

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

Quezon Avenue, Quezon City 1100
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NOTICE OF AWARD NOA-2023-128

MEDILINES DISTRIBUTORS, INCORPORATED

#7 Pioneer St., cor. Sheridan St.

Mandaluyong City

Telephone No.: 634-9132 / 634-3752 E-mail Add: rknicolas@medilines.com.ph

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2023-47.

Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL AMOUNT
1	Supply of Labor, tools, parts & materials for the Re-bedding of filter tanks and replacement of consumable parts of Reverse Osmosis Machine (1801-419-2423-HEMO), Philippines	1_	lot	270,000.00	270,000.00
	A. Scope of Works				
	> Multimedia Re-bedding, Generic , Philippines	1	lot		
	> Carbon Re-bedding, Pureprime, Philippines	1 -	lot		
	> Softener Re-bedding, Purelite, Philippines	1 -	lot		
	B. Parts to be replaced				
	> RO Membrane, Ultramare/Filates, Taiwan/China	3 -	pc		
	> UV light, 12 GPM, Wonderlite / Aqualite, Taiwan/China	1	pc		
	C. Others				
	> Installation				
	> Functional Testing				
	> Leakage Testing				
	Conforme to PCMC's Scope of Work				
	Warranty: Ninety (90) Days upon Installation				
	Delivery Schedule: Within Seven (7) working Days from receipt of Purchase Order				
	TOTAL AMOUNT	-			270,000.00

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 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

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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

Authorized Signatory	
(Signature over printed name)	
Designation	

1% Deduction from claims on the first payment for staggered deliveries

Date