Republic of the Philippines PHILIPPINE CHILDREN'S MEDICAL CENTER Quezon Avenue, Quezon City

Contractor: BIOMEDICA HEALTH CARE INC /

Quezon Avenue, Quezon City

Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332

Fax No.: 85889997 • E-mail: pcmcproc@gmail.com

Date of P.O: December 17.2024

PR NO:GND-2024-007 Dated: June 27,2024

MODE OF PROCUREMENT: Public Bidding

PURCHASE ORDER: 77651

			City Tel. No.: 8890-24		biomedicahealt	hcare.com			
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	NZALEZ,M.D cecutive Dir	,MScHSM,MPM ector	AMRP No.	1 220203 /	Signatu Date:	Signature over printed name ate:			
Distribution:	Origina Duplica		achment to payment curement/Materials Mar	nagement Division					

Republic of the Philippines

PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City Date of P.O: December 17.2024
Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332 PR NO:GND-2024-007 Dated: June 27,2024

Fax No.: 85889997 • E-mail: pcmcproc@gmail.com

PURCHASE ORDER:

MODE OF PROCUREMENT: _

epartn	nent/Off	ce/Division/Section	/Unit where delivery	Delivery period: 7 V	Vorking Days	Other Ter	ms:	
		Materials Manag	ement Division	Performance Securi	ty Posted:			
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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-2024-312

December 17,2024

BIOMEDICA HEALTH CARE, INC.

HV Dela Costa Street

Makati City

Tel. No.: 8890-2463

E-mail Add.: info@biomedicahealthcare.com

Sir/Madam:

This is to inform you that Purchase Order No. <u>77651</u> as a result of <u>Public Bidding</u> for the Procurement of <u>Supply and Delivery of Seven (7) units of Emergency Cart</u> has been approved.

You may now proceed with the delivery of items listed in the attached Purchase Order within Forty-five to Sixty (45 to 60) Calendar days upon receipt of the approved Purchse Order/Notice to Proceed

MA. In Joyun

Executive Director.

CONFORME:

Received Original

Signature Over Printed Name Authorized Representative

Date: _____



