

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: 77771

2025-01-10 Date of P.O:

PR NO: MMD-CMS-2025-01- Dated: 2024-09-17

MODE OF PROCUREMENT: PB (Goods)

TO: Supplier/Dealer Contractor: GENACE PHARMA DISTRIBUTOR

Address: Sitio Calit Banaoang, Calasiao, Pangasinan / genacepharma2020@gmail.com / (02) 659-7890

Department/Office/Division/Section/Unit where delivery Delivery period: 7 Working Days Other Terms: Is to be made: Materials Management Division Performance Security Posted:

		CONTRACTOR OF THE PERSON NAMED IN	Floor, PCMC Bldg	rantee U Security Bond		
	nstructi		ADTEC SO	No: G(13)B0016-3	47709 Amour	t P: 74,310.00
tem No	QTY	UNIT	ARTICLES		UNIT COST	TOTAL COST
1	550	bt	Hydrogen Peroxide bt 3% 120mL - Hydrogen Peroxide 3% (10 volumes GENERIC [Greatstar Laboratories]	s) Topical Solution	15.00	8,250.00
2	700	bt	Povidone lodine Antiseptic 10% 120 Povidone lodine 10% Topical Solution [Greatstar Laboratories]		45.00	31,500.00
3	120	gal	Povidone Iodine Antiseptic 10% 1G Povidone Iodine 10g (10% w/v) per "ZETADONE" [Greatstar Laboratorie	-	895.00	107,400.00
4	1000	bt	Povidone Iodine Antiseptic 10% bt 1 Povidone Iodine 10% Topical Solution [Greatstar Laboratories]		20.00	20,000.00
5	90	gal	Povidone lodine Antiseptic 7.5% 1G Povidone lodine 75mg/ml (7.5% w/ "ZETADONE" [Greatstar Laboratorie	Cleansing Solution)	895.00	80,550.00
			XXXXXXXXXXXXXXXXXX Nothing Folio For the use of Materials Mana	agement Division		P 247,700.00 (Two Hundred Forty Seven
			- Conforme to the attac Reference	hed Terms of (tor) -		Thousand Seven 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.

Excess in price, if procurred from third parties, through alternative mode of procurement; andIn case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

Additional instructions & conditions:

Government

 Staggered Delivery/Payment
 Delivery will take effect upon receipt of Delivery Confimation 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 th

Funding Code 50203080 1/14/2 TOTAL AMOUNT P 247,700.00 CERTIFICATION FUNDS AVAILABLE: 247,7∞ ☐ PR No: MMD-CMS-2025-01 This is to certify that I received today the Original copy of this Purchase Order, and held the ☐ Abstract of Canvass/Bids: AB-2025-003 Company bound by the terms and stipulation of ☐ BAC Resolution No: R2025-00-010 the contract and other laws applicable □ NOA No: 2025-003-08 -

□ NTP No: 2025-027 /

MARIA EVA I. JOSSON, MD, MSCHSM, MPM.

Chief Accountant

OIC Executive Director

Signature over printed name

Date:

Distribution 25-0154SF

APPROVED:

Original -Duplicate - Attachment to payment

DAMRP No.

Procurement/Materials Management Division

D PhilGEPS Ref No: 11316478



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-2025-027

January 10, 2025

GENACE PHARMA DISTRIBUTOR

Sitio Calit Banaoang, Calasiao, Pangasinan Tel. No.: (02) 659-7890

Sir/Madam:

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:





