Supplier: URDANETA CITY, PANGASINAN  Address:			P.O. No.:  Date:  Mode of Procurement:  Competitive bidding 2024			
TIN:	8-871-00000		PR No./s		02-0445	
Gentlement: Please		ffice the following articles subject to the te	rms and conditions con	tained herein;	13	
Place of Delivery:		Delivery Term : w/in 7 C.D. upon receipt of N Payment Term: Cheque				
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
235	PC	X-RAY FILM 11X14	1,400	60.00	84,000.00	
236	PC	X-RAY FILM 14x14	600	83.00	49,800.00	
237	PC	X-RAY FILM 14X17	1,700	97.64	165,988.00	
238	GAL	X-RAY FIXER SOLUTION - AUTOMATIC	15	2,017.50	30,262.50	
239	GAL	X-RAY FIXER SOLUTION - MANUAL	1	2,017.50	2,017.50	
240	PCS	ZINC OXIDE EUGENOL	3	1,166.00	3,498.00	
		* * * * * * * * * * * * * * * * * * * *		1,100.00	3,486.00	
		XXXXX-XXXXX				
	3	The second second			median per	
		Thirteen Million Eight Hundred Sixty-Seven Thouse	and Eight Wundered Mines.			
(Total Amount	in Words)	Seven Pesos and22/100	no Eight Fundred Ninety		3,867,897.22	
	y shall be imp	the full delivery within the time specified bosed on the undelivered item/s	above, a penalty of or Very truly yours	0	of one percent for	
	JI/(II	NA MIXI MELA P. LOPEZ	HON. RA	AMON V. GU	ICO III	
	Signature ov	er Printed Name of Supplier	manuscript and the second		Authorized Official	
				Governor		
		Date		Designation	on .	
(In ca	ase of Negotian	ted Purchase pursuant to Section 369 (a)	of RA 7160, this portion	on must be acco	mplished.)	
Approved po	er Sanggunian	Resolution No.:				
Certified	Correct:					
	Secret	ary to the Sanggunian		ate	- 115	

Appendix 49

### PURCHASE ORDER PROVINCE OF PANGASINAN

LGU

Address: 293.548.874.00000			P.O. No.: 00205  Date: 13 MAR 202  Mode of Procurement: competitive bidding  PR No./s 2024-02-0445			
Gentlement: Please	e furnish this O	ffice the following articles subject to the terms a	nd conditions cor	ntained herein:	Tarkeral skip!	
			Delivery Term Payment Term	Cheque	n receipt of NTP	
Stock/ Property No.	Unit	Unit Description	Quantity	Unit Cost	Amount	
222	GAL	ULTRASOUND GEL GAL	20	1,800.00	36.000.00	
223	PC/S	URINE BAG	1,600	35.00	56,000.00	
224	PCS	VENTILATOR BREATHING CIRCUIT - ADULT	100	2,600.00	260,000.00	
225	PC	VENTILATOR BREATHING CIRCUIT - NEONATE/INFANT	25	1,800.00	45,000.00	
226	PCS	WADDING SHEET 4X5	136	150.00	20,400.00	
227	P.C	WADDING SHEET 6X5	142	150.00	21,300.00	
228	PCS	WEIGHING SCALE - ADULT	1	1,250.00	1,250.00	
229	PC	WRIST TAG - ADULT	300	7.00	2,100.00	
230	GAL	X-RAY DEVELOPER SOLUTION - AUTOMATIC	15	2,557.54	38.363.10	
231	GAL	X-RAY DEVELOPER SOLUTION - MANUAL	1	5,115.08	5,115.08	
232	PC	X-RAY ENVELOPE 11X14	1,800	15.00	27,000.00	
233	PC	X-RAY ENVELOPE 14X17	2,800	17.00	47,600.00	
234	PCS	X-RAY FILM 10x12	300	47.17	14,151.00	
(Total Amount	in Words)	PAGE 18			14,101.00	
	ay shall be imp	the full delivery within the time specified above cosed on the undelivered item/s	Very truly your	9	1.	
	Signature ov	er Printed Name of Supplier	Signature over	Printed Name of	Authorized Official	
		Date		Governor Designation	on .	
(In c	ase of Negotia	ted Purchase pursuant to Section 369 (a) of RA	A 7160, this port	ion must be acco	mplished.)	
Approved p	er Sanggunian	Resolution No.:		m III i walio wali		
Certified	l Correct:					
792	Secret	ary to the Sanggunian	I	Date		

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP URDANETA CITY, PANGASINAN			P.O. No. : 00205			
PARETA ON 1,1 A	INCAGINAN	competitive hiddlink T				
48-871-00000		PR No./s	ement.	· 0 1/1/11 ZUZ9		
a furnish this ()	ffice the following articles subject to the te	erms and conditions con	tained herein:			
y:	overnor's Office, Lingayen, Pangasinan		Chamus	on receipt of NTP		
Date of Delivery :		_ Payment Term:	Crieque			
Unit	Description	Quantity	Unit Cost	Amount		
PCS	SURGICAL TAPE/ MICROPORE	7,300	62.50	456,250.00		
ROLL/S	SURGICAL TAPE/LEUKOPLAST 4"	2	1,128.58	2,257.16		
PC/S	SURGICAL TOWEL	14	200.00	2,800.00		
PC	SURGICAL/OR CAP	5,000	4.00	20,000.00		
ROLL	SUTURING THREAD			470.00		
PCS	TEMPORARY FILLING			9,328.00		
PCS	THERMAL PAPER TYPE I			8,750.00		
PC	THERMAL PAPER TYPE II			97,500.00		
PC	THUMB FORCEP W/O TEETH					
PC ·	TONGUE DEPRESSOR			480.00		
PC	TOOTH PASTE 175G			3,775.00		
PCS	TOWEL CLIPS			1,760.00		
PCS	ULTRASONIC SCALLING TIP ( SIZE G1)	THE RESERVE		24,796.80 14.160.00		
t in Words)	PAGE 17		,	14,100.00		
		Very truly yours	8-8-	vil.		
Signature ow	er Printed Name of Supplier	Signature over I	Printed Name of	Authorized Official		
			Commen			
	Date		Governor Designation	n		
ase of Negotia	Date ted Purchase pursuant to Section 369 (a)	of RA 7160, this porti	Designation			
		of RA 7160, this porti	Designation			
	ted Purchase pursuant to Section 369 (a)	of RA 7160, this porti	Designation			
	ted Purchase pursuant to Section 369 (a)	of RA 7160, this porti	Designation			
	DANETA CITY, PA 48-871-00000 e furnish this O y: :: Unit PCS ROLL'S PCS PC	DANETA CITY, PANGASINAN  48-871-00000  e furnish this Office the following articles subject to the term of the following articles are fol	DARETA CITY, PANGASINAN  48-871-00000  Re furnish this Office the following articles subject to the terms and conditions con y:  Provincial Governor's Office, Lingayen, Pangasinan  Unit  Description  Quantity  PCS  SURGICAL TAPE/ MICROPORE  ROLLIS  SURGICAL TAPE/LEUKOPLAST 4*  PCS  SURGICAL TOWEL  PC  SURGICAL TOWEL  PC  SURGICAL TOWEL  PCS  TEMPORARY FILLING  PCS  THERMAL PAPER TYPE I  PC  THUMB FORCEP W/O TEETH  PC  TONGUE DEPRESSOR  PC  TOOTH PASTE 175G  PCS  TOWEL CLIPS  PCS  ULTRASONIC SCALLING TIP (SIZE G1)  THE INDOME  PAGE 17  Inlure to make the full delivery within the time specified above, a penalty of or any shall be imposed on the undelivered item/s  Very truly yours  Very truly yours  HON. R	DARETA CITY, PANGASINAN    Pate:		

