

## CONTRACT AGREEMENT

This AGREEMENT made this 21<sup>st</sup> day of February 2024 between the **PROVINCIAL GOVERNMENT OF PANGASINAN**, of the Philippines (hereinafter called the "Procuring Entity") of the one part and **NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP** (hereinafter called the "Contractor/Supplier") of the other part;

**WHEREAS**, the Entity is desirous that the Contractor execute the **Supply and Delivery of Various Medical Supplies at Umingan Community Hospital, Umingan, Pangasinan; Medical, Dental and Laboratory Expenses; PR No. 2024-01-0030; Solicitation No. PANG-2024-01-0049-G**, and the Entity has accepted the Bid for **Nine Million, Seven Hundred Twenty-Seven Thousand, Seven Hundred Fifty-Four Pesos and 56/100 Only (P9,727,754.56)** by the Contractor for the execution and completion of such Works and to remedy any defects therein.

NOW, THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as integral part of this Agreement, viz.:
  - i. Philippine Bidding Documents (PBDs);
    - i. Schedule of Requirements;
    - ii. Technical Specifications;
    - iii. General and Special Conditions of Contract; and
    - iv. Supplemental or Bid Bulletins, if any
  - ii. Winning bidder's bid, including the Eligibility requirements, Technical and Financial Proposals, and all other documents or statements submitted.

Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (e.g., Bidder's response to request for clarifications on the bid), including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation.
  - iii. Performance Security;
  - iv. Notice of Award of Contract; and the Bidder's conforme thereto; and
  - v. Other contract documents that may be required by the existing laws and/or the Procuring Entity concerned in the PBD's. **Winning bidder agrees that the additional contract documents or information prescribed by the contract execution, such as the Notice to Proceed, Variation Orders, and warranty Security, shall likewise form part of the Contract.**
3. In consideration for the sum of **Nine Million, Seven Hundred Twenty-Seven Thousand, Seven Hundred Fifty-Four Pesos and 56/100 Only (P9,727,754.56)** or such other sums as may be ascertained, **NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP** agrees to the **Supply and Delivery of Various Medical Supplies at Umingan Community Hospital, Umingan, Pangasinan; Medical, Dental and Laboratory Expenses; PR No. 2024-01-0030; Solicitation No. PANG-2024-01-0049-G**, in accordance with his/her/its Bid.
4. The **PROVINCIAL GOVERNMENT OF PANGASINAN** agrees to pay the above-mentioned sum in accordance with the terms of the Bidding.

IN WITNESS whereof the parties thereto have caused this Agreement to be executed in the day and year first above written.

HON. RAMON V. GUICO III  
Governor

MS. JIANNA MIKHAELA P. LOPEZ  
Authorized Representative

For:

For:

**PROVINCIAL GOVERNMENT  
OF PANGASINAN**

**NORTHCARE PHARMACEUTICAL  
DISTRIBUTORSHIP**

**ACKNOWLEDGEMENT**

Republic of the Philippines )  
Province of Pangasinan ) S.S.  
Municipality of PANGASINAN )

**BEFORE ME**, a Notary Public, for and in PANGASINAN, Pangasinan, Philippines, personally appeared the following with their respective proof of identity on FEB 21 2024, 2024

HON. RAMON V. GUICO III  
(Governor)

Proof of Identity : TIN  
Licensed No, : 159-902-046-00000  
Date Issued : September 8, 2019

MS. JIANNA MIKHAELA P. LOPEZ  
(Contractor)

Proof of Identity :  
Date Issued :  
Expiry date :

Known to me and to me known to be the same person who executed and signed the foregoing instrument and who acknowledged to me that the same are their true and voluntary acts and deeds and that of the agency/entity they respectively represent.

This instrument is a **CONTRACT AGREEMENT** for the **Supply and Delivery of Various Medical Supplies at Umingan Community Hospital, Umingan, Pangasinan; Medical, Dental and Laboratory Expenses; PR No. 2024-01-0030; Solicitation No. PANG-2024-01-0049-G**, consisting of Two (2) pages including this page where the acknowledgement is written. Pages One and Two are signed on the corresponding spaces provided thereof by the Parties and their instrumental witnesses and sealed with my notarial seal.

