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: **78235**
Date of P.O: **2025-04-14**
PR NO: **PHAR-2025-002-GF** Dated: **2024-10-15**
MODE OF PROCUREMENT: PB (Goods)

TO: Supplier/Dealer Contractor: **ZUELLIG PHARMA CORPORATION JVA with INTERPHIL LABORATORIES INC.**
Address: **KM 14 West Service Road SSH Corner Edison Ave., Brgy. Sun Valley, Parañaque City / phzpgovernmentopdteam@zuelligpharma.com / 908-2222 / 325-0641 / 0998 9617879**

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: Letter OF Credit
Performance Security Posted: BPI Buendia Center
☐ Cash ☐ Bank Guarantee ☐ Security Bond 02 April 2025
No: 0202652035 7057 Amount P: 03 , 745.31

Item No	QTY	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	650	bt	Carbamazepine syr bt 100mg/5mL, 100mL Tegretol 100mg/5ml suspension 100ml 1's [Delpharm Huningue SAS] VAT-EXEMPT xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx 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*	330.00	214,500.00 ₱ 214,500.00 *(Two Hundred Fourteen Thousand Five Hundred 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 procurred 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 Confimation 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: R-02-03-070 4/23

TOTAL AMOUNT P, 214,500.00

FUNDS AVAILABLE: ₱214,500.00

LEA M. VILLALOBOS, DBA, CPA
Chief Accountant 4/23

APPROVED:

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

Attachment:
- ☐ PR No: **PHAR-2025-002-GF**
- ☐ Abstract of Canvass/Bids: **2025-057**
- ☐ BAC Resolution No: **R2025-03-218**
- ☐ NOA No: **NOA-2025-104-011**
- ☐ NTP No: **2025-213**
- ☐ 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

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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-2025-213

April 14, 2025

ZUELLIG PHARMA CORP. JVA with INTERPHIL LABORATORIES INC.
Sta. Rosa Estate, Brgy. Macabling,
Sta. Rosa, Laguna
Tel. No. 8424-1228

Sir/Madam:

This is to inform you that Purchase Order No. **78233/78234/78235** as a result of **Public Bidding** for the purchase of **Various Pharmaceutical Supplies** has been approved.

You may now proceed with the delivery of the 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.

Thank you.

Very Truly Yours,

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

CONFORME:
Received Original

_____
Signature Over Printed Name
Authorized Representative
Date: _____