#### PURCHASE ORDER

#### PROVINCE OF PANGASINAN

Supplier : NOR	THCARE PHARMA	CEUTICAL DISTRIBUTORSHIP	P.O. No. :		
	ANETA CITY, PAN		Date:		AR 2024
tuuress				ement:	ve bidding
ΓIN: 293-54	8-871-00000		PR No./s	2024-02	-0445
Gentlement:			ditions con	tained berein:	
Please	e furnish this Of	fice the following articles subject to the terr	ns and conditions con	tained herein.	
Place of Delivery: Provincial Governor's Office, Lingayen, Pangasinan			Delivery Term :		n receipt of NTP
Date of Delivery			Payment Term:	Cheque	
Stock/	11-14	Description	Quantity	Unit Cost	Amount
Property No.	Unit	Description	Quantity		
196	PC	SUCTION CATHETER FR.14	105	30.00	3,150.00
197	PC/S	SUCTION CATHETER FR.16	300	30.00	9,000.00
198	PC	SUCTION CATHETER FR.18	75	30.00	2,250.00
199	PCS	SUCTION CATHETER FR.5	90	30.00	2,700.00
200	PC/S	SUCTION CATHETER FR.8	610	30.00	18,300.00
201	PC/S	SUCTION POOLE SET ABDOMINAL DRAIN	360	515.00	185,400.00
202	PC	SURGICAL BLADE #10	800	8.75	7,000.00
203	PC	SURGICAL BLADE #11	300	8.75	2,625.00
204	PC	SURGICAL BLADE #15	300	8.75	2,625.00
205	PC	SURGICAL BLADE #20	1,500	8.75	13,125.00
206	PC	SURGICAL BLADE #22	500	8.75	4,375.00
207	PC	SURGICAL BRUSH .	100	100.00	10,000.00
208	PCS	SURGICAL BRUSH W/ POVIDONE IODINE	220	120.00	26,400.00
(Total Amoun	t in Words)	PAGE 16			
In case of fi every day of del Conform	lay shall be imp	the full delivery within the time specified bosed on the undelivered item/s	Very truly your	rs, & RAMON V. QU	1.
	Signature	ver/Printed Name of Supplier	Signature over	1	Authorized Officia
				Governor Designation	on
		Date		Designation	
(In	case of Negotia	ated Purchase pursuant to Section 369 (a)	of RA 7160, this por	tion must be acco	omplished.)
Approved	per Sanggunia	n Resolution No.:			700.50
	-1 Compate				
Certifie	ea Correct.				

LGU

NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP  URDANETA CITY, PANGASINAN			P.O. No. : 00203				
ddress:			Date:competitive bidding				
	18-871-00000	•	Mode of Procurement: PR No./s  2024-02-0445				
IN :	N:			2027 02 0	770		
entlement:			d conditions con	tained herein:			
Pleas		ffice the following articles subject to the term	s and conditions con				
40.11		overnor's Office, Lingayen, Pangasinan	Delivery Term : Win 7 C.D. upon receipt of NTP				
lace of Deliver			Payment Term:	Cheque			
Stock/	/:		6	Unit Cost	Amount		
Property No.	Unit	Description	Quantity	Unit Cost	Amount		
183	PC/S	SOLUSET	2,170	230.00	499,100.00		
184	PC	SPECIMEN/SAMPLE CUP	100	10.00	1,000.00		
185	PC/S	SPINAL NEEDLE G25	955	175.00	167,125.00		
186	PAIR/S	STERILE SURGICAL GLOVES 6.5	4,500	35.00	157,500.00		
187	PAIR/S	STERILE SURGICAL GLOVES 7.0	24,500	35.00	857,500.00		
188	PAIRIS	STERILE SURGICAL GLOVES 7.5	15,750	. 35.00	551,250.00		
189	PAIR	STERILE SURGICAL GLOVES 8.0	50	35.00	1,750.00		
190	PCS	STERILE WATER FOR INHALATION (AQUA PAK)	30	320.00	9,600.00		
191	PC	STETHOSCOPE - ADULT	5	500.00			
192	PCS	STETHOSCOPE - PEDIA	5	8,500.00	2,500.00		
193	PCS	STRAIGHT CATHETER FR.16 (RUBBER)	75	30.00	42,500.00		
194	PC	SUCTION CATHETER FR.10	65		2,250.00		
195	PC	SUCTION CATHETER FR.12		30.00	1,950.00		
0			35	30.00	1,050.00		
(Total Amoun	nt in Words)	PAGE 15					
In case of every day of de Confor	elay shall be in	the full delivery within the time specified an apposed on the undelivered item/s	Very truly you	rs, & _ A	ante e		
	J	ANNA MININETA P. LOPEZ		MON V. GUIC			
	Signature of	over Printed Name of Supplier	Signature over	Printed Name of	Authorized Officia		
			•	Governor			
	-	Date		Designatio	n		
				-			
(Ir	case of Negot	iated Purchase pursuant to Section 369 (a)	of RA 7160, this por	tion must be acco	mplished.)		
Approved	d per Sangguni	an Resolution No.:					
Certif	fied Correct:						
Certif	fied Correct:			Date			

203.548		ACEUTICAL DISTRIBUTORSHIP	P.O. No. :			
203-549	Address : URDANETA CITY, PANGASINAN		Date: competitive bidding 202/			
293-548			Mode of Procurement:			
'IN :	IN :		PR No./s	2027 02 0		
Gentlement: Please	e furnish this O	ffice the following articles subject to the	terms and conditions con	tained herein:		
lace of Delivery: Provincial Governor's Office, Lingayen, Pangasinan			Delivery Term :	receipt of NTP		
Date of Delivery:		Payment Term:	Cheque			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
170	GAL	POVIDONE IODINE 10% GAL	38	1,750.00	66,500.00	
171	GAL	POVIDONE IODINE 7.5% GAL	10	1,250.00	12,500.00	
172	PCS	POVIDONE IODINE GARGLE 250ML	20	650.00	13,000.00	
173	PC	PULSE OXIMETER - ADULT	66	975.00	64,350.00	
174	PC.	PULSE OXIMETER - PEDIA	2	2,181.82	4,363.64	
175	PC	PUMICE POWDER	9	200.00	1,800.00	
176	PCS	RESTO BURS	54	100.00	5,400.00	
177	PACK	SALIVA EJECTOR	4	240.00	960.00	
178	PC/S	SILK 2-0 CUTTING	120	235.00	28,200.00	
179	PC/S	SILK 2-0 ROUND	380	191.50	72,770.00	
180	PC	SILK 3-0 CUTTING	260	235.00	61,100.00	
181	PCS	SILK 3-0 ROUND	120	191.50	22,980.00	
182°	PCS	SKIN STAPLER	50	750.00	37,500.00	
(Total Amoun	t in Words)	PAGE 14	0			
In case of fi every day of del Conform	lay shall be im ne: JA	the full delivery within the time specific posed on the undelivered item/s  NA INVELAPLOPEZ  ver Printed Name of Supplier	Very truly your	- 4	ICO III	
	F with the son			Governor		
THE PERSON	-	Date		Designatio	n' ,	
		Butt				
	case of Negoti	ated Purchase pursuant to Section 369	(a) of RA 7160, this por	tion must be accor	mplished.)	
(In						
	per Sanggunia	n Resolution No.:			a since the	
Approved	per Sanggunia	n Resolution No.:				

