

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 **76869**FOR SUPPLIES OR EQUIPMENT

76869

P. R. NO. MMD-CMS-2024-04 Dated: 06/03/2024 MODE OF PROCUREMENT REPEAT ORDER

CS No. _____ AC No. ____ DATE OF P.O. ____ JULY 03, 2024 .

TO: Sup Address	plier/Dealer (COSMO MEDI Street, Scout Corporate	CAL, INC. Plaza Tower 2, 26th St., cor.	. 11th Ave	nue, BGC, Tagui	ig City
Is to be Locatio	made: Ma		on/Unit where delivery agement Division	Delivery period: 7 working days Performance Security Posted: Cash / Cashier's / Manager's Check No. PCMC O.R. No. Amount P			
Item No.	QTY.	UNIT	on of Congress of	ARTICLES		UNIT COST	TOTAL COST
1	2,000 -	pc /	Blood Transfusion Set IV Administration Set 215-225cm LENGTH TUBING, CLEAR, SLIP TIP 100'sbox, COS-MED <			25.00	50,000.00
2	4,500 4	pc /	Solution Administration Set AdulT (SASA) Macroset 215-225cm length tubing, luer lock connector, no kink Y-site injector port, 300's/box, COS-MED /				72,000.00
3	2,800	pc '	Solution Administration Set Pedia (SASP) Microset 215-225cm length tubing, luer lock connector, no kink Y-site injector port, 300's/box, COS-MED / Volume Control Administration Set 100ml w/ clear calibrated cyclinder, clear tubing and chamber, luer lock connector, Y site injection port microdip 50's/box,			19.00	53,200.00
4	5,000	pc '				125.00	625,000.00 t 800,200.00 vvvvvvvvvvvvvvvv
			cos-MED / *********** nothing follows **********			(Eight hundred two hundred pe	thousand eos only) 2
				RIALS MANAGEMENT DIVISI st One (1) year expiration ;			
1. One-tent Once the curi the Procuri action and 2. Excess in	mulative amount ng Entity may rese remedies availabl price, if procurre	ercent (1%) of the of liquidated date cind or terminate the under the circuid from third part	e cost of unperformed portion for mages reaches 10% of the amount the contract, without prejudice to	everyday of delay. of the contract, other courses of rocurement; and livered item/s.	1. Staggered D 2. Delivery will Delivery Confir 3. Delivery is v Delivery Confir 4.PCMC has the in this PO for journey where the away	elivery/Payment I take effect upon re mation of Quantity/I within 7 working days mation e right to reject or ca ustifiable and reason of will not benefit the onditions specified or	ceipt of Date Supon receipt of Incel any items Table ground Government
/mrpe Funding	Code _ c	-02-03-	080 mg 7/10/24	e w de w de	TOTAL	AMOUNT P	800,200.00
APPRO	Chief Accounts VED: ALCONOMICS CONTAINED CONTAINED CONTAINED	PBA MBA	☐ P.R. No. ☐ Abstract ☐ Canvass ☐ Notarize Exclusiv ☐ Justificat ☐ Others	of Canvass/Bids Sheet/Tender of Bids d Certification of e Distributor	today Order, bound of the applica	the copy of and held t by the terms a contract and ble.	hat I received this Purchase the Company and stipulation d other laws
Distribu		ite (Origina	l) - Attachment to pa	ayment	Pink	- Supply a	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-2024-220

July 03, 2024
COSMO MEDICAL, INC. Unit 2310 High Street Scout Corporate Plaza Tower 2, 26th St., cor. 11th Avenue, BGC, Taguig City Tel. No.: (02) 8564-2262
Sir/Madam:
This is to inform you that Purchase Order No as a result of Repeat Order for the Procurement of Various Medical Supplies 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: _____