**WITNESS MY HAND AND SEAL** this 21 day of February, 2024, in PANGASINAN, Pangasinan.

**FEB 21 2024**  
**2-21-24**  
Notary Public  
Until 31, December 20  
PTR No. 28-017037-002  
Issued at  
Issued on:  
TIN No.

Doc. No. 19  
Page No. 09  
Book No. 104  
Series of 2023





Republic of the Philippines  
**PROVINCE OF PANGASINAN**  
Office of the Governor  
2F Capitol Compound, Lingayen, Pangasinan

**Hon. Ramon V. Guico III, DPM**  
*Governor*

**NOTICE OF AWARD**

19 February 2024

**MS. JIANNA MIKHAELA P. LOPEZ**  
Authorized Representative  
**NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP**  
15 Camanang Roadside,  
Urdaneta City, Pangasinan

**Dear Ms. Lopez:**

We are happy to notify you that your bid dated February 12, 2024, for **Supply and Delivery of Various Medical Supplies at Umingan Community Hospital, Umingan, Pangasinan; Medical, Dental and Laboratory Expenses; PR No. 2024-01-0030; Solicitation No. PANG-2024-01-0049-G**, is hereby awarded to you as the Bidder with Lowest Calculated and Responsive Bid at a contract price equivalent to **Nine Million, Seven Hundred Twenty-Seven Thousand, Seven Hundred Fifty-Four Pesos and 56/100 Only (P9,727,754.56)**.

You are hereby required to provide within ten (10) days the performance security in the form and the amount stipulated in the Instruction to Bidders. Failure to provide the performance security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Very truly yours,

  
**HON. RAMON V. GUICO III**

Conforme:  **JIANNA MIKHAELA P. LOPEZ**  
Date 2-19-24



Republic of the Philippines  
**PROVINCE OF PANGASINAN**  
Office of the Governor  
2F Capitol Compound, Lingayen, Pangasinan

Hon. Ramon V. Guico III, DPM  
*Governor*

**NOTICE TO PROCEED**

23 February 2024

**MS. JIANNA MIKHAELA P. LOPEZ**  
Authorized Representative  
**NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP**  
15 Camanang Roadside,  
Urdaneta City, Pangasinan

**Dear Ms. Lopez:**


The attached Contract Agreement having been approved, notice is hereby given to **NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP** that the work may commence on the **Supply and Delivery of Various Medical Supplies at Umingan Community Hospital, Umingan, Pangasinan; Medical, Dental and Laboratory Expenses; PR No. 2024-01-0030; Solicitation No. PANG-2024-01-0049-G**, effective within seven (7) calendar days after the receipt of this notice.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementing Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one and return the other to the **Provincial Government of Pangasinan**.

Very truly yours,

  
**HON. RAMON V. GUICO III**

I acknowledge receipt of this Notice on : 2-23-24  
Name of the Representative of the Bidder : JIANNA MIKHAELA P. LOPEZ  
Authorized Signature : 



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
 LGU

2-21-24

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u> Address : <u>URDANETA CITY, PANGASINAN</u> TIN : <u>293-548-871-00000</u>	P.O. No. : <u>00131</u> Date: <u>21 FEB 2024</u> Mode of Procurement: <u>competitive bidding</u> PR No./s <u>2024-01-0030</u>
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Gentlemen:  
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>Umingan Community Hospital, Umingan, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	PCS	MACROSET	4000	45.00	180,000.00
2	PCS	MICROSET	3200	50.00	160,000.00
3	PCS	NGT FR. 12	40	25.00	1,000.00
4	BOX	NON STERILE GLOVES (MEDIUM)	600	850.00	510,000.00
5	BOX	LASTER 3M, 1 INCH	200	750.00	150,000.00
6	BOX	SILK 3-0, CUTTING	40	2,820.00	112,800.00
7	BOX	SILK 2-0, CUTTING	20	2,820.00	56,400.00
8	PCS	SOLUSET	400	230.00	92,000.00
9	ROLL	SURGICAL GAUZE ROLL	20	1,900.00	38,000.00
10	BOX	SPOULES	10	2,298.00	22,980.00
11	BOX	SURGICAL FACE MASK	100	200.00	20,000.00
12	BOX	SUGICAL GLOVES 7"	40	1,750.00	70,000.00
13	PCS	URINE BAG, ADULT	200	35.00	7,000.00

