



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: **77499**

Date of P.O: **2024-11-15**

PR NO: **PHAR-2024-020-GF** Dated: **2024-10-17**

MODE OF PROCUREMENT: **NP-Emergency**  
 (53.2)

TO: Supplier/Dealer Contractor: **METRO DRUG, INC.**  
 Address: **Manalac Ave., Bagumbayan, Taguig City / ADizon@metrodrug.com.ph / 8837-3044 - 8802-7575**

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	1250	vl	Heparin Sod (unfractionated) vl 1000IU/mL, 5mL (IV,SC) "Sakarín" 5000 [ Sakar Healthcare Ltd ] xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx For the use of Pharmacy Division To be sourced from COB All deliveries shall have at least One (1) year expiration period.	78.00	97,500.00
					<b>P 97,500.00</b> (Ninety Seven Thousand Five 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 items.

Funding Code: **5-02-03-070** / *mgd/llr/bet* **TOTAL AMOUNT P 97,500.00** *dmr*

FUNDS AVAILABLE: **P 97,500.00**  
*for release upon*  
**LEA M. VILLALOBOS, DBA, CPA**  
 Chief Accountant  
 APPROVED: *[Signature]*  
**SONIA B. GONZALEZ, M.D., MSChSM, MPM**  
 Executive Director *[Signature]*

Attachment  
 PR No: **PHAR-2024-020-GF**  
 Abstract of Canvass/Bids: **2024-665**  
 BAC Resolution No: **R2024-10-604/ALT-2024-635**  
 NOA No: \_\_\_\_\_  
 NTP No: \_\_\_\_\_  
 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