pplier : NORTH	ICARE PHARMAC	EUTICAL DISTRIBUTORSHIP	P.O. No. : Date:	00	bloding 2024
idress : URDAN	ETA CITY, PANG	ASINAN	Mode of Procurement:		
293-548-871-00000			PR No./s	2024-02-04	45
			1 distanciont	ained herein:	
entlement: Please	furnish this Of	fice the following articles subject to the term	s and conditions cont	amou ner the	LA of NTD
			Delivery Term :	Will 7 C.D. upon i	eceipt of NTP
Place of Delivery: Provincial Governor's Office, Lingayen, Pangasinan		Payment Term:	Cheque		
ate of Delivery	<u>:</u>	1	Quantity	Unit Cost	Amount
Stock/	Unit	Description	Quantity		
Property No.		THE PARTY OF PARTY SYS	42 .	302.00	12,684.00
157	PC/S	PLASTER OF PARIS 6X5	72	615.00	44,280.00
158	PC/S	POLYGLACTIN 910, 0 ROUND (VICRYL)	1,432	615.00	880,680.00
159	PC	POLYGLACTIN 910, 1 ROUND (VICRYL)	34	615.00	20,910.00
160	PC	POLYGLACTIN 910, 2-0 ROUND (VICRYL)	1	550.12	22,004.80
161	PC	POLYGLACTIN 910, 3-0 CUTTING (NOVOSYN)	.40	615.00	108,240.00
162	PC	POLYGLACTIN 910, 3-0 CUTTING (VICRYL)	176		297,064.80
163	PC	POLYGLACTIN 910, 3-0 ROUND (NOVOSYN)	540	550.12	241,080.00
	PC	POLYGLACTIN 910, 3-0 ROUND (VICRYL)	392	615.00	8,251.80
164	PC	POLYGLACTIN 910, 4-0 CUTTING (NOVOSYN)	15	550.12	73,800.00
165		POLYGLACTIN 910, 4-0 CUTTING (VICRYL)	120	615.00	5001.00 × 81120
166	PC	POLYGLACTIN 910, 4-0 ROUND (NOVOSYN)	87	550.12	47,860.44
167	PCS	POLYGLACTIN 910, 4-0 ROUND (VICRYL)	12	615.00	7,380.00
168	PC	POVIDONE IODINE 10% CLEANSER	1	1,250.00	1,250.00
169	GAL	PAGE 13			
(Total Amou	nt in Words)	PAGE 13	1	tth (1/10)	of one percent for
	failure to mak	te the full delivery within the time specified	above, a penalty of	one-tenti (1/10)	
every day of c	lelay shall be i	mposed on the undelivered item/s			1
every day or s		0			h
		$\cap$	Very truly yo	ours,	4:
Confo	orme:	/ Wr		- United	NICO III
		JIAI NA MIKI IAELA P. LOPEZ	HON.	RAMON V. C	of Authorized Offi
E 7 7 7 1 1 1	Cianatur	e over Printed Name of Supplier	Signature ov	er Printed Name	oj Addiorze
	Signature			C	
			_	Governor Designa	tion
	-	Date		Designa	Marie Land
		support to Section 369 (	a) of RA 7160, this p	portion must be ac	complished.)
	In case of Neg	gotiated Purchase pursuant to Section 369 (			
		unian Resolution No.:			The second
Approv	rea per sanggi				
Cer	tified Correct:				
		Secretary to the Sanggunian		Date	

## PURCHASE ORDER

## PROVINCE OF PANGASINAN

LGU .

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP URDANETA CITY, PANGASINAN		P.O. No. : 00205					
ddress : URDA	NETA CITY, PANG	SASINAN	Mode of Procurement: competitive bidding AR 20 PR No./s 2024-02-0445				
293-548-	-871-00000						
IN:							
entlement: Please	e furnish this O	ffice the following articles subject to the terr	ns and conditions con	tained herein:			
	Provincial Go	vernor's Office, Lingayen, Pangasinan	Delivery Term: Win 7 C.D. upon receipt of NTP				
lace of Benvery.		Payment Term	01				
Stock/		Unit Description	Quantity	Unit Cost	Amount		
Property No.	Unit	Description					
144	PC	NGT FR.8	715	25.00	17,875.00		
145	PCS	NON-REBREATHER MASK - ADULT	50	450.00	22,500.00		
146	ROLL	OR GARMENTS	1	5,500.00	5,500.00		
147	PC/S	OR GOWN	8	1,200.00	9,600.00		
148	PC/S	OXYGEN CANNULA - ADULT	2,200	62.00	136,400.00		
149	PC/S	OXYGEN CANNULA - NEONATE/INFANT	. 150	95.00	14,250.00		
150	PC	OXYGEN CANNULA - PEDIA	500	65.00	32,500.00		
151	PC/S	OXYGEN MASK - ADULT	845	95.00	80,275.00		
152	PC/S	OXYGEN MASK - NEONATE/INFANT	60	95.00	5,700.00		
153	PC/S	OXYGEN MASK - PEDIA	180	95.00	17,100.00		
154	PC/S	PEDIATRIC URINE COLLECTOR/WEE BAG	1,400	7.50	10,500.00		
155	PCS	PENROSE DRAIN	50	95.00	4,750.00		
156	PCS	PLASTER OF PARIS 4X5	236	302.00	71,272.00		
		PAGE 12					
(Total Amou	ni in worus)			tonth (1/10)	of one percent for		
In case of	failure to make	e the full delivery within the time specified	above, a penalty of	one-tenar (1/10)	or one posterior		
every day of de	elay shall be in	nposed on the undelivered item/s			0,		
		/ lyN	M	0	/\ .		
Confo		/	Very truly you	115,(1	4-		
	J	IANNA MIJENAELA P. LOPEZ	HON I	RAMON V. G	IIICO III		
All HIN I WAS 111 PA1 was							
			Signature OVE	r Printed Name	of Authorized Offi		
	Signature	over Printed Name of Supplier	Signature ove	er Printed Name	of Authorized Offi		
_	Signature	over Printed Name of Supplier	Signature ove	er Printed Name	of Authorized Offi		
	Signature		Signature ove	Governor  Designa	of Authorized Offi		
	Signature	over Printed Name of Supplier  Date	Signature ove	er Printed Name  Governor	of Authorized Offi		
		Date	Signature ove	Governor Designa	of Authorized Offi		
(II		Date	Signature ove	Governor Designa	of Authorized Offi		
	n case of Nego	Date stiated Purchase pursuant to Section 369 (a	Signature ove	Governor Designa	of Authorized Offi		
	n case of Nego	Date	Signature ove	Governor Designa	of Authorized Offi		
Approve	n case of Nego	Date stiated Purchase pursuant to Section 369 (a	Signature ove	Governor Designa	of Authorized Offi		
Approve	n case of Nego	Date stiated Purchase pursuant to Section 369 (a	Signature ove	Governor Designa	of Authorized Offi		

Appendix 49

### PURCHASE ORDER PROVINCE OF PANGASINAN . UDJ.

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP Address: URDANETA CITY, PANGASINAN			P.O. No.: 0205 Date: competitive bidding D 2006			
TIN: 293-54	8-871-00000		PR No./s 2024-02-0445			
Gentlement: Pleas	e furnish this Of	fice the following articles subject to the	terms and conditions cor	ntained herein:		
Place of Deliver	y : Provincial Gov	ernor's Office, Lingayen, Pangasinan	Delivery Term	: w/in 7 C.D. upon	receipt of NTP	
Date of Delivery :		Payment Term:	Cheque			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
131	PCS	MAYO TABLE COVER	2	1,600.00	3,200.00	
132	PC/S	MICROSET	900	50.00	45,000.00	
133	BOT	MOUTHWASH 250ML	3	210.00	630.00	
134	вот	MOUTHWASH 500ML	3	390.00	1,170.00	
135	PC	NEBULIZER KIT - ADULT	1,920	75.00	144,000.00	
136	PC/S	NEBULIZER KIT W/ MASK - ADULT	100	75.00	7,500.00	
137	PCS	NEBULIZER KIT W/ MASK - PEDIA	50	75.00	3,750.00	
138	PCS	NEBULIZER, PULMO-AIDE HD	. 1	12,500.00	12,500.00	
139	PCS	NEEDLE HOLDER 8"	8	720.00	5,760.00	
140	PC ·	NGT FR.10	50	25.00	1,250.00	
141	PC/S	NGT FR.16	200	25.00	5,000.00	
142	PCS	NGT FR.18	10	25.00	250.00	
143	PC/S	NGT FR.5	135	25.00	3.375.00	
(Total Amount	t in Words)	PAGE 11				
		e full delivery within the time specifie used on the undelivered item/s	d above, a penalty of or	ne-tenth (1/10) of	one percent for	
Conform	ie:	and a second	Very truly yours	8-A	· ·	
	XMAAL	MIKHAELA P. LOPEZ	HON. RA	MON V. GUI	COIII	
		r Printed Name of Supplier			Authorized Official	
				Governor		
	-	Date	New Yorks and The	Designation	Astronomics	
(In c	ase of Negotiate	d Purchase pursuant to Section 369 (a	) of RA 7160, this portion	on must be accom	pplished.)	
Approved p	er Sanggunian I	Resolution No.:				
Certified	Correct:					
	Secretar	y to the Sanggunian	. D	Pate		

