



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: **77728**

Date of P.O.: **2025-01-09**

PR NO: **PHAR-2025-002-GF** • Dated: **2024-10-15**

MODE OF PROCUREMENT: **PB (Goods)**

TO: Supplier/Dealer Contractor: **UNILAB, INC.**
 Address: **66 United Street, Mandaluyong City / mbmagno@unilab.com.ph / 858-1982 - 858-1981**

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: **Letter of Credit - BPI**
 Performance Security Posted: **02026520345837**
 Cash Bank Guarantee Security Bond **January 15, 2025**
 No: _____ Amount P: **165,980.00**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	23800	tab	Potassium (as citrate) 10 mEq tablet "Tascit" [Amherst Laboratories, Inc.] xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx For the use of Pharmacy Division Conforms to the attached Terms of Reference For the use of Pharmacy Division (CY 2024) To be sourced from COB All deliveries shall have at least One (1) year expiration period ---VAT EXEMPT---	5.20	123,760.00

P 123,760.00
 (One Hundred
 Twenty Three
 Thousand
 Seven Hundred
 Sixty 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 **50203070** *mgf 1/14/25* **TOTAL AMOUNT P 123,760.00** *dmr*

FUNDS AVAILABLE: **123,760.00**

Attachment
 PR No: **PHAR-2025-002-GF**
 Abstract of Canvass/Bids: **2025-001**
 BAC Resolution No: **R2025-00-009**
 NOA No: **NOA-2025-002-022**
 NTP No: **2025-010**
 PhilGEPS Ref No: **11316716**
 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

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

Maria Eva L. Johnson
MARIA EVA L. JOHNSON, MD, MSChSM, MPM
 OIC Executive Director

Signature over printed name
 Date:

Distribution: Original - Attachment to payment
 Duplicate - Procurement/Materials Management Division
250113SF



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-2025-010

January 9, 2025

UNILAB, INC.
No. 66 United Street
Mandaluyong City
Tel No.: 885-8100
Email Add: egisla@unilab.com.ph

Sir/Madam:

This is to inform you that Purchase Order No. 77727/77728 as a result of Public Bidding for the Procurement of Various Pharmaceutical Supplies CY 2025 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.

Maria Eva Jopson

MARIA EVA I. JOPSON, MD, MSchSM, MPM
OIC, Executive Director *[Signature]*

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

