



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: 77795
 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: **UNDECIM MEDICAL SUPPLIES**
 Address: **Unit 103/105 No. 70 Holy Spirit Residence cor. Paraluman Street, Don Antonio Drive, Holy Spirit Quezon City / undecimmedicalsupplies@gmail.com / 7945-5823 - 7211-1337**

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: **G(13) B28-0067046** Amount P: **144,000.00**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	200	pc	Anesthesia Gas Sampling Line Generic [UPNMED]	1,650.00	330,000.00
2	100	pc	Invasive Blood Pressure Transducer (Utah type) "Able" [GUANGDONG BAIHE MEDICAL TECHNOLOGY CO., LTD.]	1,500.00	150,000.00
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) - <i>M</i>					P 480,000.00 (Four Hundred Eighty Thousand 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 **502 03 080** *mgs 1/16/25*

TOTAL AMOUNT P 480,000.00 *dm*

FUNDS AVAILABLE: **480,000**
for release 1/17
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
 APPROVED:
Maria Eva Lopez
MARIA EVA L. LOPEZ, 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: Original - Attachment to payment
 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-2025-048

January 10, 2025

UNDECIM MEDICAL SUPPLIES

Unit 103-105 No. 70 Holy Spirit Residence
cor. Paraluman Street, Don Antonio Drive,
Holy Spirit, Quezon City
Tel. No.: (02) 7217-3224 / 7278- 6632

Sir/Madam:

This is to inform you that Purchase Order No. 77795 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: _____



