

## Republic of the Philippines

## PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City Date of P.O: 2025-01-09 
Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332 PR NO: PHAR-2025-001-GF / Dated: 2024-10-15 /

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

PURCHASE ORDER: 77752

MODE OF PROCUREMENT: PB (Goods)

TO: Sup Address				RAUN MEDICAL SU BGC, Taguig City		un.com/-	+632-8	5885600			
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 Performance Security Post Cash Delivery Delive								sted: Insurance Company			
Item No		UNIT	1	ADTIC				UNIT COST		The party of the p	
	960 -		OFOL D (DE)	ARTIC	LE2		-			COST	
2	9000	bt '	05% D (D5W) 250mL (IV inf) "5% Dextrose In Water Solution For IV Infusion " Box of 30's - [ B. Braun Medical Industries, Malaysia] - Isotonic Electrolyte Solution, 1L - Sterofundin Iso Ep 1000 ml, (Box Of 10s)					98.00		5,000.00	
			Conforme to	n" - lelsungen, Germany; xxxxxxxxx Nothing F For the use of Pha to the attached Terms of R 024) To be sourced from One (I) year exp	Follows XXXXXXXX rmacy Division reference For the use COB All deliveries sh	of Pharmacy	y	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	(On Nine I Thirty Ti	0,080,00 e Million Hundred housand y Pesos)	
One-tent cumulative a may rescind under the cir 2. Excess in	th (1/10) of on mount of liqui or terminate reumstances or price, if proc	ne percent (1' ildated dama the contract, curred from the	ges reaches 10% o wilhoul prejudice hird parties, throug	erles: nperformed portion for everyd of the amount of the contract, to other courses of action and phalternative mode of procure equal to 5% of the undeliverer	the Procuring Entity remedies available ment: and	2. Delivery will Quantity/Date 3. Delivery is v Confirmation 4. PCMC has the	Delivery/Pa; If take effect within 7 Wo the right to r	& conditions: yment t upon receipt of Deliv orking Days upon receipect or cancel any ite ground where the aw	eipt of Delive	ory Ofor	
Funding Code 50203070 mg 1/16/15							OTAL	TAL AMOUNT P 1,930,080.00			
Attachment  PR No: PHAR-2025-001-GF  Abstract of Canvass/Bids: 2025-001  BAC Resolution No: R2025-00-009  NOA No: NOA-2025-00-009  NOA No: NOA-2025-00-009  NOA No: NOA-2025-00-009  NOA No: NOA-2025-00-009  NTP No: 2024-012  PhilGEPS Ref No: 11316716  AMRP No.  MARIA EVA I. JOPSON. MD. MScHSM. MPM  OIC 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 25-01	on: 50.9F	Original Duplicat		ttachment to payment rocurement/Materials		sion					



## Republic of the Philippines DEPARTMENT OF HEALTH PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100
website: <a href="mailto:www.pcmc.gov.ph">www.pcmc.gov.ph</a> email: <a href="mailto:officeofthedirector@pcmc.gov.ph">officeofthedirector@pcmc.gov.ph</a>
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED NTP-PROC-2025-012

January 9,2025

B. BRAUN MEDICAL SUPPLIES, INC. 5th Ave. Cor Rizal Drive BGC

Taguig City

Tel No.: +632-85885600

Email Add: info.ph@bbraun.com

Sir/Madam:

This is to inform you that Purchase Order No. <u>77752</u> as a result of <u>Public Bidding</u> for the Procurement of <u>Various Pharmaceutical Supplies</u> CY 2025 has been approved.

You may now proceed with the delivery of items listed in the attached Purchase Order within <u>seven (7) working days</u> from receipt of this notice and/or Delivery Order Slip for Staggered Delivery.

MARIA EVA I.JOPSON, MD, MScHSM, MPM OIC, Executive Director

CONFORME:

Received Original

Signature Over Printed Name
Authorized Representative
Date:



