



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: procurement@pcmc.gov.ph

PURCHASE ORDER: **78222**
Date of P.O.: **2025-04-14**
PR NO: **PHAR-2025-003-GF** Dated: **2025-02-13**
MODE OF PROCUREMENT: **PB (Goods)**

TO: Supplier/Dealer Contractor: **EURO-MED LABORATORIES PHIL., INC.**
Address: **1000 PPL Building corner San Marcelino Street, United Nations Avenue, Manila / gmae.01@yahoo.com / 524-0091 to 98 - 526-0977**

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: **Alpha Insurance & Surety Co., Inc.**
☒ Cash ☐ Bank Guarantee ☒ Security Bond
No: **6(13) 192937** Amount P: **26,176.72**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	720	bt/bag	Lactated Ringer's soln 1L (IV inf) 12's/box [Euro-Med Laboratories Phil., Inc.]	48.00	34,560.00
2	384	bt	Mannitol bt 20% 500mL (IV) sealed rubber cap 24's/box [Euro-Med Laboratories Phil., Inc.] VAT EXEMPT xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx For the use of Pharmacy Division Conforme to the attached Terms of Reference To be sourced from COB All deliveries shall have at least One (1) year expiration period.	83.60	32,102.40
					P 66,662.40 (Sixty Six Thousand Six Hundred Sixty Two Pesos And Forty Centavos)

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

15-02-03-070

TOTAL AMOUNT P 66,662.40

FUNDS AVAILABLE:

P 66,662.40

Attachment

- ☐ PR No: **PHAR-2025-003-GF**
☐ Abstract of Canvass/Bids: **2025-057**
☐ BAC Resolution No: **R2025-03-218**
☐ NOA No: **NOA-2025-104-003**
☐ NTP No: **2025-206**
☐ PhilGEPS Ref No: **11751923**
☐ AMRP No.

LEA M. VILLALOBOS, DBA, CPA
Chief Accountant

APPROVED:

MARIA EVA T. 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 -
Duplicate -

Attachment to payment
Procurement/Materials Management Division

25-111 Y OF



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- ^{MB} -206

April 14, 2025

EURO-MED LABORATORIES PHIL., INC.

cor. San Marcelino St.
United Nations Avenue, Manila
Tel No.: 8524-0091 to 98
Email Add: sales-mktg@euromedlab.net

Sir/Madam:

This is to inform you that Purchase Order No. 78221 /78222 as a result of Public Bidding 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

MARIA EVA I. JOPSON, MD, MScHSM, MPM
OIC, Executive Director

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

