



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: 77832
 Date of P.O.: **2025-01-17**
 PR NO: **PHAR-2025-001-GF** / Dated: **2024-10-15**
 MODE OF PROCUREMENT: **PB (Goods)**

TO: Supplier/Dealer Contractor: **DELEX PHARMA INTERNATIONAL INC.**
 Address: **Lot 4 Blk. 4 Carnation Corner Magnolia Street, Brgy Sauyo, Quezon City / m.camacho@delexpharma.com / 426-0270 to 71 - 696-9835 09985885438**

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
 No: _____
 Other Terms: **Alpha Insurance & Surety Company Inc.**
 Security Bond **January 21, 2025**
 Amount P: **48,600.00**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1800	amp	Norepinephrine bitartrate amp 1mg/mL, 2mL (IV inf) "NOREPIN 2ML" [United Biotech Pvt. Limited] xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx For the use of Pharmacy Division Conforms to the attached Terms of Reference To be sourced from COB All deliveries shall have at least One (1) year expiration period	90.00	162,000.00
					P 162,000.00 (One Hundred Sixty Two 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 **5-02-03-070** / *mgf/1/2/25* **TOTAL AMOUNT P 162,000.00**

FUNDS AVAILABLE: **P 162,000.00**
 Attachment
 PR No: **PHAR-2025-001-GF**
 Abstract of Canvass/Bids: **2025-033**
 BAC Resolution No: **R2025-00-36**
 NOA No: **NOA-2025-038-001**
 NTP No: **2025-075**
 PhilGEPs Ref No: **11503695**
 AMRP No.
 APPROVED: *MA*
LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
 APPROVED: *MEJ*
MARIA EVA I. JOSEON, 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

25-02878P



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-2025-075

January 17, 2025

DELEX PHARMA INTERNATIONAL, INC.
L4 B4 Carnation Cor. Magnolia St.,
Brgy. Sauyo,
Quezon City
Tel No.: +632-8246-0270
Email Add: f.tabinas@delexpharma.com

Sir/Madam:

This is to inform you that Purchase Order No. 77832 as a result of Public Bidding for the Procurement of Various Pharmaceutical Supplies 2025 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 Jopson
MARIA EVA I. JOPSON, MD, MSChSM, MPM
OIC, Executive Director *[Signature]*

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

