



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: **77392**
 Date of P.O.: **2024-10-21**
 PR NO: **PATHOBB2024-20** Dated: **2024-09-26**
 MODE OF PROCUREMENT: **Direct Contracting (50)**

TO: Supplier/Dealer Contractor: **MEDLINK MARKETING INC.**
 Address: **Suite 301 #77 Visayas Avenue, Quezon City / alma_bobos@medlink-mktg.com / sharon_manalaysay@medlink-mktg.com / lenie_armingol@medlink-mktg.com / joan_granado@medlink-mktg.com / 928-7690 - 928-7690**

Department/Office/Division/Section/Unit where delivery is to be made: **Materials Management Division**
 Location: **Ground Floor, PCMC Bldg**
 Special Instruction: _____
 Delivery period: **7 Working Days** Other Terms: _____
 Performance Security Posted: Cash Bank Guarantee Security Bond
 No: _____ Amount P: _____

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	3720	pcs	"ADDITIONAL QUANTITY REQUIREMENTS OF MACHINE PLACEMENT AGREEMENT FOR THREE (3) YEARS FOR BLOOD BAGM QUINTUPLE WITH FILTER" Blood Bags, Quintuple, 450ml, with filter for Leukodepletion Box of 20's, Fresenius Kabi Composelect FRESENIUS KABI COMPOSELECT xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx For the use of Blood Bank Note: All deliveries shall have at least One (1) year expiration period	1,571.00	5,844,120.00
					P 5,844,120.00 (Five Million Eight Hundred Forty Four Thousand One Hundred Twenty 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.
 2. Excess in price, if procured from third parties, through alternative mode of procurement; and
 3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered items.

Additional instructions & conditions:
 1. Staggered Delivery/Payment
 2. Delivery will take effect upon receipt of Delivery Confirmation 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 **15-02-03-080** *ngd 10/21* **TOTAL AMOUNT P 5,844,120.00**

FUNDS AVAILABLE: **P 5,844,120.00** Attachment
 LEA M. VILLALOBOS, DBA, CPA *11/4*
 Chief Accountant
 APPROVED: *Sonia B. Gonzalez*
SONIA B. GONZALEZ, M.D., MSCHSM, MPM
 Executive Director

PR No: **PATHOBB2024-20**
 Abstract of Canvass/Bids:
 BAC Resolution No: **R2024-10-587**
 NOA No:
 NTP No: **2024-276**
 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 - Attachment to payment
 Duplicate - Procurement/Materials Management Division

24-36358P



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-2024-276**

October 21, 2024

MEDLINK MARKETING, INC.

Suite 301 77 Visayas Avenue,
Quezon City
Tel: 8928-7690

Sir/Madam:

This is to inform you that Purchase Order No. 77392 as a result of **Direct Contracting** for the Procurement of **Additional Quantity Requirements of Machine Placement Agreement for three (3) years for Blood Bag, Quintuple With Filter** 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: _____