pplier : NORTH	CARE PHARMAC IETA CITY, PANG	EUTICAL DISTRIBUTORSHIP JASINAN	P.O. No.:  Date:  Mode of Procurement:  2024-02-0435 MAR 2024		
N : 293-548-8	371-00000		PR No./s		
entlement:	furnish this Off	ice the following articles subject to the	terms and conditions cont	ained herein:	receipt of NTP
	- 1 1-1 00	vernor's Office, Lingayen, Pangasınan	Delivery Term :		
ace of Delivery :	Provincial Go	Ventor o Chian,	Payment Term:		
ate of Delivery:			Quantity	Unit Cost	Amount
Stock/	Unit	Description	Quantity		3,000.00
Property No.			2	1,500.00	3,840.00
118	PCS	LARGE SHEET	12	320.00	3.50
119	PCS	LAP SPONGE 18X18	5	12,200.00	61,000.00
120	PCS .	LARYNGOSCOPE - ADULT	5	12,680.00	63,400.00
121	PCS	LARYNGOSCOPE - PEDIA	10	750.00	7,500.00
122	PCS	LEUKOPLAST 2.5CM X 5M	2,800	42.00	117,600.00
123	CARP	LIDOCAINE CARPULE	26	1,200.00	31,200.00
	PCS	LIDOCAINE OINTMENT 5%	1	5,500.00	5,500.00
124	ROLL	LINEN ROLL - BLUE- OXFORD	. 2	560.00	1,120.00
125	CARP	LUBRICATING DENTAL OIL		8.00	4,400.00
126		LUBRICATING GEL 5G	550	275.00	16,500.00
127	PCS	LUBRICATING JELLY 150G	60		261,000.00
128	PCIS	MACROSET	5,800	45.00	290.00
129	PCIS	MATRIX BOND TYPE1	29	10.00	
130	PCS	PAGE 10			
(Total Amoun	t in Words)			1 (1/10)	of one percent for
In case of f every day of de Confor	lay shall be in	the full delivery within the time specinosed on the undelivered item/s	Very truly yo	ours, &	1.
-	Signature	over Frinted Name of Supplier	Signature ov	Govern	1
		Date		Designa	tion
	CNIcor	otiated Purchase pursuant to Section 30	69 (a) of RA 7160, this p	oortion must be ac	complished.)
1		nian Resolution No.:			
Certi	fied Correct:			Date -	
4		cretary to the Sanggunian		Date .	

00205

oplier: urdaneta city, pangasinan dress:			P.O. No.:			
293-548-	871-00000		PR No./s	2024-02-0	445	
N:				ained herein:		
entlement: Please	furnish this Of	fice the following articles subject to the	terms and conditions com	amed nerem.		
		vernor's Office, Lingayen, Pangasinan	Delivery Term :	w/in 7 C.D. upon	receipt of NTP	
ace of Delivery	!		Payment Term:	Cheque		
ate of Delivery			Quantity	Unit Cost	Amount	
Stock/ Property No.	Unit	Description	Quantity			
105	PCS	ICE CAP ADULT	5	150.00	750.00	
106	PCS	INFRARED THERMAL GUN	16	900.00	14,400.00	
	PC/S	INSULIN SYRINGE	26,100	16.00	417,600.00	
107	PCS	IV CATH G16	300	95.00	28,500.00	
109	PC	IV CATH G18	6,460	95.00	613,700.00	
110	PC	IV CATH G20	3,200	95.00	304,000.00	
	PC	IV CATH G22	2,500	95.00	237,500.00	
111	PC	IV CATH G24	3,700	95.00	351,500.00	
112	PC/S	IV CATH G26	4,300	120.00	516,000.00	
113	PCS	KELLY CURVE	15	130.00	1,950.00	
114	PCS	KELLY STRAIGHT	11	130.00	1,430.00	
115	PCS	KIDNEY BASIN	3	36.00	108.00	
116	PCS	LAP SHEET	2	1,500.00	3,000.00	
117	PG3	PAGE 9				
(Total Amour	it in Words)	The state of the s			S	
In case of	Failure to make	e the full delivery within the time spec	cified above, a penalty of	one-tenth (1/10)	one percent for	
every day of de	lay shall be in	nposed on the undelivered item/s		Λ		
				0 1	,	
Confor	me:	Auch	Very truly you	irs,	4	
Como		NI A MIKUAETA P. LOPEZ	HON	RAMON V. QU	IICO III	
	4 4 4		Cionatura OV	er Printed Name O	of Authorized Offi	
	Signature	over Printed Name of Supplier	Signature ove	1 Times Times		
				Governor		
				Designat	ion	
		Date				
				i wast bo no	complished.)	
(II)	n case of Nego	otiated Purchase pursuant to Section 3	69 (a) of RA 7160, this p	ortion must be ac	Omprished.)	
Approve	d per Sanggui	nian Resolution No.:				
Certi	fied Correct:				100	

## PURCHASE ORDER

# PROVINCE OF PANGASINAN LGU

upplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP URDANETA CITY, PANGASINAN 293-548-871-00000			P.O. No. : 13 MAR 2024  Mode of Procurement: competitive bidding 2024-02-0445		
'IN :		fice the following articles subject to the terr	ns and conditions con	tained herein:	
		vernor's Office, Lingayen, Pangasinan	Delivery Term		receipt of NTP
lace of Delivery:		Payment Term:			
Date of Delivery	:				Amount
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	10,500.00
92	PCS	GUEDEL AIRWAY 60MM #0 (BLACK)	75	140.00	
. 93	PCS	GUEDEL AIRWAY 80MM #2 (GREEN)	75	140.00	10,500.00
94	PCS	GUEDEL AIRWAY 90MM #3 (YELLOW)	75	140.00	10,500.00
95	PC	GUM SEPARATOR	29	220.00	6,380.00
96	PC	HAND/KITCHEN TOWEL	50	70.00	3,500.00
. 97	PCS	HANDPIECE WRENCH TYPE	. 1	17,000.00	17,000.00
98	PCS	HEAT ABD MOISTURE EXCHANGER (HME)	130	660.00	85,800.00
	PC/S	HEPARIN CAP/ HEPLOCK	1,400	45.00	63,000.00
99	PCS	HEXETIDINE 250ML	13	652.30	8,479.90
100	BOT	HYDROGEN PEROXIDE 120ML	157	50.00	7,850.00
101	BOT	HYDROGEN PEROXIDE 500ML	.3	75.00	225.00
102		HYDROGEN PEROXIDE GAL	5	565.00	2,825.00
103	GAL	HYDROXYETHYL STARCH (130/0.4)	2	900.00	1,800.00
104	PCS	PAGE 8		• 1	
(Total Amou	nt in Words)				c
In case of every day of d	rme:	e the full delivery within the time specified in the undelivered item/s  NAMINATED PLOPEZ  Over Printed Name of Supplier	Very truly yo	ramon V. G	JICO III f Authorized Offi
		Date	2 CD 4 7160 this n	ortion must be ac	complished.)
(1	n case of Nego	stiated Purchase pursuant to Section 369 (			
	ed per Sanggur	nian Resolution No.:			*
1					
Approve	fied Correct:				
Approve		cretary to the Sanggunian		Date	