(Total Amount in Words) PAGE 1

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s

Conforme:

*[Signature]*  
 JANINA MIKHAELA P. LOPEZ

Signature over Printed Name of Supplier

2-21-24

Date

Very truly yours,

*[Signature]*  
 HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.: \_\_\_\_\_

Certified Correct:

Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	<b>P.O. No. :</b> <u>00131</u>
<b>Address :</b> <u>URDANETA CITY, PANGASINAN</u>	<b>Date:</b> <u>21 FEB 2024</u>
<b>TIN :</b> <u>293-548-871-00000</u>	<b>Mode of Procurement:</b> <u>competitive bidding</u>
	<b>PR No./s</b> <u>2024-01-0030</u>

Gentlemen:

Please furnish this Office the following articles subject to the terms and conditions contained herein:

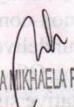
<b>Place of Delivery :</b> <u>Umingan Community Hospital, Umingan, Pangasinan</u>	<b>Delivery Term :</b> <u>w/in 7 C.D. upon receipt of NTP</u>
<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
14	BOX	WEE BAG	6	750.00	4,500.00
15	PCS	AMBU BAG, ADULT	10	4,750.00	47,500.00
16	PCS	AMBU BAG, PEDIA	8	4,750.00	38,000.00
17	PCS	DIGITAL THERMOMETER	40	150.00	6,000.00
18	PCS	KIDNEY BASIN	20	36.00	720.00
19	PCS	KELLY PAD	6	1,100.00	6,600.00
20	PCS	MAYO SCISSORS STRAIGHT 6"	10	500.00	5,000.00
21	PCS	NEBULIZER	6	750.00	4,500.00
22	PCS	PULSE OXIMETER (FINGERTIP)	10	975.00	9,750.00
23	PCS	SPHYGMOMANOMETER DEST TYPE, ADULT	10	3,200.00	32,000.00
24	PCS	SPHYGMOMANOMETER DEST TYPE, PEDIA	4	3,200.00	12,800.00
25	PCS	STETHOSCOPE, ADULT	10	500.00	5,000.00
26	PCS	CERVICAL COLLAR SMALL	12	1,000.00	12,000.00

(Total Amount in Words) PAGE 2

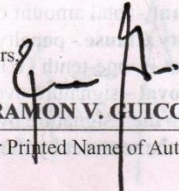
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s

Conforme:

  
 JIANNIA MIKHAELO P. LOPEZ

Signature over Printed Name of Supplier

Very truly yours,

  
 HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

2-21-24  
 Date

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.: \_\_\_\_\_

Certified Correct:

\_\_\_\_\_  
Secretary to the Sanggunian\_\_\_\_\_  
Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

00131

<b>Supplier :</b> <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	<b>P.O. No. :</b> _____
<b>Address :</b> <u>URDANETA CITY, PANGASINAN</u>	<b>Date:</b> <u>21 FEB 2024</u>
<b>TIN :</b> <u>293-548-871-00000</u>	<b>Mode of Procurement:</b> <u>Competitive bidding</u>
	<b>PR No./s</b> <u>2024-01-0030</u>

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<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
27	PCS	CERVICAL COLLAR MEDIUM	12	1,000.00	12,000.00
28	PCS	CERVICAL COLLAR LARGE	12	1,000.00	12,000.00
29	PCS	CERVICAL COLLAR XL	12	1,000.00	12,000.00
30	PCS	ARM SLING SMALL	20	180.00	3,600.00
31	PCS	ARM SLING MEDIUM	20	180.00	3,600.00
32	PCS	ARM SLING LARGE	20	180.00	3,600.00
33	PCS	ARM SLING XL	20	180.00	3,600.00
34	PCS	CHART CASE A4 SIZE	10	590.00	5,900.00
35	PCS	INFRARED FOREHEAD THERMOMETER	20	900.00	18,000.00
36	PCS	KELLY FORCEPS STRAIGHT 6.5"	20	130.00	2,600.00
37	PCS	KELLY FORCEPS CURVE 6.5"	20	130.00	2,600.00
38	PCS	WHEELCHAIR	6	5,200.00	31,200.00
39	BOX	3 CC SYRINGE	160	1,050.00	168,000.00

