

Republic of the Philippines PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332

Fax No.: 85889997 • E-mail: pcmcproc@gmail.com

TO: Supplier/Dealer Contractor: FAS DIAGNOSTIC GROUP INC.

PURCHASE ORDER: 77176

Date of P.O:

2024-09-12 Dated: 2024-06-26

PR NO: CTL-2024-006 MODE OF PROCUREMENT: Direct Contracting

(50)

1468 Lantin St., Paco, Manila / com02@fas.ph, com07@fasdiagnosticgroup.com,

		ore	enzo.ra	s@gmail.com / 2498660 to 64				THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1			
Departm	ent/C	offic	e/Divisi	on/Section/Unit where delivery	Delivery pe	riod: 7 W	orkina D	ays Other Te	rms:		
Is to be				Is Management Division	Performance Security Posted:						
Location		_		Floor, PCMC Bldg	☐ Cash ☐ Bank Guarantee ☐ Security Bond						
Special Instruction					No: Amount P:						
Item No	QT		UNIT	ARTICLES		Name of Street, or other		UNIT COST		AL COST	
		_		"ADDITIONAL PURCHASE OF REAGENTS		AGULATIO	N				
	MACHINE"								1.		
1	3	_	bx 🖊	STA Cuvettes, 1000 cups per roll, 6	roll, 6 rolls per box			15,434.65	r	46,303.95	
	STAGO .							0			
2	1 bx STA D-Dimer, 190 per kit						95,547.82	1 9	95,547.82		
_				TAGO /				42 747 05	1	05	
3	1	1	DX /	STA Liatest Control 12x2x2 ml	2x2x2 mi			41,747.05	11	41,747.05	
	STAGO /]			2 500 02		
				xxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxx						33,598.82	
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	For the use of Cook! To the a Laboratory									Centavos)	
For the use of Covid Testing Laboratory All deliveries shall have at least One (1) year expiration period											
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Penalty Cla	use for	Del	ayed or Un	satisfactory Deliveries:		Additional	instruction	s & conditions:			
1. One-tent	th (1/10)	of o	ne percent (1%) of the cost of unperformed portion for everyday of			d Delivery/Pr			otion of	
				ages reaches 10% of the amount of the contract, the Pr t, without prejudice to other courses of action and reme				ation of			
under the ci	rcumsta	nces.				3. Delivery	is within 7 W	forking Days upon re	ceipt of Del	ivery	
				third parties, through alternative mode of procurement: erformance security equal to 5% of the undelivered item		4. PCMC has		reject or cancel any it	ems in this	PO for	
justi							nd reasonab	le ground where the a			
		_				Governmen	_				
Funding Code 7-02-03-080 , mg a/17							TOTAL AMOUNT P. 183,598.82				
FUNDS AVAILABLE: # 101 Cox 01 Attachment								CERTIFICA	TION		
7185. 198.82								certify that I receive	ed today	the Original	
								nis is to certify that I received today the Original oppy of this Purchase Order, and held the			
BAC Resolution No: R2024-08-470								bound by the term			
1.5	LEAM VILLALOROS DRA CPA										

Duplicate -Supply and Inventory Management System (SIMS) PO# 77176

APPROVED:

Distribution:

LEA M. VILLALOBOS, DBA, CPA

Chief Accountant

SONIA B. GONZALEZ, M.D., MSCHSM., MPM

Executive Director

Original -

Attachment to payment

□ NOA No: 2024-108

D PhilGEPS Ref No: AMRP No. 2024-608

□ NTP No: 2024-263 / <

Procurement/Materials Management Division

ADPD-PCMC-POF1 Rev 2 02082024

Signature over printed name

Date:



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-2024-263

September 12, 2024

FAS DIAGNOSTIC GROUP INC.

1468 Lantin Street, Paco Manila Tel. No.: (02) 8249-8660 to 64

Sir/Madam:

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. GONZAYEZ, MD, MSCHSM, MPM

Executive Director

CONFORME:

Received Original

Signature Over Printed Name Authorized Representative Date:



