



National Center for Mental Health

NOTICE OF AWARD

January 11, 2024

ORO OXYGEN CORPORATION

KM 74 MC Arthur Highway, Sindalan,
San Fernando, Pampanga
Tel No.: 8899-4401; +63 949-9934479
Email: jimmy.lumahang@orooxygen.com

Sir / Madam:

Please be advised that based on the results of the **PUBLIC BIDDING** conducted by the National Center for Mental Health for the **SUPPLY AND DELIVERY OF MEDICAL OXYGEN CY 2024**, the following items are hereby awarded to your company:

NO.	QTY	UNIT	ITEM/SPECIFICATIONS	UNIT PRICE	TOTAL PRICE
1	4,710	cylinder	MEDICAL OXYGEN REFILL Standard size, 5.66 cu.m, Pressure gauge of 1,880 psi at least 50lbs. (No delivery charge and service for the use of equipment and gas containers, and for other services. Country of origin: Philippines	₱ 450.00	₱ 2,119,500.00
2	450	cylinder	MEDICAL OXYGEN PORTABLE REFILL, 5 lbs. - 15 lbs. Country of origin: Philippines	450.00	202,500.00
TOTAL AMOUNT					₱2,322,000.00

You are hereby required to submit the following **within ten (10) calendar days**:

- Notarized Contract Agreement Form (Legal Size) for the Public Bidding for the **SUPPLY AND DELIVERY OF MEDICAL OXYGEN CY 2024**

NOTE: The signatory shall be **NOEL V. REYES, MD, FPPA, MMHoA, MEDICAL CENTER CHIEF II**; and

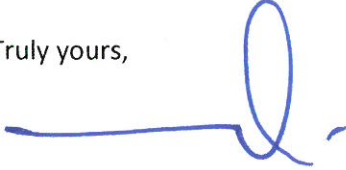
- Notarized Performance Securing Declaration; or
- Performance Security in any forms and amount stipulated below:



A. Cash or Cashier's / Manager's Check Bank Guarantee	Five Percent (5%) of the Total Contract Price
B. Surety Bond callable upon demand issued by a surety or insurance company duly certified by Insurance Commission / GSIS	Thirty Percent (30%) of the Total Contract Price

"There is no Health without Mental Health"


NOTE: Failure to provide any of the aforementioned requirements within ten (10) calendar days shall constitute sufficient grounds for cancellation of this Award and forfeiture of the Bid Security.

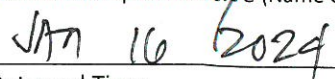
Truly yours,



NOEL V. REYES, MD, FPPA, MMHoA
Medical Center Chief II  

CONFORME:


Authorized Representative (Name & Signature)


Date and Time