



Republic of the Philippines
 Department of Agriculture
PHILIPPINE COUNCIL FOR AGRICULTURE AND FISHERIES
 Department of Agriculture Compound
 Elliptical Road, Diliman, Quezon City
 Tel. No. 8928-8751 to 65 locals 2601 to 2625. email pcaf.da@gmail.com

February 27, 2023

**NOTICE OF AWARD
 No. 2023-010**

MS. AILEEN S. FRANGINILLA
 Account Executive
 Masangkay Computer Center
 1143 g. Masangkay St.
 Sta Cruz Manila

Dear Ms. Francinilla:

With reference to your quotation for the procurement of supply and delivery of **3,400 PCS OF CELL CARDS FOR FY 2023**, we are pleased to confirm the award to your firm for the total amount of **ONE MILLION FIFTY-THREE THOUSAND SIX HUNDRED PESOS (Php 1,053,600.00)** with the following specifications:

Item Description	QTY
3,400 PCS OF CELL CARDS FOR FY 2023	1 LOT
Cell Cards @300 (Smart/Globe/TM)	3,232 pcs
Cell Cards @500 (Smart/Globe/TM)	168 pcs
Additional Requirements:	
- Cellcards will be delivered per quarter.	
- Payment per quarter upon delivery of goods.	
- The number of cell cards per network may vary depending on the requirements.	
- Network breakdown will be given fifteen (15) days prior to the delivery.	
- At least one year validity upon delivery.	

In connection with this Notice, please supply and deliver the required items upon receipt of the approved Purchase Order in conformity with the stated specifications and in accordance with the agreed government terms and conditions.

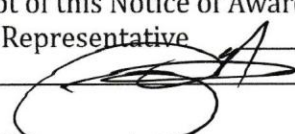
Please acknowledge receipt and acceptance of this Notice within 3 working days by signing in the space provided below and email us at bacsec@pcaf.da.gov.ph upon receipt thereof.

For inquiries, you may get in touch with Mr. Ken Ryan P. Eleazar, BAC Secretariat of PCAF at telephone numbers 8920-4092 or 8926-2241. Loc 2622

Thank you.

Very truly yours,


NESTOR D. DOMENDEN
 Executive Director III

I acknowledge receipt of this Notice of Award on _____
 Name of Authorized Representative _____
 Signature  _____
 Bank Details: _____

3/1/2023
Masangkay Computer Center
Aileen S. Francinilla

Name of Payee : _____
 Name of Bank : _____
 Branch : _____
 Account Number : _____

