



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: 78023
 Date of P.O.: 2025-02-24
 PR NO: RAD-2025-01 Dated: 2024-10-17
 MODE OF PROCUREMENT: Direct Contracting
 (SQ)

TO: Supplier/Dealer Contractor: **MEDILINES DISTRIBUTORS INCORPORATED**
 Address: **3rd Floor Vistamall Hub, C.V. Starr Ave. Pamplona Dos, Las Piñas City / rknicolas@medilines.com.ph / 0995-053-1816**

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 Other Terms: _____
 Performance Security Posted:
 Cash Bank Guarantee Security Bond
 No: _____ Amount P: _____

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	200	pc	CT Scan Medical Syringe Dual Pack 200ml/100ml Disposable Single Syringe Kit, Nemoto, Pacific Hospital Supply Co., Ltd, Taiwan	3,600.00	720,000.00
2	50	pc	MRI Administration Infusion Set Later Free Infusion Set with spike and two needle free injection ports 18ml priming volume Disposable IV infusion sets, Iradimed, Iradimed Corporation, USA xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx For the use of Radiology Division All deliveries shall have at least 1 year expiration period	3,250.00	162,500.00
					₱ 882,500.00 (Eight Hundred Eighty Two 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 R-02-03-080 - *ref 1/2* **TOTAL AMOUNT ₱ 882,500.00**

FUNDS AVAILABLE: **₱ 882,500.00** Attachment
 PR No: **RAD-2025-01**
 Abstract of Canvass/Bids: **AQ-2025-005**
 BAC Resolution No: **R2025-02-129**
 NOA No: **2025-063**
 NTP No: **2025-164**
 PhilGEPS Ref No:
 AMRP No.

LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant
 APPROVED: *Maria Eva J. Jopson*
MARIA EVA J. JOPSON, 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

RF-0600CF



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-2025-164

February 24, 2025

MEDILINES DISTRIBUTORS, INC.

#7 Pioneer cor. Sheridan Sts.
Mandaluyong City
Tel Nos.: 63-6349132,6343752
Email Add: rknicoles@medilines.com.ph

Sir/Madam:

This is to inform you that Purchase Order No. 78023 as a result of Direct Contracting
for the Procurement of Various Direct Medical Supplies (Radiology) 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: _____

