

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

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### NOTICE OF AWARD NOA-2022-084

#### MEDILINES DISTRIBUTORS, INC.

#7 Pioneer St., cor. Sheridan St.

Mandaluyong City

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

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2022-016

Item No.	QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
1	4	letms	Quarterly Preventive Maintenance Services for Dialyzer Reprocessing Machine at Hemodialysis Unit (PN: 1801- 419-2424HEMO) Parts and Labor	12,000.00	48,000.00
			Scope of Works:		
			> Quarterly Leak test Check-up		
			> Quarterly Hydraulics Check-up		
			> Quarterly Chemical fine Check-up		
			> Quarterly Electrical Check-up		
			Warranty: One (1) Month per Quarter		
			<b>Delivery Schedule :</b> Within seven (7) working days from receipt of Purchase Order		

#### 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
Bank Guarantee
<ul> <li>Bank Guarantee</li> <li>1% Deduction from claims on the first payment for staggered deliveries</li> </ul>
Authorized Signatory
(Signature over printed name)
Designation
Data