

## Republic of the Philippines PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City

Tel. No.: 8588-9900 Loc. 1329, 1330, 1331, 1332 PR NO: GSD-MEQ-2025-01

Fax No.: 85889997 • E-mail: pcmcproc@gmail.com

PURCHASE ORDER: 78056

Date of P.O:

2025-03-03 Dated: 2024-12-26

MODE OF PROCUREMENT: Direct Contracting

(50)

TO: Sup Address	: 3rd	Floor Vi	actor: MEDILINES DISTRIBUTOR stamali Hub, C.V. Starr Ave. Pan	nplona Dos,		ias City /		
	nent/Offic	e/Divisio	nedilines.com.ph / 0995-053-181  n/Section/Unit where delivery  s Management Division  Floor, PCMC Bldg	Delivery period: 14 Working Days Other Terms: Performance Security Posted: U Cash U Bank Guarantee U Security Bond				
Special I	Instruction	n		No:			Amount	t P:
Item No	QTY	UNIT	ARTICLES			UNIT	COST	TOTAL COST
1	4	lot	Supply of labor, tools, consumable parterly Preventive Maintenance Supplies and Portable Reverse Hemodialysis Unit Non-Comprehensive PN # 1906-419-2649-HEMO  Scope of works:  1. External cleaning and visual inspusuch as:  a. Raw Water Total Dissolved Solid b. Permeate TDS  c. Operating Pressure Gauges d. Operating Flow Meters  e. Pre and Post Carbon Chloride Tells. Water Hardness Test  3. RO membrane disinfection as new 4. Replacement of consumable part a. One (1) piece 5 Micron Sediment b. Chemical Disinfectant ( Quarter c. One (1) piece Carbon Block Filter Conforme to PCMC's Terms of Reference War upon installation	ection f monitoring  I (TDS)  est  eded s free of cha at Filter 10" ( ly) er 10" ( semi-	paramet paramet paramet arge such Quarter annual)	eers  as: y)	5,000.00	● 60,000.00 (Sixty Thousand Pesos)
One-tent cumulative a may rescind under the cir 2. Excess in	th (1/10) of or amount of liquit or terminate reumstances. In price, if pro	ne percent (19 uidated dama the contract, curred from the	atisfactory Deliveries: %) of the cost of unperformed portion for everyday of origes reaches 10% of the amount of the contract, the Privilence of the contract of th	ocuring Entity dies available and	Staggere     Delivery     Quantity/Da     Delivery     Confirmatio     PCMC hat	is within 14 Working on is the right to reject or and reasonable ground	receipt of Deliver	elpt of Delivery
Funding	Code	v-02-	13-00-400, ngd 3/5	·ly		TOTAL AMO	UNT P 60	,,000.00

runuing code	V-02-13-000-	400, ngd 3/5/15	M. SOLOGIAL P. GO,GGG.GG
FUNDS AVAILA	ABLE: 7 60,000.00	Attachment	CERTIFICATION
LEA M. VI Ch APPROVED:	LLALOBOS, DBA, CPA ilef Accountant	☐ PR No: GSD-MEQ-2025-01 ☐ Abstract of Canvass/Bids: AQ-2025-016 ☐ BAC Resolution No: R-2025-02-157 ☐ NOA No: NOA-2025-075 ☐ NTP No: NTP-PROC: 2025-175 ☐ PhilGEPS Ref No:	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
MARIA EVA I. JO	DESON, MD, MSCHSM, ME executive Director	ank h	Signature over printed name Date:
Distribution:		Attachment to payment 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-2025-175

March 3, 2025

## MEDILINES DISTRIBUTORS, INC.

3rd Floor, Vistamall Hub, C.V. Starr Ave., Pamplona Dos Las Pinas City, Philippines Tel Nos.: (632) 519-1373

Sir/Madam: This is to inform you that Purchase Order No. **78056** . as a result of for the Procurement of 4 lot Supply of labor, tools consumable parts and materials for the Non-Comprehensive Quarterly Preventive Maintenance Services of One (1) Unit "Apoltron RO-800" Portable Reverse Osmosis Machine at Hemodialysis Unit, Philippines, Conforme to PCMC's Terms of Reference has been approved. You may now proceed with the delivery of the items listed in the attached Purchase Order within Fourteen (14) working days from receipt of this notice / Delivery Order Slip. Maria eva I. Jopson, MD, MScHSM, MPM OIC-Executive Director CONFORME: Received Original Signature Over Printed Name Authorized Representative

**Direct Contracting** 



Date: