



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: **77462**
 Date of P.O.: **2024-11-07**
 PR NO: **SR-2024-07** Dated: **2024-10-04**
 MODE OF PROCUREMENT: **Direct Contracting**
 (50)

TO: Supplier/Dealer Contractor: **PENTAGON GAS CORPORATION**
 Address: **Mc Arthur Hi-Way, Brgy San Isidro San Fernan / N/A / 8281-1044 / 8281-7117 - 8281-1044 / 8281-7117**

Department/Office/Division/Section/Unit where delivery is to be made: **Materials Management Division**
 Location: **Ground Floor, PCMC Bldg**
 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	741	cyl	Compressed Air Pentagas xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx For the use of Sterilization Room Delivery: Every Tuesday and Friday (9:00am-11:00am)	400.00	296,400.00
					P 296,400.00 (Two Hundred Ninety Six Thousand Four 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.
 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 item/s.

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**, *mgf 11/2* **TOTAL AMOUNT P 296,400.00**

FUNDS AVAILABLE: **₱ 296,400.00** Attachment
 PR No: **SR-2024-07**
 Abstract of Canvass/Bids: **AQ (DC)-2024-093**
 BAC Resolution No: **2024-10-611**
 NOA No: **2024-138**
 NTP No: **2024-281**
 PhilGEPs Ref No:
 AMRP No.

APPROVED:
LEA M. VILLALOBOS, DBA, CPA Chief Accountant
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



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-2024-281

November 7, 2024

PENTAGON GAS CORPORATION
Mc Arthur Hi-Way, Brgy. San Isidro, City of San Fernando
Pampanga
Telefax: 8281-1044 / 8281-7117

Sir/Madam:

This is to inform you that Purchase Order No. 77462 as a result of Direct Contracting
for the Procurement of 741 cyl Compressed Air, Pentagas
has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within
Every Tuesday and Friday (9:00am-11:00am) from receipt of this notice and/or Delivery Order Slip for
Staggered Delivery.


SONIA B. GONZALEZ, M.D., MSc, HSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

