

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

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NOTICE OF AWARD NOA-2022-134

PATIENT CARE CORPORATION

AMHSCO Bldg. Mac Arthur Highway, Dolores City of San Fernando, Pampanga Tel. No. (02) 277-5630

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2022-049.

Item No.	QTY	UNIT	ITEM DESCRIPTION	OFFER	UNIT COST	TOTAL AMOUNT
1	138	рс	Blanket, full body, for temperature management unit(compatible with existing PCMC machine. (Brand: 3M Bair Hugger)	Full Body Blanket (Adult) 3M BAIR Hugger 3000, USA	1,087.09	150,018.42
				GR	RAND TOTAL	150,018.42

Terms and Conditions:

- » Supplies to be delivered should have expiration of at least one (1) year and longer or as expressed/required by the End-user.
- » The price of the quoted item(s) shall be valid until December 31, 2022.
- » Staggered delivery staggered payment.
- » The supplier should submit Materials Safety Data Sheet upon initial delivery, if applicable.
- » The supplier should deliver the goods called for in the Purchase Order (PO) within 7 working days upon receipt of approved Delivery Order Slip (DOS) through fax or personal received during office hours at the Procurement Division.
- » 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

NOA-2022-134 PATIENT CARE CORPORATION

Conforme:					
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.					
Bank Guarantee					
[] 1% Deduction from claims on the first payment for staggered deliveries					
Authorized Signatory					
(Signature over printed name)					
Designation					
Date					