



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-2024-063

EURO-MED LABORATORIES PHIL., INC.

Cor San Marcelino St.,
United Nations Avenue,
Manila
Tel. No. 8524-0091 to 98

Dear Sir / Madam:

Please be informed that we are procuring the following item to you through Direct Contracting per RFQ (DC) 2024-036, AQ 2024-046:



| ITEM NO. | QTY | UNIT | ITEM DESCRIPTION | BRAND, PACKING, SPECIFICATION, ETC. | MANUFACTURER | UNIT COST | TOTAL AMOUNT |
|----------|------|------|--|--|-------------------------|-----------|--------------|
| 1 | 1600 | cap | Phenoxymethylpenicillin Potassium capsule, 500mg | Phenoxymethylpenicillin Potassium, 500mg capsule (Sumapen) | Asian Antibiotics, Inc. | 17.75 | 28,400.00 |

GRAND TOTAL = Php 28,400.00

Terms and Conditions :

1. The price of the quoted item(s) shall be valid until December 31, 2024.
2. Conforms on the attached Terms of Reference, if applicable
3. Staggered delivery, staggered payment.
4. Delivery Schedule: Within Seven (7) working days upon receipt of Delivery Order Slip.
5. Drugs and Medicines to be delivered should have expiration of at least one (1) year and longer or as expressed/required by Pharmacy Division.
6. The quantities specified are estimated requirements during the period and may be decreased depending upon the actual need of PCMC. It is understood therefore that PCMC is not bound to order / purchase all the items / quantities called for on this Notice of Award.
7. The supplier should submit Materials Safety Data Sheet upon initial delivery, if applicable.

Very truly yours,


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

Marianna R. Viganes
Authorized Signatory

(Signature over printed name)

Prof Medical Representative
Designation

6-10-24
Date

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