

REPUBLIC OF THE PHILIPPINES Department Of Health



National Center for Mental Health

NOTICE OF AWARD

September 13, 2023

EURO-MED LABORATORIES PHIL., INC.

1000 PPL Bldg. United Nations Avenue cor

Marcelino St. Manila City

Tel No.: 85240091-98; 0917-1685000

Email: reycamadrona.euromed@gmail.com / gmb.02@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 Drugs and Medicines - Additional CY 2023**, the following items are hereby awarded to your company:

NO.	QTY	UNIT	ITEM CODE / SPECIFICATION	UNIT PRICE	TOTAL PRICE
1	480	bottle	DM-01 0.9% Sodium Chloride x 500ml Origin: Philippines	₱ 30.00	₱ 14,400.00
2	16,000	bottle	DM-02 0.9% Sodium Chloride x 1 L Origin: Philippines	28.00	448,000.00
3	800	vial	DM-81 Sterile Water For Injection 20ml vial Origin: Philippines	20.00	16,000.00
TOTAL AMOUNT:					₱ 478,400.00

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 Drugs and Medicines - Additional 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:

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

"There is no Health without Mental Health"





company duly certified by Insurance
Commission / GSIS

LABELLING:

For each box, bottle, and corrugated carton, the following should be legibility imprint:

"Philippine Government Property
Department of Health
NOT FOR SALE"

Failure to provide any of the above-mentioned requirements 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

AP'

CONFORME

Name & Signature of the Authorized Representative

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Date and Time