

Republic of the Philippines PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

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

PURCHASE ORDER: 77292

Date of P.O: 2024-10-01

Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332 PR NO: PATHO-2024-034 Dated: 2024-08-15

MODE OF PROCUREMENT: NP-SVP (53.9)

TO: Supplie	r/Dealer Contractor:	TRACE BIOME	DICAL CORPO	RATION		
Address:	No. 44 Examiner	Street, Brgy. W	est Triangle,	Quezon City / a	andrew_ong@tr	acebiomedical.com /
	iames iasi@vahoo	com / james i	anacio@trace	hiomedical.com	m / 8925 0500 /	+639399344446

			on/Section/Unit where delivery		riod: 7 Working Days	Other Te	rms:
					e Security Posted:		
Location			Floor, PCMC Bldg	☐ Bank Guarantee		ity Bond	
Special I	nstructio		ADTICL	No:	1 1111	Amou	
	QTY	UNIT	ARTICLI		UNI	T COST	TOTAL COST
1	1800 -	pc /	Mac Conkey Agar plate, 10 pla			42.50	76,500.00
			90x15mm w/ cover, vacuumed	sear plastic,			
			sterileBACTEFAST .	Haue vvvvevv	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7 P 76,500.00
			xxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				(Seventy Six
			NOTE: At least 30 day expiration period from the day of delivery				Thousand Five
							Hundred Pesos)
					1		
)		
One-tent cumulative a may rescind under the ci Excess in	th (1/10) of or amount of liqu or terminate roumstances in price, if pro-	ne percent (1 idated dama the contract	attisfactory Deliveries: 1%) of the cost of unperformed portion for everyday ages reaches 10% of the amount of the contract, the without prejudice to other courses of action and rethird parties, through alternative mode of procurem formance security equal to 5% of the undelivered it	e Procuring Entity emedies available ent; and	Additional instructions & c 1. Staggered Delivery/Paymer 2. Delivery will take effect upo Quantity/Date 3. Delivery is within 7 Workin Confirmation 4. PCMC has the right to reject justifiable and reasonable gro- Government	t in receipt of Deli- ig Days upon re- t or cancel any it	ceipt of Delivery ems in this PO for

Funding Code	V-02-03-080	mg 10/9	TOTAL AMOUNT P 76,500.00
LEA M. VI Ch APPROVED:	ABLE: \$70,000.00 LAND 0 9 ILLALOBOS, DBA, CPA nief Accountant Seyle ZALEZ, M.D., MSCHSM, MPM ecutive Director	R2024-530 / INOA No: INTP No:	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:		tachment to payment	