nothing For Conforme to the attached For the use of Pharmacy To be sourced	Terms of Reference Division (CY-2024)			
		All de	liveries shall have at least O		n period.	1	The state of
ė.		3.4	VAT EXE	MPT			2,220,034.80
			1960		**Two Million	Two Hundred	
187		the transfer	region to the				d 80/100 only*
the cur rocuring on and rocess in p	(1/10) of one po- nulative amounts Entity may reso emedies availab rice, if procurre	ercent (1%) of of liquidated and or terminate le under the co d from third p	factory Deliveries: the cost of unperformed portion for damages reaches 10% of the amour ate the contract, without prejudice to ircumstances. arties, through alternative mode of ance security equal to 5% of the und	nt of the contract, to other courses of procurement; and	1. Staggered I 2. Delivery wi Delivery Confi 3. Delivery is wit Delivery Confirma 4.PCMC has the in this PO for jus	ructions & condition of the condition of Quantion of Quantion of Quantion of Quantion of the condition of th	nt on receipt of tity/Date upon receipt of cel any items ble ground
		19% 19	Section 20	1 12	5. Terms and con	ditions specified on	Notice of Award.
undin	g Code _ (r.	.02-03 - 0	medical sign		TOTAL	AMOUNT P	2,220,034.80
FUNDS AVAILABLE: \$ 2,220,034.80 Attachments:				CERTIFICATION  This is to certify that I received today the copy of this Purchase			
	Chief Acco	giley	☐ Notarized Exclusive	Sheet/Tender of Bids Certification of Distributor	order, bound	and held the by the terms a contract and	he Company nd stipulation
Executive Director  Executive Director  M			R2024-06-300	1-021 (Signature over printed nam			



## 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-2024-213

June 18,2024

## **ZUELLIG PHARMA CORP.** JV with INTERPHIL LABORATORIES INC.

KM 14 West Service Road SSH Corner Edison Avenue, Brgy. Sun Valley, Parañaque City Tel. No. (02) 908-2222 Fax No. (02) 325-0641

Sir/Madam:

This is to inform you that Purchase Order No. 76803/76804 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.

**Executive Director** 

CONFORME: Received Original Signature Over Printed Name Authorized Representative





Date: