



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: **78163**
Date of P.O.: **2025-03-25**
PR NO: **CARDIO-2025-01** Dated: **2024-10-01**
MODE OF PROCUREMENT: **NP-SVP (53.9)**

TO: Supplier/Dealer Contractor: **LIFELINK, INC.**
Address: **825 8th Floor Cityland Shaw Tower Shaw Blvd, / N/A / 635-9747 - 635-9748**

Department/Office/Division/Section/Unit where delivery is to be made: Materials Management Division			Delivery period: 7 Working Days	Other Terms: _____	
Location: Ground Floor, PCMC Bldg			Performance Security Posted:		
Special Instruction			☐ Cash ☐ Bank Guarantee ☐ Security Bond	Amount P: _____	
Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	25	pc	Reservoir Kit, Silicone Flat Drain, wound drainage 100cc silicone bul reservoir w/ 4mm x 7mm x 20cm hubless flat silicone drains w/ trocar, 10pcs/box Jackson Pratt, Cardinal Health	1,800.00	45,000.00
2	5	pc	Resuscitator, Adult w/ mask, tubing, reservoir bag (Disposable) Devotor, CSP Hefei	950.00	4,750.00
3	4	pc	Resuscitator, Pedia w/mas, tubing, reservoir bag (Disposable) Devotor, CSP Hefei	850.00	3,400.00
xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx For the use of Cardiology All deliveries shall have at least 1 year expiration period					P 53,150.00 (Fifty Three Thousand One Hundred Fifty 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
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Funding Code C-02-03-080 / <i>28</i> <i>4/1/15</i>	TOTAL AMOUNT P 53,150.00
FUNDS AVAILABLE: <i>53,150.00</i> <i>4/2</i> LEA M. VILLALOBOS, DBA, CPA Chief Accountant APPROVED: <i>for</i> <i>CG</i> MARIA EVA L. JOPSON, MD, MSCHSM, MPM OIC Executive Director <i>SA</i> <i>UM</i> <i>LN</i>	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	