

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 Trunkline: 8588-9900 DirectLine: 8924-0836 Fax No: 8924-0840

NOTICE OF AWARD NOA-2022-076

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) 2022-019

Item No.	QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
1	4	lot	Quarterly Preventive Maintenance Services for Reverse Osmosis at Hemodialysis Unit (PN: 1801-419-2423 - HEMO) Parts and Labor	21,000.00	84,000.00
			Scope of Works:		
			> Quarterly external cleaning and visual inspection of the equipment		
			> Quarterly Recording of Reverse Osmosis Monitoring parameters such as;		
			-Raw water Total Dissolved Solid (TDS)		
			- Permeate TDS		
			- Membrane Primacy Pressure		
			- Pre-Treatment Pressure		
			- Inlet Pressure		
			-Water Hardness		
			> Quarterly RO membrane disinfection as needed -Submit Quarterly Service Report		
			Warranty: One (1) month / quarter		
			Delivery Schedule: Within seven (7) working days from receipt of Purchase Order		

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Terms	and	Cone	ditions	•

Conforme:

Date

- » 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. GONZALEZ, MD MScHSM, MPM Executive Director

1 Bank Guarantee

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.

I further certify that I have chosen the following mode (as checked) as the form of retention money required of us under R.A. 9184 Sec. 62.1.

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]]	1% Deduction from claims on the first payment for staggered deliveries
Autho	rized S	igna	atory
Signa	ture ov	ver p	printed name)
Design	nation		

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