



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

Quezon Avenue, Quezon City 1100  
 website: [www.pcmc.gov.ph](http://www.pcmc.gov.ph) email: [officeofthedirector@pcmc.gov.ph](mailto:officeofthedirector@pcmc.gov.ph)  
 Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

**NOTICE OF AWARD**  
**NOA-2023-109**

**FAIRBRIGHT ENTERPRISES, INC.**  
 LG 29-32 146 Alfaro Place , L.P. Leviste Street,  
 Salcedo Village, Makati City  
 Tel. No. 8892-7362, 8815-9331  
 Email Add: [fairbright@gmail.com](mailto:fairbright@gmail.com)  
 Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2023-036.

Item No.	QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
1			<b>Supply of Labor, Tools and Materials for the Annual Preventive Maintenance Services of Two (2) Units EMG Machine (Brand: Cadwell Sierra Summit EMG, USA)</b>		
	1	lot	Serial Number: 19027205 AC0119023, Property Number : 1904-419-2596-A-DIAG	26,000.00	26,000.00
	1	lot	Serial Number: 19027205 AC0119022, Property Number : 1904-419-2598-A-DIAG	26,000.00	26,000.00
			<i>Warranty: Two (2) months on service only</i>		
			<i>Delivery Schedule: Seven (7) Working Days</i>		
			<b>Total Amount</b>		<b><u>52,000.00</u></b>

**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.

*S. Gonzalez*  
**SONIA B. GONZALEZ, MD MScHSM, MPM**  
 Executive Director *S. Gonzalez*



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FAIRBRIGHT ENTERPRISES, 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

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Authorized Signatory  
(Signature over printed name)

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Designation

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Date

