



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: 78037
 Date of P.O: **2025-02-27**
 PR NO: **PHAR-2025-003-GF** Dated: **2025-02-13**
 MODE OF PROCUREMENT: **Direct Contracting (50)**

TO: Supplier/Dealer Contractor: **ZUELLIG PHARMA CORPORATION**
 Address: **Km. 14 West Service Road, South Superhighway, BRGY. SUN VALLEY, PARANAQUE CITY / rmarco@zuelligpharma.com, mcruz@zuelligpharma.com, cjalera@zuelligpharma.com, asarboda@zuelligpharma.com, jsanjuan@zuelligpharma.com / 789-3444 loc. 464; 908-2222; 789-3463**

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	50	bag	All in one admixture "3 in 1" 763 Kcal bag in 1000mL , "TNA Peri 1000ml, 1's" [Otsuka Pharmaceutical India Private Limited]	2,242.00	112,100.00
2	120	bag	Amino Acid + glucose + electrolytes + vitamin B1, solution for peripheral venous infusion 500 mL , " Bfluid Solution for Peripheral Venous Infusion 500ml" 1's [Pt. Osuka Indonesia]	900.00	108,000.00
xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx For the use of Pharmacy Division To be sourced from COB All deliveries shall have at least One (1) year expiration period.					₱ 220,100.00 (Two Hundred Twenty Thousand One 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 item/s.

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: **V-02-03-070 / rgs 3/3** **TOTAL AMOUNT ₱ 220,100.00**

FUNDS AVAILABLE: **₱ 220,100.00**
 Attachment
 PR No: **PHAR-2025-003-GF**
 Abstract of Canvass/Bids: **AQ-2025-021**
 BAC Resolution No: **R2025-02-138**
 NOA No: **NOA-2025-069**
 NTP No: **2025-171**
 PhilGEPS Ref No:
 AMRP No.

LEA M. VILLALOBOS, DBA, CPA
 Chief Accountant

APPROVED: **MARIA EVA L. 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



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-2025-171**


February 27, 2025

ZUELLIG PHARMA CORP.

KM 14 West Service Road SSH Corner Edison Avenue,
Brgy. Sun Valley, Parañaque City
Tel. No. (02) 908-2222
Fax No. (02) 325-0641

This is to inform you that Purchase Order No. **78037** as a result of **Direct Contracting** for the Procurement of **Various Pharmaceutical Supplies 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 I. JOPSON, MD, MScHSM, MPM
OIC, Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

