



# National Center for Mental Health

## NOTICE OF AWARD

October 26, 2023

### **IMPEXCOS CO.**

121 A.V. Luna Ext. Sikatuna Vill. Diliman, Quezon City  
Tel no.: 927-1170, 0915-835226  
Email: doves2k@yahoo.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 Supplies and Devices CY 2023**, the following item(s) are hereby awarded to your company:

NO.	QTY	UNIT	ITEM CODE / SPECIFICATION	UNIT PRICE	TOTAL PRICE
MSMD-130	3	piece	Kidney Basin, Kidney Bowls 170x100x35mm Offer: 172x95x34mm#0261 Brand: Siam Intermagnate Country of origin: Thailand	1,500.00	4,500.00
MSMD-133	3	piece	Bowls, AS Round Bowls, 150 x 75mm Offer: 167x73mm, #0304 Brand: Siam Intermagnate Country of origin: Thailand	1,500.00	4,500.00
MSMD-134	3	piece	Bowls, AS Round Bowls, 160 x 75mm Offer: 167x73mm, #0304 Brand: Siam Intermagnate Country of origin: Thailand	1,500.00	4,500.00
<b>TOTAL AMOUNT:</b>					<b>₱ 13,500.00</b>

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 Supplies and Devices CY 2023**

**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:

*"There is no Health without Mental Health"*

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

**NOTE: Failure to provide any of the above-mentioned 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, MMH<sub>o</sub>A**

Medical Center Chief II *gr* *gr*

CONFORME:

*gr*  
AILENE G. CABILAN

Authorized Representative (Name & Signature)

11/03/23

Date and Time