

PROJECT TITLE : RM- DENTAL UNITS /

: HEALTH-23-HMES-1607 >

09636162075

Telephone Number

: QUEZON CITY HEALTH DEPARTMENT

PROJECT NO.

**END USER** 

## Quezon City Government PROCUREMENT DEPARTMENT

2nd Floor Finance Building, Quezon City Hall, Central, Quezon City Tel No. 988-4242 loc 8709 / 8710 / 8711



## **NOTICE OF AWARD**

		eby given to s address located at	Andy C. Qu		dba quieta St., Sta. Cru			that its bid offe	r for the	
		oned project in the amo	unt of		Three Hundred Sixty-Five Thousand Pesos and 00/100 Only					
				r having s	uccessfully satis	sfied all th	e requirements	s and conditions pro	escribe	
by the Q Prior to t the Que:	uezo orm	on City Government throally entering into contractions of the City Government must be following forms with the	ough the Quezont and to guara	on City Bi antee faith in a non-e	ds and Awards of the standards of the st	Committee of the proje	e - Goods (QC ect, the Perforr	-BAC - Goods and mance Security pay	Services able to	
		Form of Performance Security					Amount of Performance Security (Equal to Percentage of the Total Contract Price)			
	а	Cash or cashier's/manager's check issued by a Universal or								
	b	Commercial Bank.  Bank draft/guarantee or Universal or Commercial confirmed or authentica issued by a foreign bank	Bank; Provided ted by a Univers	l, however	, that it shall be		Five Perce	ent (5%)		
	с	Surety bond callable upo company duly certified b issue such security.	n demand issue			to	Thirty Per	cent (30%)		
	d	Any combination of the	foregoing.			1		shareof form with mount of security		
PROV	IDE	on City Government sha D that the Performance Performance Security a	Security and/	or other d	ocumentary req	uirements	are complied	with. Failure of you	r office	
		re of the bid security. fication from participatir	ng in the biddin	ng at hand	l.					
day ar	nd no on de	onviction, the relevant of ot more than fifteen year etermination of administ n.	rs; and							
Sign	ed th	nis of _	O 1 DEC or	123	, Quezon City,	Metro Ma	nila			
						MA. J	OSEFINA G.	BELMONTE or		
			ACKNOWL	ED EME	NT RECEIPT	AND CO	NFORME			
		_		1	Printed Name		/2/01/2_ Date	3		
			BIO-DENT	MEDICALI	EQUIPMENT TRAD	DING				
		Authorized Rep Official Desi		-						
		200201	20075				126-201-8	96-00000 -		

TIN Number