

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

PURCHASE ORDER: 77247

Date of P.O: 2024-09-30

PR NO: PATHOBB2024-17 . Dated: 2024-08-27

MODE OF PROCUREMENT: Direct Contracting ,

(50)

TO: Supplier/Dealer C	ontractor: DISTRIBUTION SOLUTIONS PHILS., INC.							
Address: 3/F Alexcy One Bldg., #51 President's Avenue, BF Homes, Parañaque City /								
jgcalica@distriphil.com / sjfritual@distriphil.com / jkcsaludar@distriphil.com / 8801-2339								

s to be	made:	Þ	lateri	ion/Section/Unit where delivery als Management Division I Floor, PCMC Bldg	Delivery period: 7 Working Performance Security Post U Cash U Bank Guard	red:		
Special Instruction No:					- 1	Amount P:		
tem No	QTY	П	UNIT	ARTICLE	S	UNIT COST	TOTAL COST	
1	9 •		set	good for 15 days, Ortho		7,000.00	63,000.00	
2	8	1	box	ORTHO 6902040 Ortho BLISS (3x10ml) 150 test/10ml, 450 test/Box, Ortho ORTHO		5,100.00	40,800.00	
3	18	,	box	707100 ABO Reverse Grouping Ca 400 tests/ Pack, Ortho BioVue	25,500.00	459,000.00		
4	4	-	box	ORTHO 707300 AHG Polyspecific Cassette cassettes/box, 800 tests/ Pack, Or	35,000.00	/ 140,000.00		
5	2		vl	ORTHO 719000 Pooled Screening Cells (1x20 ml) 1000 test/box, 1000 tests/ 1 set good for 30 days, Ortho ORTHO		16,000.00	32,000.00	
6	8	0	box	719102 0.8 % Surgiscreen 3 cells panel (3x10 ml) 150 test/box, 150 tests/ Pack, Ortho ORTHO		7,000.00	56,000.0	
7	2	1	set	719402 0.8% Resolve Panel C (22x3ml) 50 test/box,150 tests/ Pack, Ortho		9,000.00	18,000.0	
8	2	-	set	ORTHO 719522 0.8% Resolve Panel B (11) tests/ Pack, Ortho ORTHO	x3ml) 50 test/box, 150	12,000.00	24,000.00	
				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ood Bank		P 832,800.00 (Eight Hundred Thirty Two Thousand Eight Hundred Pesos	

Penalty Clause for Delayed or Unsatisfactory Deliveries:

1. 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 procurred 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:

1. Staggered Delivery/Payment

2. Delivery will take effect upon receipt of Delivery Confimation of Quantity/Date

3. Delivery is within 7 Working Days upon receipt of Delivery Confirmation

4. 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

Funding Code	C - 02-03-0	-/W	TOTAL AMOUNT R 832,800.00
LEA M. VII Chi APPROVED: SONÍA B. GONZ	BLE: \$832 800 LLALOBOS, DBA, CP lef Accountant ALEZ M.D., MScHSI ecutive Director	☐ PR No: PATHOBB2024-17 ☐ Abstract of Canvass/Bids: AQ(DC)-2024-085 ☐ BAC Resolution No: R2024-09-541 ☐ NOA No: 2024-127 ☐ NTP No: 2024-271 ☐ PhilGEPS Ref No: ☐ AMRP No.	CERTIFICATION This is to certify that I received today the Original 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:	Original - Duplicate -	Attachment to payment Procurement/Materials Management Division	



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-2024-271

September 30, 2024

DISTRIBUTION SOLUTION PHILS, INC.

3/F Alexcy One Bldg., #51 President's Avenue, BF Homes, Phase 1, Parañaque City

Tel No.: 8801-2339

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. GONZALEZ, MD, MScHSM, MPM Executive Director

CONFORME:

Received Original

Signature Over Printed Name Authorized Representative Date:

MM

