



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

Quezon Avenue, Quezon City 1100
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Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE OF AWARD
NOA-2024-111

PRIME MEDIX ENTERPRISES

Unit 525 The Hub B, One Oasis
Ortigas Extension, Sta. Lucia
Pasig City
Tel No.: 2 475-6383

Dear Sir / Madam:

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2024-070.

Item No.	QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
1			Supply of Tools and Materials for the Preventive Maintenance Service and Installation of the Consumable Parts Replacement for the Two (2) Units Ventilator Machine (Brand/Model: Monnal T60) at the Pulmonary Laboratory (PN: 2208-419-4683 and 2208-419-4888-A- PULMO		
	2	pc	1. Gold Contact, MONNAL T60, France	5,075.00	10,150.00
	2	kit	2. Maintenance Kit, T60 (Includes: Hepa-Filter, Map Filter, Intake Filter, Non-Return Valve, O-ring and Thoric Gasket), MONNAL T60	17,189.00	34,378.00
	2	pc	3. Oxygen Cell, MONNAL T60	11,949.00	23,898.00
			Warranty : Three (3) Months under normal usage		
			Delivery Schedule : Within seven (7) working days from receipt of Purchase Order		
			TOTAL AMOUNT		68,426.00

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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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.

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

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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