



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: **77865**
 Date of P.O: **2025-01-21**
 PR NO: **SURGERY-2025-01** Dated: **2024-09-30**
 MODE OF PROCUREMENT: **PB (Goods)**

TO: Supplier/Dealer Contractor: **IDS MEDICAL SYSTEMS PHILIPPINES, INC.**
 Address: **Unit 1010, BTTC Centre 288 Ortigas Ave., cor. Roosevelt Street, Greenhills, San Juan City / shanedomalaon@idsmed.com / rogervepace@yahoo.com / greseljoyballado@idsmed.com / 737-9898 - 721-0794**

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
 No: **6(13) 183 688** Amount P: **23,550.00**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	500	pr	Neoprene Surgical Gloves, Size 7.5 ANSELL GAMMEX NON LATEX NEOPRENE GLOVES, ANSELL Gammex ANSELL	65.00	32,500.00
2	400	pr	Neoprene Surgical Gloves, Size 7 ANSELL GAMMEX NON LATEX NEOPRENE GLOVES, ANSELL Gammex ANSELL	65.00	26,000.00
3	80	pc	Surgical, skin marker, 4 in 1 dual ink marker SANDEL 4-in1 Skin Marker, SANDEL ANSELL SANDELL XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX For the use of Pediatric Surgery Division All deliveries shall have at least 1 year expiration period	250.00	20,000.00
					P 78,500.00 (Seventy Eight 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 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 **50203080 mgf 1/27/25**

TOTAL AMOUNT P 78,500.00

FUNDS AVAILABLE: **78,500.00**
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant

Attachment
 PR No: **SURGERY-2025-01**
 Abstract of Canvass/Bids:
 BAC Resolution No: **2025-00-030**
 NOA No: **2025-029-004**
 NTP No: **2025-105**
 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

APPROVED:
MARIA EVA I. JAPON, MD, MSCHSM, MPM
 OIC Executive Director

Signature over printed name
 Date:

Distribution:
 25-0241 SF 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-2025-105

January 21, 2025

IDS MEDICAL SYSTEMS PHILIPPINES, INC.
Unit 1010, BTTC Centre,
288 Ortigas Ave. cor. Roosevelt St.
San Juan City
Tel: 737-9898 / Fax; 721-0794

Sir/Madam:

This is to inform you that Purchase Order No. 77865 as a result of Public Bidding
for the Procurement of Direct Medical Supplies (Pediatric Surgery) 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: _____

