



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: 77760**  
 Date of P.O.: **2025-01-10**  
 PR NO: **PHAR-2025-001-GF** / Dated: **2024-10-15**  
 MODE OF PROCUREMENT: **PB (Goods)**

TO: Supplier/Dealer Contractor: **GENACE PHARMA DISTRIBUTOR**  
 Address: **No. 19 Diamond St., Greenheights Village, San / genacepharma2020@gmail.com / 659-7890**

Department/Office/Division/Section/Unit where delivery is to be made: **Materials Management Division**  
 Location: **Ground Floor, PCMC Bldg**  
 Delivery period: 7 Working Days  
 Performance Security Posted:  Cash  Bank Guarantee  
 Other Terms: **Shinghad Insurance Company Inc. (13) - BDOIC - 3188.05**  
 Security Bond **January 14, 2025**  
 Amount P: **42,270.00**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	10800	tab	Co-amoxiclav tab 500mg + 125mg blister/foil pack Co-Amoxiclav 625 mg Film-Coated Tablet "Clavogen" [ Medopharm Private Limited ]	10.50	113,400.00
2	500	bt	Domperidone susp bt 1mg/mL, 60mL "Accedome" [ Opal Laboratories (Pvt.) Limited ] xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx For the use of Pharmacy Division Conforme to the attached Terms of Reference To be sourced from COB All deliveries shall have at least One (1) year expiration period	55.00	27,500.00
					<b>P 140,900.00</b> (One Hundred Forty Thousand Nine 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.

**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 1/16/25** **TOTAL AMOUNT P 140,900.00**

**FUNDS AVAILABLE: 140,900**  
**LEA M. VILLALOBOS, DBA, CPA**  
 Chief Accountant  
**APPROVED: MARIA EVA L. JOPSON, MD, MSCHSM, MPM**  
 OIC Executive Director

**Attachment**  
 PR No: **PHAR-2025-001-GF**  
 Abstract of Canvass/Bids: **2025-001**  
 BAC Resolution No: **R2025-00-009**  
 NOA No: **NOA-2025-002-007**  
 NTP No: **2025-017**  
 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  
 Signature over printed name  
 Date:

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



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

Quezon Avenue, Quezon City 1100  
website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)  
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED  
NTP-PROC-2025-017

January 10, 2025

**GENACE PHARMA DISTRIBUTOR**

Sitio Calit Banaoang, Calasiao,  
Pangasinan

Tel No.: 02-6597890 / 09166512005

Email Add: [genacepharma2020@gmail.com](mailto:genacepharma2020@gmail.com)

Sir/Madam:

This is to inform you that Purchase Order No. 77760 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 I. JOPSON, MD, MSChSM, MPM  
OIC, Executive Director

CONFORME:

Received Original

\_\_\_\_\_  
Signature Over Printed Name

Authorized Representative

Date: \_\_\_\_\_