(Total Amount in Words) **PAGE 3**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s

Conforme:

ANICA MIKHAYELA P. LOPEZ

Signature over Printed Name of Supplier

2-21-24  
Date

Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

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<b>TIN :</b> <u>293-548-871-00000</u>	<b>Mode of Procurement:</b> <u>competitive bidding</u>
	<b>PR No./s</b> <u>2024-01-0030</u>

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<b>Date of Delivery :</b> _____	<b>Payment Term:</b> <u>Cheque</u>


Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
40	BOX	5 CC SYRINGE	160	1,145.00	183,200.00
41	BOX	1 CC SYRINGE	120	1,340.00	160,800.00
42	BOX	INSULIN SYRINGE, 1 ML	80	1,600.00	128,000.00
43	BOX	DISPOSABLE NEEDLE G. 26	60	325.00	19,500.00
44	BOX	IV CATHERTER G. 18	20	9,500.00	190,000.00
45	BOX	IV CATHERTER G. 20	40	9,500.00	380,000.00
46	BOX	IV CATHERTER G. 24	20	9,500.00	190,000.00
47	BOX	IV CATHERTER G. 26	20	12,000.00	240,000.00
48	PACKS	CUTTING NEEDLE SMALL (6X14)	40	340.00	13,600.00
49	PACKS	CUTTING NEEDLE SMALL (9X28)	40	340.00	13,600.00
50	PCS	OXYGEN CANNULA (NEONATE)	200	95.00	19,000.00
51	PCS	OXYGEN CANNULA (PEDIA)	200	65.00	13,000.00
52	PCS	OXYGEN CANNULA (ADULT)	1000	62.00	62,000.00

(Total Amount in Words)

PAGE 4

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s

Conforme:

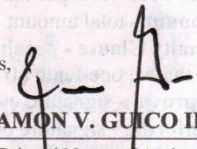
  
 JIANNAMICHAELA P. LOPEZ

Signature over Printed Name of Supplier

2-21-24

Date

Very truly yours,

  
 HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

Supplier : <b>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</b>		P.O. No. : <b>00131</b>			
Address : <b>URDANETA CITY, PANGASINAN</b>		Date: <b>21 FEB 2024</b>			
TIN : <b>293-548-871-00000</b>		Mode of Procurement: <b>competitive bidding</b>			
		PR No./s <b>2024-01-0030</b>			
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Date of Delivery : _____		Payment Term: <b>Cheque</b>			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
53	PCS	OXYGEN MASK (PEDIA)	100	95.00	9,500.00
54	PCS	SUCTION CATHERTER FR. 5	20	30.00	600.00
55	PCS	SUCTION CATHERTER FR. 14	20	30.00	600.00
56	PCS	SUCTION CATHERTER FR. 8	20	30.00	600.00
57	PCS	SUCTION CATHERTER FR. 18	20	30.00	600.00
58	PCS	SUCTION CATHERTER FR. 20	20	30.00	600.00
59	BOX	IFC FR. 16	20	750.00	15,000.00
60	BOX	IFC FR. 12	20	750.00	15,000.00
61	BOX	IFC FR. 14	2	750.00	1,500.00
62	BOX	CHROMIC 4-0	10	1,020.00	10,200.00
63	BOX	CHROMIC 2-0	20	1,020.00	20,400.00
64	BOX	BOX COTTON THREAD 3-0, (12 SPOULES X 1 BOX)	6	3,600.00	21,600.00
65	BOX	CORD CLAMP (100 PCS X 1 BOX)	2	950.00	1,900.00
<b>(Total Amount in Words)</b>		<b>PAGE 5</b>			
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme: _____ <b>JANNA MIKHAELO P. LOPEZ</b> Signature over Printed Name of Supplier		Very truly yours, _____ <b>HON. RAMON V. GUICO III</b> Signature over Printed Name of Authorized Official			
_____ <b>2-21-24</b> _____ Date		_____ <b>Governor</b> _____ Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct: _____					
_____ <b>Secretary to the Sanggunian</b>			_____ <b>Date</b>		



