



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: 77785

Date of P.O: **2025-01-13**

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

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

TO: Supplier/Dealer Contractor: **OXFORD DISTRIBUTIONS, INC.**
Address: **Unit 1408 14th Floor East Tower, Philippine S / Ibelarmino@oxford.ph / 555- 3333 loc. 4023 / (02) 584-6619 - 584-309**

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
Other Terms: **Alpha Insurance Co. Security Bond January 10, 2025**
Amount P: **2,836,239.90**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1700	tab	Atorvastatin 20mg tab blister/foil pack Film-Coated Tablet, 30's "Lipend 20" [Stallion Laboratories Pvt. Ltd.]	6.38	10,846.00
2	2100	pc	Epoetin A (RH Erythropoietin) pfs 4000 IU/0.4mL (IV,SC) "Repoitin 4000" [Serum Institute Of India Pvt. Ltd.] xxxxxxxxxxxxxxxxxxxxxxxx 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 -----Vat Exempt----	380.00	798,000.00
					P 808,846.00 (Eight Hundred Eight Thousand Eight Hundred Forty Six 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 1/6/25* **TOTAL AMOUNT P 808,846.00**

FUNDS AVAILABLE: **808,846.00** Attachment
1/18
LEA M. VILLALOBOS, DBA, CPA
Chief Accountant
APPROVED:
Ms. En. Johnson
MARIA EVA L. JOHNSON, MD, MSCHSM, MPM
OIC Executive Director

PR No: **PHAR-2025-002-GF**
 Abstract of Canvass/Bids: **2025-001**
 BAC Resolution No: **R2025-00-009**
 NOA No: **NOA-2025-002-016**
 NTP No: **2025-038**
 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
25-0136 SF 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 email: officeofthedirector@pcmc.gov.ph
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE TO PROCEED
NTP-PROC-2025-038**

January 13, 2025

OXFORD DISTRIBUTIONS, INC.
Unit 1408 East Tower, PSEC Exchange road,
Ortigas Center, Brgy. San Antonio,
Pasig City
Tel No.: 09178546532/8555-3333
Email Add: lbelarmino@oxford.ph

Sir/Madam:

This is to inform you that Purchase Order No. 77784/77785 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: _____