## PURCHASE ORDER

## PROVINCE OF PANGASINAN

		THE PROPERTY OF THE PROPERTY O	P.O. No.:	002	3 MAR 202
pplier : NORT	HCARE PHARMAC	CEUTICAL DISTRIBUTORSHIP	Date:	competitive	oidding
dress : URDA	NETA CITY, PANG	ASINAN	Mode of Procure	ment: 2024-02-04	
203-548	871-00000		PR No./s	202.1	
			. Itilans conf	ained herein:	
entlement:	furnish this Of	fice the following articles subject to the terms	and conditions com	amed not a	TA - FAITD
ricase	Turrion	vernor's Office, Lingayen, Pangasinan	Delivery Term :		eceipt of NTP
ace of Delivery	Provincial Gov	vernor's Office, Enigayon, 1 mg	Payment Term:		
ate of Delivery			Quantity	Unit Cost	Amount
Stock/	Unit	Description	Quantity	-	
Property No.		- OUAL	2,000	17.00	34,000.00
79	PAIR	EXAMINATION GLOVES - SMALL	212	200.00	42,400.00
80	BOX/S	FACE MASK 50'S	1	3,800.00	3,800.00
81	PC	FETAL DOPPER (RECHARGEABLE BATTERY)	120	45.00	5,400.00
82	PC	FLAT TORNIQUET	40	75.00	3,000.00
83	PC/S	FOLEY CATHETER FR.10	20	75.00	1,500.00
84	PC	FOLEY CATHETER FR.12		75.00	3,000.00
85	PC	FOLEY CATHETER FR.14	40	75.00	165,000.00
86	PC/S	FOLEY CATHETER FR.16	2,200	85.00	46,750.00
	PC/S	FOLEY CATHETER FR.18	550	75.00	3,000.00
87	PC	FOLEY CATHETER FR.8	40		76,000.00
88	PC	GAUZE ROLL 24X28	40	1,900.00	4,080.00
89	PC	GEL FOAM	6	680.00	17,200.00
90		GLASS IONOMER POWDER 15G/LIQUID 6.4ML	2	8,600.00	17,20010
91	PC	PAGE 7			
(Total Amo	unt in Words)		· · · · · · · · · · · · · · · · · · ·	f one-tenth (1/10)	of one percent for
In case o	f failure to mak	te the full delivery within the time specified	above, a penanty of	One many	
every day of	delay shall be i	imposed on the undelivered item/s			1
	200		17	ours O	71
Cont	orme:	Order	Very truly ye	Curs, (),-	H
Con	ornic.	/ VIV	HON	. RAMON V. G	UICO III
		JIA/INA MIKIJAELA P. LOPEZ	Ciampture O	ver Printed Name	of Authorized Off
	Signature	e over Printed Name of Supplier	Signature		
				Governor	
				Designa	ation
		Date			
	V-			i must be a	ccomplished.)
	W ENov	gotiated Purchase pursuant to Section 369 (a	i) of RA 7160, this	portion must be a	CCOMPANY
Appro	ved per Sanggi	unian Resolution No.:			A 12
	ertified Correct:				
	ertified Correct:	Secretary to the Sanggunian		Date	

		LGU		0005	1	
Supplier: URDANETA CITY, PANGASINAN  URDANETA CITY, PANGASINAN			P.O. No. : 002 3 MAR 2024 Date:			
The second secon	18-871-00000		Mode of Procui	Contract of the second		
TIN:			PR No./s	2024-02-	0445	
Gentlement: Pleas	e furnish this O	ffice the following articles subject to the	terms and conditions cor	ntained herein:		
Place of Deliver	Provincial G	overnor's Office, Lingayen, Pangasinan	Delivery Term	w/in 7 C.D. upon	receipt of NTP	
Date of Delivery			Payment Term: Cheque			
Stock/						
Property No.	Unit .	Description	Quantity	Unit Cost	Amount	
66	PC/S	ET TUBE 2.0	20	149.00	2,980.00	
67	PC/S	ET TUBE 3.0	20	149.00	2,980.00	
68	PC/S	ET TUBE 3.5	20	149.00	2,980.00	
69	PCS	ET TUBE 4.0	5	149.00	745.00	
70	PC	ET TUBE 5.0	25	149.00	3,725.00	
71	PC	ET TUBE 5.5	5	149.00		
72	PC	ET TUBE 6.0	5	149.00	745.00 745.00	
73	PC	ET TUBE 6.5	35	149.00		
74	PC	ET TUBE 7.0	35	149.00	5,215.00	
75	PC	ET TUBE 7.5	50	149.00	5,215.00	
76	PC	ET TUBE 8.0	20		7,450.00	
77	PAIR	EXAMINATION GLOVES - LARGE		149.00	2,980.00	
78	PAIR	EXAMINATION GLOVES - MEDIUM	7,650	17.00	130,050.00	
4			18,650	17.00	317,050.00	
(Total Amoun	t in Words)	PAGE 6				
	lay shall be imp	the full delivery within the time specific posed on the undelivered item/s	Very truly your	s, & }	one percent for	
	Signature of	ver Printed Name of Supplier	Signature over	Printed Name of	Authorized Officia	
- 4 8- 6		Date		Governor Designation		
(In c	case of Negotia	ated Purchase pursuant to Section 369 (a	a) of RA 7160, this port	ion must be accon	nplished.)	
Approved	per Sangguniar	Resolution No.:				
Certifie	d Correct:					
	Secret	tary to the Sanggunian		Date	-	

#### (PO) PURCHASE ORDER

#### PURCHASE ORDER

### PROVINCE OF PANGASINAN LGU ,

		ACEUTICAL DISTRIBUTORSHIP	P.O. No. :			
Address: URDANETA CITY, PANGASINAN			Date:	competit	ive bidding	
TIN: 293-548	3-871-00000		PR No./s	2024-02	2-0445	
Gentlement: Pleas	e furnish this C	Office the following articles subject to the te	erms and conditions con	ntained herein:		
lace of Deliver	v : Provincial Go	overnor's Office, Lingayen, Pangasinan	Delivery Term	. w/in 7 C.D. upo	n receipt of NTP	
Date of Delivery	:		Payment Term	Cheque		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
53	PC	DISPOSABLE NEEDLE G.25	30	3.50	105.00	
54	PC	DISPOSABLE NEEDLE G.27	5,000	3.50	17,500.00	
55	PC	DISPOSABLE SYRINGE 10CC	13.500	14.50	195,750.00	
56	PC/S	DISPOSABLE SYRINGE 1CC	22,700	13.50	306,450.00	
57	PC/S	DISPOSABLE SYRINGE 3CC	48,000	10.50	504,000.00	
58	PC/S	DISPOSABLE SYRINGE 5CC	43,500	11.50	500,250.00	
59	PC/S	ECG ELECTRODES ADULT	450	21.00	9,450.00	
60	PCS	ECG ELECTRODES PEDIA	750	21.00		
61	PC	ECG PAPER 63X30	30	250.00	15,750.00	
62	PC/S ,	ELASTIC BANDAGE 2X5	5	40.00	7,500.00	
63	PC/S	ELASTIC BANDAGE 3X5	50	70.00	7777655	
64	PC/S	ELASTIC BANDAGE 4X5	555	85.00	3,500.00	
65	PC	ELASTIC BANDAGE 6X5	555	85.00	47,175.00 47,175.00	
(Total Amount	in Words)	PAGE 5		00.00	41,110.00	
In case of fa every day of dela Conform	e:	he full delivery within the time specified osed on the undelivered item/s  MINIMELA PLOPEZ  er Printed Name of Supplier	Very truly yours	MON V. GU	A:	
		TOTAL TIPLE AND A CONTRACT OF SEC.		Governor		
	-	Date	Ludding a second	Designatio	on ·	
(In ca	ase of Negotiat	ed Purchase pursuant to Section 369 (a)	of RA 7160, this portion	on must be acco	mplished.)	
Approved po	er Sanggunian	Resolution No.:			-	
Certified	Correct:					
	Secrets	ary to the Sanggunian	D	ate		
		,				

