

Republic of the Philippines

PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332 PR NO: PICU-2025-01

Fax No.: 85889997 • E-mail: pcmcproc@gmail.com

PURCHASE ORDER: 77856

Date of P.O: 2025-01-20

Dated: 2024-09-24 MODE OF PROCUREMENT: PB (Goods)

TO: Supplier/Dealer Contractor: LIFELINK, INC.

825 8th Floor Cityland Shaw Tower Shaw Blvd, / N/A / 635-9747 - 635-9748

Other Terms: Managers sheek Metrobank, 171626 Department/Office/Division/Section/Unit where delivery Delivery period: 7 Working Days

s to be made: Materials Management Division		erformance Security Posted:	January su, 2025 U Security Bond			
Location			Floor, PCMC Bldg	Cash 😀 Bank Guarantee		
Special I			No.			nt P: 11,535,00
Item No	QTY	UNIT	ARTICLES		T COST	TOTAL COST
1	80 0	pc /	Eye sheet, disposable Ophtha Incision Curettage, 40pcs/box, Hefei	, STERILINE	240.00	19,200.00
2	50 .	set ,	Resuscitator, Adult w/mask, tubing, reservoir bag (Disposable) with container Single Use Manual Resuscitator, Adult, with tackle box, 20pcs/box, DEVOTOR Non-Change Enterprise Co.		950.00	47,500.00
3	80 ,	set 🗸	Resuscitator, pedia w/mask, tubing, re (Disposable) with container Single Use Manual Resuscitator, Pedia, 20pcs/box, DEVOTOR Non-Change Enterprise Co.		850.00	68,000.00
4	600 <i>C</i>	pc '	Suction Liner, 1L . CRD Liner 1000mL, 100pcs/box, MEDI-Cardinal Health .	-VAC .	160.00	96,000.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			1 P 230,700.00 (Two Hundred Thirty Thousand Seven Hundred Pesos)

Penalty Clause for Delayed or Unsatisfactory Deliveries:

 One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for everyday of delay. Once the cumulative amount of figuidated 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.

Excess in price, if procurred from third parties, through alternative mode of procurement, and
 In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

Additional instructions & conditions:

Staggered Delivery/Payment
 Delivery will take effect upon receipt of Delivery Confimation of Quantity/Date

3. Delivery is within 7 Working Days upon receipt of Delivery

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

TOTAL AMOUNT P 230,700.00

1-02-07-086 FUNDS AVAILABLE: \$230, 700.00 CERTIFICATION Attachment ⊔ PR No: PICU-2025-01 / This is to certify that I received today the Original copy of this Purchase Order, and held the ☐ Abstract of Canvass/Bids: Company bound by the terms and stipulation of □ BAC Resolution No: 2025-00-030 LEA M. VILLALOBOS, DBA, CPA the contract and other laws applicable ⊔ NOA No: 2025-027-001 , Chief Accountant UNTP No: 2025-094 U PhilGEPS Ref No: APPROVE LI AMRP No. Me En & MARIA EVA I. JOPSON, MD. MSCHSM, MPM

OIC Executive Director

Signature over printed name Date:

Distribution:

Funding Code

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-2025-094

January 20, 2025
LIFELINK, INC. 825 8th Floor Cityland Shaw Tower Shaw Blvd. cor. St. Francis Street Mandaluyong City Tel: 635-9747 / Fax: 635-9748
Sir/Madam:
This is to inform you that Purchase Order No. 77856 as a result of Public Bidding for the Procurement of Various Direct Medical Supplies (PICU) CY 2025
has been approved.
You may now proceed with the delivery of the 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:

