



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: **77425**
 Date of P.O: **2024-10-29**
 PR NO: **PHAR-2024-021-GF** / Dated: **2024-10-04**
 MODE OF PROCUREMENT: **NP-Emergency**
 (53.2)

TO: Supplier/Dealer Contractor: **PHILCARE PHARMA INC.**
 Address: **#3 Mahogany Street, Agapito Subdivision Santo / regulatory3@philcarepharma.com / 682-3466 - 682-3469**

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
 Performance Security Posted: Cash Bank Guarantee Security Bond
 Amount P: _____

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	50	vl	Colistin 2,000,000 IU Powder for Injection Vial "Colisan-2" [Gufic Biosciences Ltd] Box of 1 vial xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx For the use of Pharmacy Division To be sourced from COB All deliveries shall have at least One (1) year expiration period.	2,240.00	112,000.00
					P 112,000.00 (One Hundred Twelve Thousand 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.

Funding Code: **5-02-03-070** / *mgd 11/1/24*
TOTAL AMOUNT P 112,000.00 *mr*

FUNDS AVAILABLE: **₱ 112,000.00**
 Attachment
 PR No: **PHAR-2024-021-GF**
 Abstract of Canvass/Bids: **2024-635**
 BAC Resolution No: **R2024-10-584/ALT R2024-591**
 NOA No:
 NTP No:
 PhilGEPS Ref No:
 AMRP No.
 APPROVED: *[Signature]*
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
 APPROVED: *[Signature]*
SONIA B. GONZALEZ, M.D., MSCHSM, MPM
 Executive Director

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