



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: **78293**
Date of P.O.: **2025-04-30**
PR NO: **PATHO-2025-01** Dated: **2024-09-26**
MODE OF PROCUREMENT: **NP - Emergency**

TO: Supplier/Dealer Contractor: **FAS DIAGNOSTIC GROUP INC.**
Address: **1468 Lantin St., Paco, Manila / com02@fas.ph, com07@fasdiagnosticgroup.com, jlorenzo.fas@gmail.com / 2498660 to 64**

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	5	vial	Hemoglobin Normal Control xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx For the use of Pathology Division *** All deliveries shall have at least One (1) year expiration period ***	11,995.00	59,975.00
					P 59,975.00 (Fifty Nine Thousand Nine Hundred Seventy Five 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 15-02-03-080 / <i>mgd 5/6/25</i>	TOTAL AMOUNT P 59,975.00
FUNDS AVAILABLE: P 59,975.00 <i>[Signature]</i> LEA M. VILLALOBOS, DBA, CPA Chief Accountant APPROVED: <i>[Signature]</i> MARIA EVA I. JOPSON, MD, MSChSM, MPM OIC Executive Director	Attachment <input type="checkbox"/> PR No: PATHO-2025-01 <input type="checkbox"/> Abstract of Canvass/Bids: 2025-170 <input type="checkbox"/> BAC Resolution No: R2025-02-116 / ALT-R2025-163 <input type="checkbox"/> NOA No: <input type="checkbox"/> NTP No: <input type="checkbox"/> PhilGEPS Ref No: <input type="checkbox"/> 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	