

Republic of the Philippines

TO: Supplier/Dealer Contractor: LUNARMED PHARMA TRADING

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: 77926

Date of P.O: 2025-02-03

PR NO: PHAR-2025-001-GF Dated: 2024-10-15

MODE OF PROCUREMENT: NP-Emergency

(53.2)

Address			AL ORDONEZ 6-4740; 0947	, CONCEPCION II, M 7141019	IARIKINA CITY / Iun	narmed	Igladys	lirios04@	gmail.com /
Department/Office/Division/Section/Unit where delivery					Delivery period: 7 Working Days Other Terms:				
Is to be made: Materials Management Division					Performance Security Posted:				
Location: Ground Floor, PCMC Bldg					☐ Cash ☐ Bank Guarantee ☐ Security Bond				
Special I					No:			Amour	AND DESCRIPTION OF THE PARTY OF
Item No	QTY	UNIT		ARTICLES			UNIT	COST	TOTAL COST
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			XXXXXXXXXXX	xxxxxxx Nothing Follo		XXXX			P 4,480.00
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			- atkast One (1) year expiration period						Four Hundred Eighty Pesos)
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			atisfactory Deliverie	is: Iformed portion for everyday of	delay. Once the cumulative am	nount of Na	uldated dan	nance reaches	0% of the amount of the
contract, the	Procuring E	ntity may reso	and or terminate the	contract, without prejudice to oth	ner courses of action and remed				
2. Excess in price, if procurred 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.									
Funding	Code				1/	TOTA	LAMO	UNT P 4	.480.00
a namy		C-03	-03-070	- my	7	1.011		1	, ,
FUNDS AVAILABLE: \$ 11 //op 60. Attachment							CERTIFICATION		
14,410.00							is is to certify that I received today the Original		
							py of this Purchase Order, and held the		
BAC Resolution No: R2025-01-092 / Comp.							ompany bound by the terms and stipulation of		
LEA M. VILLALOBOS, DBA, CPAI DNOA No: AI+R 2005 600 time col							tract and	other laws a	pplicable
GIVE NO.									
APPROVED: Description of the Philipper Ref No:									
Ma In June									
MARIA EVA I. JOPGON, MD, MScHSM, MPM Signature over printed nan									inted name
OIC Executive Director Date:									1
			-						l
Distributio	on:	Original	- Atta	achment to payment		1			
		Duplicat		curement/Materials Man	agement Division				