



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-2023-129

PATIENT CARE CORPORATION
AMHSCO Bldg. Mac Arthur Highway,
Dolores City of San Fernando, Pampanga
Tel. No. (02) 277-5630

Dear Sir / Madam:

Please be informed that we are procuring the following supplies to you through Direct Contracting per RFQ (DC) 2023-049.

Item No.	QTY	UNIT	ITEM DESCRIPTION	OFFER	UNIT COST	TOTAL AMOUNT
1	2	bx	Underbody Blanket Adult compatible with Bair Hugger box of 10's	Bair Hugger, Underbody Blanket Adult, 54500 / 3M, box of 10, USA	13,361.30	26,722.60
2	2	bx	Underbody Blankets Pediatric compatible with Bair Hugger box of 10's	Bair Hugger, Underbody Blanket Pedia Small, 55501 / 3M, box of 10, USA	15,075.80	30,151.60
3	2	bx	Underbody Blankets Pediatric large compatible with Bair Hugger box of 10's	Bair Hugger, Underbody Blanket Pedia Large, 55000 / 3M, box of 10, USA	16,822.10	33,644.20
				TOTAL AMOUNT		90,518.40

Terms and Conditions :

- » Supplies to be delivered should have expiration of at least one (1) year and longer or as expressed/required by the End-user.
- » The price of the quoted item(s) shall be valid until December 31, 2023
- » Staggered delivery staggered payment.
- » The supplier should submit Materials Safety Data Sheet upon initial delivery, if applicable.
- » The supplier should deliver the goods called for in the Purchase Order (PO) within 7 working days upon receipt of approved Delivery Order Slip (DOS) 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
- 1% Deduction from claims on the first payment for staggered deliveries

Authorized Signatory
(Signature over printed name)

Designation

Date