



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: **77842**
 Date of P.O.: **2025-01-17**
 PR NO: **PERI-2025-01** Dated: **2024-10-16**
 MODE OF PROCUREMENT: **PB (Goods)**

TO: Supplier/Dealer Contractor: **DISTRIBUTION SOLUTIONS PHILS., INC.**
 Address: **3/F Alexcy One Bldg., #51 President's Avenue, BF Homes, Parañaque City / jgcalica@distriphil.com / sjfritual@distriphil.com / jkcsaludar@distriphil.com / 8801-2339**

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 Security Bond
 Other Terms: **Sterling Insurance Company Inc. G(13)MKT-0213458 Jan. 24, 2025**
 Amount P: **17,430.34**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	252	pc	Suture, Polyglactin 2/0, undyed braided absorbable tapercut 35mm 1/2 circle Novosyn Violet Dyed Suture with Needle, Novosyn Violet 2/0 (3) 90CM HR37S (M)RCP xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx For the use of Perinatology Division All deliveries shall have at least 1 year expiration period	230.56	58,101.12

P 58,101.12
 (Fifty Eight Thousand One Hundred One Pesos And Twelve 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 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 **5-02-03-080** *mgd/1/11/25* **TOTAL AMOUNT P 58,101.12** *dm*

FUNDS AVAILABLE: **₱ 58,101.12**
Galalobos 1/21
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
 APPROVED:
Maria Eva I. Jopson
MARIA EVA I. JOPSON, MD, MSCHSM, MPM
 OIC Executive Director

Attachment
 PR No: **PERI-2025-01**
 Abstract of Canvass/Bids:
 BAC Resolution No: **2025-00-030**
 NOA No: **2025-030-003**
 NTP No: **2025-086**
 PhilGEPS Ref No:
 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

25-01945F



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-2025-086

January 17, 2025

DISTRIBUTION SOLUTIONS PHILS., INC.
3rd Floor Alexcy One Bldg.
51 President's Ave., BF Homes,
Phase 1, Paranaque City
Tel: 8801-2339 / 09778365096

Sir/Madam:

This is to inform you that Purchase Order No. 77842 as a result of Public Bidding
for the Procurement of Various Direct Medical Supplies CY 2025
has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within
7 (Seven) 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: _____

