



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-2024-094

SIEMENS HEALTHCARE INC.

10/F M1 Tower 141 H.V. Dela Costa St.
Salcedo Village, Makati City
Tel No. 814-6749, 814-6741

Dear Sir / Madam:

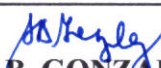

Please be informed that we are procuring the following services to you through Direct Contracting per RFQ (DC) 2024-054.

Item No.	ITEM DESCRIPTION	QTY	UNIT	ABC (Php)	TOTAL ABC (Php)
	Supply of Labor, Tools, Parts, and Materials for the repair, installation, and replacement of the defective parts of the Mobile X-Ray Machine at the Radiology Division . Brand: SIEMENS MOBILETT Elara Max (PN: 2101-419-2698-A- RADIO; SN :12242)				
	A. Parts to be replaced				
	1. Portable Detector Battery, Siemens	1	pc	68,989.56	68,989.56
	2. System Battery, 65 Ah, Siemens	1	pc	298,299.70	298,299.70
	<i>Warranty: Six (6) Months from date of delivery for non-tube service parts/ while 12 months from date of delivery for tubes.</i>				
	<i>Delivery Schedule: Ten (10) working days</i>				
	Total Amount				<u>367,289.26</u>

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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SIEMENS HEALTHCARE 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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