Appendix 49

## PURCHASE ORDER

#### PROVINCE OF PANGASINAN

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP URDANETA CITY, PANGASINAN			P.O. No.:  Date:  Mode of Procurement: competitive bidding 2024  PR No./s 2024-02-0445			
rin :	-871-00000		PR No./s	2024-02-	CFFU	
Gentlement: Please	furnish this Of	ffice the following articles subject to the terms a	and conditions cor	ntained herein:		
Place of Delivery	. Provincial Go	vernor's Office, Lingayen, Pangasinan	Delivery Term	w/in 7 C.D. upor	receipt of NTP	
Date of Delivery			Payment Term	Cheque		
Stock/			0	Unit Cost	Amount	
Property No.	Unit	Description	Quantity	Ont Cost	Amount	
40	PCS	CTT FR.28	10	755.00	7,550.00	
41	PC/S	CTT FR.32	34	755.00	25,670.00	
42	PCS	CTT FR.36	24	755.00	18,120.00	
43	PC	DENTAL MOUTH MIRROR	68	140.00	9,520.00	
44	PCS	DENTAL NEEDLE G27 LONG	1,300	7.00	9,100.00	
45	PC/S	DENTAL NEEDLE G27 SHORT	2,400	7.00	16,800.00	
46	PC	DIAMOND BURS INVERTED	10	100.00	1,000.00	
47	PC	DIAMOND BURS STRAIGHT	10	100.00	1,000.00	
48	PC	DIGITAL THERMOMETER	25	150.00	3,750.00	
49	GAL	DISINFECTANT CONCENTRATE SOLUTION GALLON	5	3,500.00	17,500.00	
50	PCS	DISPOSABLE CUP	600	5.00	3,000.00	
51	PC	DISPOSABLE NEEDLE G.19	5,000	3.40	17,000.00	
52	PC	DISPOSABLE NEEDLE G.23	1,000	3.40	3,400.00	
(Total Amount		PAGE 4	1,000			
In case of fa every day of dela Conform	ay shall be imp	the full delivery within the time specified about the undelivered item/s	Very truly your	rs. & - }	1:	
	HANNA	MIKHAFLA P.LOPEZ		RAMON V. GU		
	Signature	er Printed Name of Supplier	Signature over	Printed Name of	Authorized Offic	
		Date		Governor Designation	on	
	CN	ated Purchase pursuant to Section 369 (a) of R	RA 7160 this por	tion must be acco	omplished.)	
(In c			a. r ioo, and por	10		
	per Sanggunian	n Resolution No.:				
Approved p	d Correct:					

LGU .

plier : NORTH	ICARE PHARMA	CEUTICAL DISTRIBUTOROTTI	P.O. No. : Date:	_	Chidalan D 9A94
iress : URDAI	IETA CITY, PANO		Mode of Procure	ment:	O min
			PR No./s	2024-02-0	445
	871-00000				
ntlement:		ice the following articles subject to the terms ar	d conditions cont	tained herein:	
Please f	urnish this Off	ice the following articles subject to the terms		w/in 7 C.D. upon	receipt of NTP
	Provincial Go	overnor's Office, Lingayen, Pangasinan	Delivery Term :	Cheque	
ace of Delivery :	-		Payment Term:		
te of Delivery :			Quantity	Unit Cost	Amount
Stock/	Unit	Description	Quinter		
Property No.		CHLORHEXEDINE GLUCONATE WITH ZINC, ORAL RI	NSE 3	750.00	2,250.00
27	BOT	CHLORHEXIDINE GLUCONATE, ORAL RINSE 120ML	10	290.00	2,900.00
28	BOT		36	85.00	3,060.00
29	PCS	CHROMIC 0	48	85.00	4,080.00
30	PCS	CHROMIC 1 ROUND	60	85.00	5,100.00
31	PC/S	CHROMIC 2-0 CUTTING	1,168	85.00	99,280.00
32	PC/S	CHROMIC 2-0 ROUND	96	85.00	8,160.00
33	PC/S	CHROMIC 3-0 CUTTING	468	85.00	39,780.00
34	PCIS	CHROMIC 3-0 ROUND		85.00	2,040.00
35	PCS	CHROMIC 4-0 CUTTING	24	85.00	4,080.00
36	PC/S	CHROMIC 4-0 ROUND	48	9.00	10,800.00
37	PC/S	CORD CLAMP	1,200		3.800.00
	PCS	COTTON PLIER	10	380.00	18,000.00
38	BOT	CTT BOTTLE 2L	10	1,800.00	10,000.00
. 39		PAGE 3			
(Total Amoun	t in Words)		14	one tenth (1/10)	of one percent for
In case of f	ailure to make	e the full delivery within the time specified ab	ove, a penalty of	Offic-terial (17-17)	The Same
every day of de	lay shall be in	nposed on the undelivered item/s		1	F 10 .
				0 4	
Confor			Very truly yo	ours,	1:
Contor		/ hell	ног	N. RAMON V.	GUICO III
	. JIAN	A MIKHAELA P. LOPEZ	1101	- Dainted Name	of Authorized Offi
_	Signature	over Printed Name of Supplier	Signature ov	er Printed Name	
	315114441			Governo	r
			_	Designa	
	13	Date		Designa	
		otiated Purchase pursuant to Section 369 (a) o	f RA 7160, this 1	portion must be ac	complished.)
(I:	n case of Nego	otiated Purchase pursuant to Section 50% (a)			
	d nor Sangau	nian Resolution No.:			
	u per sanggui				
Approve					
	fied Correct:				
		ecretary to the Sanggunian	-	Date	

