



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: **77782**

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: **NATRAPHARM INC.**
 Address: **Patriot Bldg. Km 18, West Service Road, South / gleciemontalbanntp@gmail.com; bookings@natrapharm.com / 821-7382 - 823-8508**

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**
 Performance Security Posted: Cash Bank Guarantee
 No: _____
 Other Terms: **sterling Insurance Company Inc. G.C. 137-203515**
 Security Bond **January 15, 2025**
 Amount P: **198,095.16**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	300	bt	Co-amoxiclav susp bt 228.5mg/5mL, 70mL "Natravox" [Lloyd Laboratories, Inc.]	123.20	36,960.00
2	2200	bt	Co-amoxiclav susp bt 457mg/5mL, 70mL "Natravox" [Lloyd Laboratories, Inc.] 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	208.60	458,920.00
					P 495,880.00 (Four Hundred Ninety Five Thousand Eight Hundred Eighty 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 item/s.

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 **50202070** *copy 1/16/25*
TOTAL AMOUNT P 495,880.00

FUNDS AVAILABLE: 495,880-
for release 1/14
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
APPROVED:
Maria Eva Jopson
MARIA EVA J. 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-2025-002-015**
 NTP No: **2025-037**
 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
25-0146SF