

Republic of the Philippines DEPARTMENT OF HEALTH PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100
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NOTICE OF AWARD NOA-2022-074

MEDILINES, DISTRIBUTORS, INC.

#7 Pioneer St., cor. Sheridan St.

Mandaluyong City

Telephone No.: 634-9132 / 634-3752 E-mail Add: rknicolas@medilines.com.ph

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2022-015

Item No.	QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
1	4	lot	Quarterly Preventive Maintenance Services for BIOIMPEDANCE Machine at Hemodialysis Unit (PN: 1801-419-2425HEMO) Parts and Labor	33,000.00	132,000.00
			Scope of Works:		
			-Calibration		
			-Checking of continuity for Electrodes		
			-Checking of Keyboards		
			-Checking of Parameters & Measurements		
	×		Warranty: One (1) month / quarter		
			Delivery Schedule : Within seven (7) working days from receipt of Purchase Order		

Terms and Conditions:

» The supplier should render the services called for in the Purchase Order (PO) within the stated schedules upon receipt of approved PO through fax or personal received during office hours at the Procurement Section.

» PCMC has the right to reject any or all bids without offering any reason, waive any required formality and award the contract to any bidder whose proposals as evaluated by PCMC is the most advantageous to the government.

SONIA B. GÓNZALEZ, MD MScHSM, MPM

Executive Director

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Conforme:

Date

This is to certify that the company has authorized me to accept this award, sign all
related documents and hold the company bound by rules and laws applicable thereto.

Totaloa aooa		s and note the company obtained by reads and have appropried.
		nat I have chosen the following mode (as checked) as the form of required of us under R.A. 9184 Sec. 62.1.
ſ	1	Bank Guarantee
j	j	Bank Guarantee 1% Deduction from claims on the first payment for staggered deliveries
Authorized S	Signa	atory
(Signature o	ver p	printed name)
Designation		