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**

LGU

Supplier : <b>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</b>	P.O. No. : <b>00131</b>
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Date of Delivery :	Payment Term : <b>Cheque</b>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
66	ROLL	COTTON ROLL 400 GMS	40	285.00	11,400.00
67	PCS	ENDOTACHEAL TUBE FR. 3	20	149.00	2,980.00
68	PCS	ENDOTACHEAL TUBE FR. 7.5	40	149.00	5,960.00
69	PCS	ENDOTACHEAL TUBE FR. 4	10	149.00	1,490.00
70	PCS	ENDOTACHEAL TUBE FR. 6	10	149.00	1,490.00
71	PCS	ELASTIC BANDAGE 2 X 5	60	40.00	2,400.00
72	PCS	ELASTIC BANDAGE 4 X 5	40	85.00	3,400.00
73	PCS	FEEDING TUBE FR. 6	20	25.00	500.00
74	PCS	FEEDING TUBE FR. 8	40	25.00	1,000.00
75	ROLL	LEUKOPLAST ROLL	20	1,128.58	22,571.60
76	BOX	LUBRICATING JELLY 150 GMS	40	275.00	11,000.00
77	AMP	TETANUS ANTI TOXIN (ATS)	8000	195.00	1,560,000.00
78	AMP	TETANUS TOXOID	4000	120.00	480,000.00

(Total Amount in Words) **PAGE 6**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s

Conforme:

*Jhanna*  
JHANNA MICHAELA P. LOPEZ

Signature over Printed Name of Supplier

Very truly yours,

*Hon. Ramon V. Guico III*  
HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

**Governor**

Designation

*2-21-24*

Date

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

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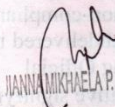
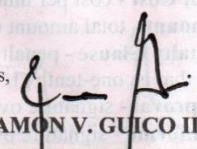
Secretary to the Sanggunian

Date



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**

LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00131</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>21 FEB 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-01-0030</u>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>Umangan Community Hospital, Umangan, Pangasinan</u>		Delivery Term : <u>w/in / C.D. upon receipt of NTP</u>			
Date of Delivery : _____		Payment Term: <u>Cheque</u>			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
79	VIAL	VACCINE 1ML WHO PREQUALIFIED	1200	2,400.00	2,880,000.00
80	VIAL	EQUINE ANTI RABIES SERUM	400	1,700.00	680,000.00
81	BOX	X-RAY FILM 14 X 17	12	9,764.00	117,168.00
82	BOX	X-RAY FILM 14 X 14	12	8,375.00	100,500.00
83	BOX	X-RAY FILM 11 X 14	12	4,705.00	56,460.00
84	BOX	X-RAY FILM 10 X 12	12	4,717.00	56,604.00
85	PACKS	X-RAY ENVELOPE 14 X 17	12	1,800.00	21,600.00
86	PACKS	X-RAY ENVELOPE 14 X 14	12	1,008.00	12,096.00
87	PACKS	X-RAY ENVELOPE 11 X 14	12	1,500.00	18,000.00
88	GAL	X-RAY SOLUTION DEVELOPER MANUAL	12	5,115.08	61,380.96
89	GAL	X-RAY SOLUTION FIXER MANUAL	12	2,017.00	24,204.00
90	BOX	IFC FR. 14	2	750.00	1,500.00
XXXXX - XXXXX					
Twenty-Three Million Nine Hundred Forty-Three Thousand Six Hundred					
Seventy-Nine Pesos and 82/100			P 9,727,754.56		
<b>(Total Amount in Words)</b>					
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme: 		Very truly yours, 			
HANNA MIKHAELA P. LOPEZ		HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
2-21-24		Governor			
Date		Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct: _____					
Secretary to the Sanggunian			Date		