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-2023-065

PHILIPS PHILIPPINES, INC.
10/F Sunlife Center, 5th Ave. cor Rizal drive
Bonifacio Global City, Taguig
Greenhills, San Juan City
Tel. No.: 8737-9898

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2023-022

Item No.	QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
1	2	lot	**Supply of Labor, Tools and Materials for Semi Annual Preventive Maintenance Services of Mobile C ARM System . Brand: Veradius Unity , SN: 268 , PN: 1608-419-1432- A-SUR**	198,450.00	396,900.00
			Conforme to PCMC's Terms of Reference		

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 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

PhilHealth Accredited

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PHILIPS PHILIPPINES, INC.

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