



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: **78232**

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: **S.V MORE PHARMA (MM-L) CORP.**

Address: **4TH S.V. More Group Corporate Center, #16 Sco / julius.stamaria@svmorgroup.net / camo.svmml@svmorgroup.net / charlie.acuna@svmorgroup.net / 373-6240 - 371-1428**

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 **23 April 2025**

No: **A 210450**

Amount P: **2,502.50**

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	500	bt	Prednisone susp bt 10mg/5mL 60mL " Prolix" 10mg/5ml Suspension [Lloyd Laboratories Inc.] XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX For the use of Pharmacy Division Conforme to the attached Terms of Reference Conforme to the attached Terms of Reference For the use of Pharmacy Division (CY-2025) To be sourced from COB All deliveries shall have at least One (1) year expiration period.	100.10	50,050.00 P 50,050.00 (Fifty Thousand Fifty Pesos)

Penalty Clause for Delayed or Unsatisfactory Deliveries:

- 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.
- Excess in price, if procured from third parties, through alternative mode of procurement; and
- In case of bidding, forfeiture of performance security equal to 5% of the undelivered items.

Additional Instructions & conditions:

- Staggered Delivery/Payment
- Delivery will take effect upon receipt of Delivery Confirmation of Quantity/Date
- Delivery is within 7 Working Days upon receipt of Delivery Confirmation
- 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

5-02-03-020

TOTAL AMOUNT P 50,050.00

FUNDS AVAILABLE: **P 50,050.00**

LEA M. VILLALOBOS, DBA, CPA
Chief Accountant

APPROVED:

MARIA EVA I. JOPSON, MD, MSCHSM, MPM

OIC Executive Director

- Attachment
- ☐ PR No: **PHAR-2025-003-GF**
 - ☐ Abstract of Canvass/Bids: **2025-057**
 - ☐ BAC Resolution No: **R2025-03-218**
 - ☐ NOA No: **NOA-2025-104-010**
 - ☐ NTP No: **2025-212**
 - ☐ PhilGEPS Ref No: **11751923**
 - ☐ AMRP No.

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-2025-212**

April 14, 2025

S.V. MORE PHARMA (METRO MANILA-LUZON) CORPORATION

24 Sct. Ybardolaza cor. Sct. Fuentebella Sts.

Brgy. Sacred Heart, Quezon City

Tel No.: 8786-9805 / 8786-9806

Email Add: julius.stamaria@svmoregroup.net

Sir/Madam:

This is to inform you that Purchase Order No. **78232** 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, MD, MScHSM, MPM
OIC, Executive Director

CONFORME:
Received Original

Signature Over Printed Name

Authorized Representative

Date: _____

