



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

Quezon Avenue, Quezon City 1100
website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE OF AWARD
NOA-2024-095

MEDMASTER, INC.
R19 Suntrust Capitol Plaza Building,
Matalino Street, Central, Quezon City
Tel. No. (632) 280-2855
Fax No. (632) 937-2374

Dear Sir / Madam:

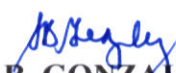

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2024-062.

Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL AMOUNT
	Supply of Labor, Tools, Parts, and Materials for the Repair and Installation of the replacement of the Defective Parts Plasma Sterilizer at Operating Room PN:202009-419-2410-A-SURG (Brand: HMTS)				
	Remote Plasma Assembly, HMTS, South Korea	1	assy	159,000.00	159,000.00
	Delivery Schedule : 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 

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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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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