



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-2024-078**

**KPI ELEVATORS, INC.**  
25/F BDO Equitable Tower Paseo De Roxas  
Makati City  
Tel No. (02) 8811 - 2929

Dear Sir / Madam:



Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2024-053

Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL AMOUNT
1	Supply of Labor, Tools, parts, and materials for the repair /installation and replacement of the defective part of the Passenger Elevator (P.E. 1)Brand: KONE				
	Roller, Lock D31.5/12mm W19.5mm, China	4	pc	6,147.748	24,590.99
	Warranty : Ninety (90) Days				
	Delivery Schedule: Within Seven (7) working days from receipt of Purchase Order				
	<b>TOTAL AMOUNT</b>				<b>24,590.99</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.

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

*Kindly disregard and report any form of solicitation using the name of the Executive Director and/or the PCMC. These unsanctioned requests are unlawful and will not be tolerated*



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KPI ELEVATORS, 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

\_\_\_\_\_  
Authorized Signatory  
(Signature over printed name)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date

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*Amor*