Republic of the Philippines
D E P A R T M E N T   O F   H E A L T H
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-2023-098

NPK MEDICAL TRADING
Unit 301 and 302 , 3rd Floor Elements Building
#532 Barangay Tatalon , Quezon Avenue
Quezon City
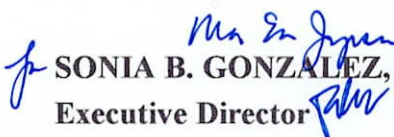Tel Nos. 742 5986/731 1757

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2023-038:

ITEM DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL AMOUNT
Supply of Labor, Tools, and Materials for the Semi-Annual Preventive Maintenance Services of Two (2) Units of Ultrasound Machine (Samsung HS60), Korea				
1. Serial Number: SICSM3HM100005R, Property Number : 1905-419-2618-A-DIAG	2	lot	20,000.00	40,000.00
1. Serial Number: SICSM3HM100004F, Property Number : 1905-419-2616-A-DIAG	2	lot	20,000.00	40,000.00
TOTAL AMOUNT				**80,000.00**

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. GONZALEZ, MD MScHSM, MPM
Executive Director

PhilHealth Accredited

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