The place furnish this Office the following articles subject to the terms and conditions contained herein:  Please furnish this Office the following articles subject to the terms and conditions contained herein:  Please furnish this Office the following articles subject to the terms and conditions contained herein:  Provincial Governor's Office, Lingsyan, Pangssinan  Delivery Term:  Payment Term:  Chequie  Chequie  Delivery Term:  Payment Term:  Chequie  Chequie  Delivery Term:  Payment Term:  Chequie  Chequie  Unit Cost Amount  Property No.  14 PC BAND AD 3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  3.200 0.70 2.240.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.  4.727.27 47.727.	UDDANET	CITY PANGAS	INAN I	P.O. No. : Date:	competitive	Adding VAR 20		
ntlement:  Please furnish this Office the following articles subject to the terms and conditions contained herein:  Please furnish this Office the following articles subject to the terms and conditions contained herein:  are of Delivery:  Payment Term:  Stock/ Unit  Description  Quantity  Unit Cost  Amount  Property No.  14 PC BAND AID  15 PC BLOOD GLUCOSE STRIPS  2,400 30.00 72,240, 15 PC BLOOD GLUCOSE STRIPS  2,400 30.00 72,000 165,00 30,00 72,000 170 18 PC BR APPI SPHYGMOMANOMETER (BAXTEL) 19 PC BR APPI SPHYGMOMANOMETER, ADULT 19 PC BR APPI SPHYGMOMANOMETER, PEDIA 20 PC BR APPI SPHYGMOMANOMETER, PEDIA 21 POIS BR APPI SPHYGMOMANOMETER, PEDIA 22 POIS BR APPI SPHYGMOMANOMETER PEDIA 23 POIS BR APPI SPHYGMOMANOMETER PEDIA 24 PC CALGIUM HYDROXIDE - DYCAL 25 PC CARBON DIOXIDE ABSORBENT 27 PC CAUTERY PENCIL  In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent  Conforme:  Conform	dress: URDANETA CITY, PANGASINAN			Mode of Procurement: competitive bidding VIAR 20				
Please furnish this Office the following articles subject to the terms and conditions contained herein:    Property   Provincial Governor's Office, Lingsyen, Pangasinan	293-548-871-	00000		PR No./s	2024-02-04	40		
Amount   Provincial Governor's Office, Lingsyen, Pangasinan   Delivery Term: Payment Term:   Stock/   Unit   Description   Quantity   Unit Cost   Amount   Property No.   Unit   Description   Quantity   Unit Cost   Amount   Property No.   14				d acaditions cont	ained herein:			
Amount   Provincial Governor's Office, Lingsyen, Pangasinan   Delivery Term: Payment Term:   Stock/   Unit   Description   Quantity   Unit Cost   Amount   Property No.   Unit   Description   Quantity   Unit Cost   Amount   Property No.   14	Please furn	ish this Office	the following articles subject to the terms an	a conditions con	amed nerem			
Name   Payment Term:   Stock/   Unit   Description   Quantity   Unit Cost   Amount			19		w/in 7 C.D. upon r	eceipt of NTP		
Stock	ace of Delivery	TOTHIOLE, GOTON		Payment Term:	Cheque			
Property No.				Quantity	Unit Cost	Amount		
14		Unit	Description	Qualitity	Cint Cost			
15			DANID AID	3,200	0.70	2,240.00		
16 SET BEDINGS 16 SET BEDINGS 17 PC/S 18 LCOO TRANSFUSION SET 18 PC BP APP/ SPHYGMOMANOMETER (BAXTEL) 19 PC BP APP/ SPHYGMOMANOMETER (BAXTEL) 10 4.727.27 47.272 19 PC BP APP/ SPHYGMOMANOMETER - ADULT 13 3.200.00 41,600 20 PC BP APP/ SPHYGMOMANOMETER - PEDIA 21 PC/S BP APP/ SPHYGMOMANOMETER - DESK TYPE - ADULT 22 PC/S BP CONTROL VALVE 23 PC/S BP CONTROL VALVE 24 PC CALCIUM HYDROXIDE - DYCAL 25 PC CARBON DIOXIDE ABSORBENT 26 PC CALCIUM HYDROXIDE - DYCAL 27 PC CARBON DIOXIDE ABSORBENT 28 PC CALCIUM HYDROXIDE - DYCAL 29 PC CALCIUM HYDROXIDE - DYCAL 20 PC CALCIUM HYDROXIDE - DYCAL 21 PC CARBON DIOXIDE ABSORBENT 22 PC CARBON DIOXIDE ABSORBENT 24 PC CALCIUM HYDROXIDE - DYCAL 25 PC CARBON DIOXIDE ABSORBENT 26 PC CAUTERY PENCIL  Total Amount in Words)  PAGE 2  CTotal Amount in Words)  PAGE 2  Conforme:  Very truly yours,  Covernor  Designation  Covernor  Designation  Covernor  Designation  Covernor  Designation  Covernor  Designation  Certified Correct:				2.400	30.00	72,000.00		
16 SET BELIONES 17 PCIS BLOOD TRANSFUSION SET 18 PC BP APPI SPHYGMOMANOMETER (BAXTEL) 19 PC BP APPI SPHYGMOMANOMETER (BAXTEL) 19 PC BP APPI SPHYGMOMANOMETER - ADULT 20 PC BP APPI SPHYGMOMANOMETER - PEDIA 21 PCIS BP APPI SPHYGMOMANOMETER - PEDIA 22 PCIS BP CONTROL VALVE 23 PCIS BP CONTROL VALVE 24 PC CALCIUM HYDROXIDE - DYCAL 25 PC CARBON DIOXIDE ABSORBENT 26 PC CAUTERY PENCIL 27 PCIS CAUTERY PENCIL 28 PC CAUTERY PENCIL 29 PC CAUTERY PENCIL 20 S30.00 6,600 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20 50 20	10			200	796.00	39,800.00		
17 POIS 18 PC BP APPI SPHYGMOMANOMETER (BAXTEL) 19 PC BP APPI SPHYGMOMANOMETER (BAXTEL) 19 PC BP APPI SPHYGMOMANOMETER - ADULT 20 PC BP APPI SPHYGMOMANOMETER - PEDIA 21 PCIS BP APPI SPHYGMOMANOMETER - PEDIA 22 PCIS BP CONTROL VALVE 23 PCIS BP CONTROL VALVE 24 PC CALCIUM HYDROXIDE - DYCAL 25 PC CARBON DIOXIDE ABSORBENT 26 PC CAUTERY PENCIL 27 PC CAUTERY PENCIL 28 PC CAUTERY PENCIL 29 PC CAUTERY PENCIL 20 Signature over Printed Name of Supplier  Total Amount in Words)  PAGE 2  Conforme:  Conf		1			165.00	99,000.00		
BP APPI SPHYSMOMANOMETER - ADULT 19 PC BP APPI SPHYSMOMANOMETER - ADULT 20 PC BP APPI SPHYSMOMANOMETER - PEDIA 21 PCJS BP APPI SPHYSMOMANOMETER - PEDIA 22 PCJS BP CONTROL VALVE 10 330.00 6,600 23 PCLS BP CONTROL VALVE 10 330.00 6,600 24 PC CALCIUM HYDROXIDE - DYCAL 25 PC CARBON DIOXIDE ABSORBENT 1 20,500.00 20,500 25 PC CAUTERY PENCIL  COLUMN TO THE SPACE  The case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent every day of delay shall be imposed on the undelivered item/s  Conforme:  Conforme:  Conforme:  Date  Covernor  Designature over Printed Name of Supplier  Covernor  Date  Covernor  Designation  Certified Correct:	17 F	CIS			4.727.27	47,272.70		
19 PC BP APPI SPHYCMMOMANOMETER - PEDIA 5 3,200.00 16,000 21 PCIS BP APPI SPHYGMOMANOMETER - PEDIA 5 3,200.00 6,400 6,400 22 PCIS BP APPI SPHYGMOMANOMETER DESK TYPE - ADULT 2 3,200.00 6,400 330.00 3,300 6,600 22 PCIS BP CONTROL VALVE 10 330.00 6,600 6,600 24 PC CALCIUM HYDROXIDE - DYCAL 2 3,000.00 6,000 22,500 25 PC CARBON DIOXIDE ABSORBENT 1 20,500.00 22,500 25 PC CAUTERY PENCIL 40 530.00 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 2	18	PC				41,600.00		
20 PC BP APP/ SPHYGMOMANOMETER - PEDIA 2 3,200.00 6,400 22 PC/B BP APP/ SPHYGMOMANOMETER DESK TYPE - ADULT 2 3,200.00 6,400 22 PC/B BP CONTROL VALVE 10 330.00 3,300 6,600 23 PC/B BP CUFF - ADULT 20 330.00 6,600 24 PC CALCIUM HYDROXIDE - DYCAL 2 3,000.00 6,000 20,500 25 PC CARBON DIOXIDE ABSORBENT 1 20,500.00 20,500 21,200 25 PC CAUTERY PENCIL 40 530.00 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,200 21,2	19	PC				16,000.00		
21 PC/S BP APP/SHYGMMANOMETER DESK TYPE - ADULT 22 PC/S BP CONTROL VALVE 23 PC/S BP CONTROL VALVE 24 PC CALCIUM HYDROXIDE - DYCAL 25 PC CALCIUM HYDROXIDE - DYCAL 26 PC CARBON DIOXIDE ABSORBENT 27 PC CAUTERY PENCIL 28 PC CAUTERY PENCIL 29 J,000.00 6,000 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 20,500 2	20	PC				6,400.00		
PCIS BP CONTROL VALVE 23 PCIS BP CUFF ADULT 24 PC CALCIUM HYDROXIDE - DYCAL 25 PC CARBON DIOXIDE ABSORBENT 26 PC CAUTERY PENCIL  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 every day of delay shall be imposed on the undelivered item/s  Conforme:  Conforme:  Very truly yours,  HON. RAMDN V. GUICO III  Signature over Printed Name of Supplier  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:	21	PCIS	BP APP/ SPHYGMOMANOMETER DESK TYPE - ADULT		1	3,300.00		
PCS BP CUFF -ADULT 24 PC CALCIUM HYDROXIDE - DYCAL 25 PC CARBON DIOXIDE ABSORBENT 26 PC CAUTERY PENCIL 2 3,000.00 6,000 20,500.00 20,500.00 21,200  (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 every day of delay shall be imposed on the undelivered item/s  Conforme:  Conforme:  Very truly yours,  HON. RAMDN V. GUICO III  Signature over Printed Name of Supplier  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:	22	PCIS	BP CONTROL VALVE	100		6,600.00		
PC CALCIUM HYDROXIDE - DYCAL  25	23	PC/S	BP CUFF - ADULT	100000		6,000.00		
25 PC CARBON DIOXIDE ABSORBENT 26 PC CAUTERY PENCIL  (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 every day of delay shall be imposed on the undelivered item/s  Conforme:  Very truly yours,  HON. RAMON V. QUICO III  Signature over Printed Name of Supplier  Date  Governor  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:	. 24	PC	CALCIUM HYDROXIDE - DYCAL					
PC CAUTERY PENCIL 40 530.00 21.20  (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 every day of delay shall be imposed on the undelivered item/s  Conforme:  Very truly yours,  HON. RAMON V. GUICO HI  Signature over Printed Name of Supplier  Date  Governor  Date  Cortified Correct:  Certified Correct:	25	PC	CARBON DIOXIDE ABSORBENT	1.		100000000000000000000000000000000000000		
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent every day of delay shall be imposed on the undelivered item/s  Conforme:  Wery truly yours,  HON. RAMON V. QUICO III  Signature over Printed Name of Supplier  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:		PC	CAUTERY PENCIL	- 40	530.00	21,200.00		
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent every day of delay shall be imposed on the undelivered item/s  Conforme:  Very truly yours,  HON. RAMON V. QUICO III  Signature over Printed Name of Supplier  Signature over Printed Name of Authorized of 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:	(Tetal Amount in	Words)	PAGE 2					
Signature over Printed Name of Supplier  Signature over Printed Name of Authorized of Authorized of Authorized of Authorized of Signature over Printed Name of Authorized of Governor  Date  Covernor  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:	every day of delay	re to make the	e full delivery within the time specified about sed on the undelivered item/s		4	L:		
Signature over Printed Name of Supplier  Signature over Printed Name of Authorized Covernor  Date  Covernor  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:		HAMMA MIKH	AFLA P. LOPEZ	HON.	RAMON V. GU	ICO III		
Governor  Date  Date  Cortified Correct:  Covernor  Designation  Governor  Designation  Covernor  Designation  Designation  Covernor  Designation  Designation  Covernor  Designation  Designation  Designation  Designation		******		Signature ove	r Printed Name of	Authorized Offi		
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:	***	Signature ove	Fillited Name of Supplies		V			
(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:				200				
(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:		. —	Date		Designation	on		
Approved per Sanggunian Resolution No.:  Certified Correct:								
Approved per Sanggunian Resolution No.:  Certified Correct:			2(0(-) of	P A 7160 this po	ortion must be acco	emplished.)		
Approved per Sanggunian Resolution No.:  Certified Correct:	(In cas	e of Negotiat	ed Purchase pursuant to Section 369 (a) of	KA / I QO, this pe				
Certified Correct:	1				13			
Dota	Approved pe	r Sanggunian	Resolution					
Dota								
Date	Certified	Correct:						
Secretary to the Sanggunian								



