



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: **78120**  
Date of P.O.: **2025-03-18**  
PR NO: **PATHO-2025-01** Dated: **2024-09-26**  
MODE OF PROCUREMENT: **NP-Emergency**  
(53.2)

TO: Supplier/Dealer Contractor: **ZAFIRE DISTRIBUTORS, INC.**  
Address: **49 Examiner St., West Triangle, Quezon City / customer\_service@zafire.com.ph / cheelseajocom@gmail.com / christinamariecerrafon@gmail.com / 8925-0500 to 01 / 0939-9344204 / 0999-2263173**

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	8000	pc	Safety flow lancet, 100s/box Unistik 3 Extra 21G, 2.0mm (Item Code: AT1012)  xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx For the use of Pathology Division *** All deliveries shall have at least One (1) year expiration period ***	9.28	74,240.00  <b>74,240.00</b> (Seventy Four Thousand Two Hundred Forty 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.

Funding Code	5-02-03-080 / <i>ref 3126</i>	<b>TOTAL AMOUNT P 74,240.00</b>
FUNDS AVAILABLE: <b>74,240.00</b>  <i>[Signature]</i> <b>LEA M. VILLALOBOS, DBA, CPA</b> Chief Accountant  APPROVED:  <i>[Signature]</i> <b>MARIA EVA I. JOPSON, MD, MScHSM, MPM</b> OIC Executive Director	Attachment <input type="checkbox"/> PR No: PATHO-2025-01 <input type="checkbox"/> Abstract of Canvass/Bids: 2025-077 <input type="checkbox"/> BAC Resolution No: R2025-02-116 / ALT-R2025-094 <input type="checkbox"/> NOA No: <input type="checkbox"/> NTP No: <input type="checkbox"/> PhilGEPS Ref No: <input type="checkbox"/> AMRP No.	<b>CERTIFICATION</b>  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