



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: **77787**  
 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: **MEDIKWELT MARKETING CORP.**  
 Address: **23/F, Unit 2307-2308, Entrata Tower-1, Alabang, Muntinlupa City / msherwillynn8@gmail.com / medikwelt.lynn@gmail.com / 0955-5697556 / 0917-8346846**

Department/Office/Division/Section/Unit where delivery is to be made: **Materials Management Division**  
 Location: **Ground Floor, PCMC Bldg**  
 Delivery period: **7 Working Days** Other Terms: \_\_\_\_\_  
 Performance Security Posted:  
 Cash  Bank Guarantee  Security Bond  
 No: **169252** Amount P: **3,625.00**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	500	pr	Gloves, surgical powder free/ latex free 6.5 50 pairs per box "EPIC N" [WRP Asia Pacific Sdn Bhd]	30.00	15,000.00
2	5000	pr	Gloves, Surgical Sterile, powder-free 7.5 50 pairs per box "BIOGLOVES" [Top Glove Sdn. Bhd.]  xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx For the use of Materials Management Division *** All deliveries shall have at least One (1) year expiration period *** - Conforms to the attached Terms of Reference (TOR) -	11.50	57,500.00
					<b>P 72,500.00</b> (Seventy Two Thousand Five 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 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 **50203080** *mgs 1/16/25*

**TOTAL AMOUNT P 72,500.00** *mt*

FUNDS AVAILABLE: **72500**  
*gabalah 1/17*  
**LEA M. VILLALOBOS, DBA, CPA**  
 Chief Accountant  
 APPROVED:  
*Ms. En Joran*  
**MARIA EVA L. JORAN, MD, MSCHSM, MPM**  
 OIC Executive Director *mt*

**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  
**25-01645F**



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-2025-040**

January 10, 2025

**MEDIKWELT MARKETING CORPORATION**

23/F, Unit 2307-2308, Entrata Tower-I,  
Alabang, Muntinlupa City  
Tel. No.: 0955-5697556 / 0917-8346846

Sir/Madam:

This is to inform you that Purchase Order No. 77787 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: \_\_\_\_\_

