



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 OF AWARD
NOA-2023-048

PHILCARE PHARMA, INC.
No. 3 Mahogany St.
Agapito Subdivision, Santolan,
Pasig City
Tel. No. (02) 8682-3466

Dear Sir / Madam:

Please be informed that we are procuring the following items to you through Direct Contracting per RFQ (DC) 2023-012, AQ 2023-009:

ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	BRAND, PACKING, SPECIFICATION, ETC.	MANUFACTURER	UNIT COST	TOTAL AMOUNT
1	100	vl	Vasopressin 20 IU/mL, 1mL	Vasopressin 20 IU/mL, 1mL, Presson	Joint Stock Company (JSC) Farmak	1,790.00	179,000.00
GRAND TOTAL =						Php	179,000.00

Terms and Conditions :

1. The price of the quoted item(s) shall be valid until December 31, 2023.
2. Conformance on the attached Terms of Reference, if applicable
3. Staggered delivery, staggered payment.
4. Delivery Schedule: Within Seven (7) working days upon receipt of Delivery Order Slip.
5. Drugs and Medicines to be delivered should have expiration of at least one (1) year and longer or as expressed/required by Pharmacy Division.
6. The quantities specified are estimated requirements during the period and may be decreased depending upon the actual need of PCMC. It is understood therefore that PCMC is not bound to order / purchase all the items / quantities called for on this Notice of Award.
7. The supplier should submit Materials Safety Data Sheet upon initial delivery, if applicable.

Very truly yours,


SONIA B. GONZALEZ, MD, MScHSM, MPM
Executive Director 

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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

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