



Republic of the Philippines
 Department of Agriculture
PHILIPPINE COUNCIL FOR AGRICULTURE AND FISHERIES
 Department of Agriculture Compound
 Elliptical Road, Diliman, Quezon City
 Tel. No. (02) 8928-8751 to 64 locals 2601-2625, email: pcafofficial@pcaf.da.gov.ph

July 7, 2025

**NOTICE OF AWARD
 No. 2025-084**

MS. MARGERY M. FILIO
 Operations Manager
PHARMA QUEST CO.
 46 A Kalantiaw St.
 Brgy. Masagana, Project 4,
 Quezon City

Dear **Ms. Filio**:

With reference to your quotation for the **24 SHOTS OF QUADRIVALENT SEASONAL INFLUENZA VACCINES (SURFACE ANTIGEN, INACTIVATED) FOR PCAF SENIOR CITIZENS AND PERSONS WITH DISABILITY**, we are pleased to confirm the award to your firm for the total amount of **TWENTY THOUSAND FOUR HUNDRED PESOS ONLY (Php 20,400.00)**, inclusive of appropriate taxes and fees, with the following specifications:

Item Description	QTY	Unit	Unit Cost	Total Cost
QUADRIVALENT SEASONAL INFLUENZA VACCINES (SURFACE ANTIGEN, INACTIVATED) FOR PCAF SENIOR CITIZENS AND PERSONS WITH DISABILITY -Influvac Tetra	24		850.00	20,400.00
Description:				
0.5 ml prefilled syringe suspension for injection (IM/SC) 2025 Southern Hemisphere Recommended Strains with vaccination				
<i>Purpose: For the provision of health and wellness needs of SCs and PWDS</i>				

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.

In connection with this Notice, please submit the following documents;

1. Omnibus Sworn Affidavit that the bidder is not related to the HOPE by consanguinity or affinity up to the third civil degree;
2. Income/Business Tax Return; and
3. Signed Contract of Agreement.

For inquiries, you may get in touch with Mr. Ken Ryan P. Eleazar, BAC Secretariat of PCAF at telephone numbers 8926-2147. Loc 2622

Thank you.

Very truly yours,


JULIETA E. OPUENCIA
 Deputy Executive Director III

I acknowledge receipt of this Notice of Award on July 22, 2025
 Name of Authorized Representative: MARGERY M. FILIO
 Signature: 

Bank Details:
 Name of Payee : PHARMA QUEST CO.
 Name of Bank : Landbank of the Philippines
 Branch : CAMP AGUINALDO
 Account Number : 1671-0939-48

