



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 **76870** **76870**  
 FOR SUPPLIES OR EQUIPMENT  
 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: Supplier/Dealer Contractor **MEDICAL CENTER TRADING CORPORATION**  
 Address: **Pioneer Street, cor. Shaw Blvd., Pasig City**

Department/Office/Division/Section/Unit where delivery Is to be made: **Materials Management Division**  
 Location: **Ground Floor, PCMC Bldg.**  
 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 \_\_\_\_\_

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	720	pc	Plaster, Surgical Cloth 1" 5m <b>LEUKOPLAST</b> ***** nothing follows ***** NOTE: For the use of <b>MATERIALS MANAGEMENT DIVISION</b> <i>All deliveries shall have at least One (1) year expiration period</i>	299.32	215,510.40 (Two hundred fifteen thousand five hundred ten pesos & 40/100 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 **5-02-03-080** *mgd 7/16*  
**TOTAL AMOUNT P 215,510.40**

FUNDS AVAILABLE: **215,510.40**  
 Attachments:  
 P.R. No.  
 Abstract of Canvass/Bids **MMD-CMS-2024-04**  
 Canvass Sheet/Tender of Bids  
 Notarized Certification of Exclusive Distributor  
 Justification  
 Others **BAC RES # R2024-06-325**  
**NTP-PROC-R2024-221**  
**NOA-2024-089**

LEA M. VILLALOBOS, DBA, MBA  
 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**

24-24405F



Republic of the Philippines  
DEPARTMENT OF HEALTH  
PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100

website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)

Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE TO PROCEED  
NTP-PROC-2024-221**

July 03, 2024

**MEDICAL CENTER TRADING CORPORATION**

Pioneer St. corner Shaw Blvd.,



Pasig City

Tel. No.: 8631-1715 local 215-217

Sir/Madam:

This is to inform you that Purchase Order No. 76870 as a result of Repeat Order for the Procurement of 720pc Plaster, Surgical Cloth 1" 5m "LEUKOPLAST" 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: \_\_\_\_\_

