



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: **77515**
 Date of P.O: **2024-11-18**
 PR NO: **CTL-2024-010** Dated: **2024-09-02**
 MODE OF PROCUREMENT: **Direct Contracting (50)**

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

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	1	KIT	"ADDITIONAL REAGENTS FOR RTU - AUTOMATED CLINICAL CHEMISTRY ANALYZER" CYSTATIN C (172 TESTS/KIT)	170,000.00	170,000.00
2	1	BOX	ORTHO CLINICAL DIAGNOSTICS CYSTATIN C CALIBRATOR	0.00	0.00
3	1	BOX	ORTHO CLINICAL DIAGNOSTICS CYSTATIN C CONTROL	0.00	0.00
xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx For the use of Covid Testing Laboratory All deliveries shall have at least One (1) year expiration period					₱ 170,000.00 (One Hundred Seventy 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.

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: **5-02-03-080** / *mgid 11/18*
TOTAL AMOUNT ₱ 170,000.00 *dnv*

FUNDS AVAILABLE: **₱ 170,000.00**
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
APPROVED:
SONIA B. GONZALES, M.D., MSChSM, MPM
 Executive Director

Attachment
 PR No: **CTL-2024-010**
 Abstract of Canvass/Bids:
AQ(DC)-2024-096
 BAC Resolution No: **R2024-11-623**
 NOA No: **2024-141**
 NTP No: **2024-286**
 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

24-39026F

170000



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-2024-286**

November 18, 2024

DISTRIBUTION SOLUTIONS PHILS., INC.

Unit 401, 3rd Floor Alexcy One Building
#51 President's Ave., BF Homes,
Phase 1, Parañaque City
Tel No.: 8801-2339

Sir/Madam:

This is to inform you that Purchase Order No. 77515 as a result of Direct Contracting for the Procurement of Additional Reagents for RTU - Automated Clinical Chemistry Analyzer 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.

Ma. Em. Jansen
for **SONIA B. GONZALEZ, MD, MSChSM, MPM**
Executive Director *[Signature]*

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

