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: **77786**
Date of P.O: **2025-01-10**
PR NO: **MMD-CMS-2025-01** Dated: **2024-09-17**
MODE OF PROCUREMENT: PB (Goods)

TO: Supplier/Dealer Contractor: **MEDICAL CENTER TRADING CORPORATION**
Address: **Pioneer St. Cor. Shaw Blvd., Pasig City / genesis_mms@yahoo.com, ellen_constantino25@yahoo.com, salesdept.medicalcentertrading@gmail.com / 631-1715 - 631-7869**

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 Other Terms: _____ Performance Security Posted: ☐ Cash ☐ Bank Guarantee ☐ Security Bond No: **020265 20346186** Amount P:**114,547.44**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	2400	pc	Container, Sharp 5 lit, made of heavy-duty plastic, tight-fitting, puncture-resistant lid, properly labeled "MC" [SINTRUE]	119.00	285,600.00
2	4800	rl	Plaster, Surgical Cloth 1" 5m "LEUKOPLAST" [BSN MEDICAL INC.]	299.32	1,436,736.00
3	480	rl	Plaster, Surgical Cloth 2" 5m "LEUKOPLAST" [BSN MEDICAL INC.]	528.36	253,612.80
4	100	gal	Handwash, Surgical Antiseptic solution, (4% Chlorhexidine Gluconate) 5 liter GENERIC [KOHL INDUSTRIES]	3,150.00	315,000.00
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx For the use of Materials Management Division *** All deliveries shall have at least One (1) year expiration period *** - Conforme to the attached Terms of Reference -		P 2,290,948.80 (Two Million Two Hundred Ninety Thousand Nine Hundred Forty Eight Pesos And Eighty Centavos)

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 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 the Government

Funding Code 50203080   mgf 1/16/25

TOTAL AMOUNT P 2,290,948.80

FUNDS AVAILABLE: 2,290,948.80 Attachment

☐ PR No: **MMD-CMS-2025-01**
☐ Abstract of Canvass/Bids: **AB-2025-003**
☐ BAC Resolution No: **R2025-00-010**
☐ NOA No: **2025-003-17**
☐ NTP No: **2025-039**
☐ PhilGEPS Ref No: **11316478**
☐ AMRP No.

LEA M. VILLALOBOS, DBA, CPA
Chief Accountant

APPROVED:

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: 25-0163 ST	Original - Attachment to payment
	Duplicate - Procurement/Materials Management Division

NOTICE TO PROCEED
NTP-PROC-2025-039

January 10, 2025

MEDICAL CENTER TRADING CORPORATION
Pioneer Street corner Shaw Boulevard
Pasig City
Tel. No.:(02) 8631-1715

Sir/Madam:

This is to inform you that Purchase Order No. __77786__ as a result of **Public Bidding** for the Procurement of __Various Common Medical Supplies__ 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: _____

PhilHealth Accredited

Management System
ISO 9001:2015
ISO 14001:2015
ISO 45001:2018
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