Supplier : NOR	THCARE PHARMA	CEUTICAL DISTRIBUTORSHIP	P.O. No. :	00205W		
Address : URDANETA CITY, PANGASINAN			Date: Occurrement: competitive bidding 7			
303 546	3-871-00000		Mode of Procui	rement: 2024-02-	O fell list me	
TIN:	3-871-00000		PR No./s	2024-02-		
Gentlement: Pleas	e furnish this Of	ffice the following articles subject to the ter	ms and conditions cor	ntained herein:		
Place of Deliver	v : Provincial Go	vernor's Office, Lingayen, Pangasinan	_ Delivery Term		receipt of NTP	
Date of Delivery			_ Payment Term:	Cheque		
Stock/			0	Unit Cost	Amount	
Property No.	Unit	Description	Quantity	Unit Cost	Amount	
1	PC	ABSORBENT COTTON 400G	110	285.00	31,350.00	
2	GAL/S	ACTIVATED GLUTARALDEHYDE SOLUTION	39	3,150.00	122,850.00	
3	PCS	ADHESIVE PLASTER	30	1,750.00	52,500.00	
4	вот	ALCOHOL 500ML	150	120.00	18,000.00	
5	PCS	ALLIS FORCEPS	36	1,693.00	60,948.00	
6	PC/S	AMBU BAG - ADULT	4	4,750.00	19,000.00	
7	PC/S	AMBU BAG - PEDIA	4	4,750.00	19,000.00	
8	PCS	ANESTHESIA BREATHING CIRCUIT - ADULT	15	1,132.00	16,980.00	
9	PCS	ARM SLING LARGE	. 3	180.00	540.00	
10	PCS	ARM SLING MEDIUM	2	180.00	360.00	
11	PC/S	ASEPTO SYRINGE	175	60.00	10,500.00	
12	PCS	ASPIRATING SYRINGE	2	580.00	1,160.00	
13	PC/S	AUTOCLAVE TAPE	15	360.00	5,400.00	
(Total Amoun		PAGE 1				
In case of fi every day of del Conform	ay shall be imp	he full delivery within the time specified osed on the undelivered item/s	above, a penalty of o	2 %	f one percent for	
	JIANNA	MIKHAELA P. LOPEZ	HON. R	ANION V. GU	ICO III	
	Signature ov	er Printed Name of Supplier	Signature over	Printed Name of	Authorized Official	
			the little based in the second	Governor	Million and A	
		Date		Designation	n	
(In:	case of Negotia	ted Purchase pursuant to Section 369 (a)	of RA 7160, this port	ion must be acco	mplished.)	
Approved	per Sanggunian	Resolution No.:			175-716	
Certifie	d Correct:					
	Secret	ary to the Sanggunian		Date		



#### 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

06 March 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 28,2024, for Supply and Delivery of Various Medical Supplies at Pangasinan Provincial Hospital, San Carlos City, Pangasinan; Trust Fund; PR No. 2024-02-0308; Solicitation No. PANG-2024-02-0121-G, is hereby awarded to you as the Bidder with Lowest Calculated and Responsive Bid at a contract price equivalent to Three Million, Six Hundred Twenty-Three Thousand, One Hundred Pesos Only (P3,623,100.00).

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

HAELA P. LOPEZ

Conforme:

Date



# 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

15 March 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 Provincial Governor's Office, Lingayen, Pangasinan (for use of VARIOUS Hospitals – Asingan Community Hospital, Bolinao Community Hospital, Bayambang District Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Lingayen District Hospital, Manaoag Community Hospital, Mapandan Community Hospital, Pozorrubio Community Hospital, Pangasinan Provincial Hospital, Urdaneta District Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-02-0445; Solicitation No. PANG-2024-02-0145-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 Name of the Representative of the Bidder Authorized Signature

3 - 15 - 24 Jianna Mikhaela P. Lopez



# 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

11 March 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 March 4, 2024, for Supply and Delivery of Various Medical Supplies at Provincial Governor's Office, Lingayen, Pangasinan (for use of VARIOUS Hospitals – Asingan Community Hospital, Bolinao Community Hospital, Bayambang District Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Lingayen District Hospital, Manaoag Community Hospital, Mapandan Community Hospital, Pozorrubio Community Hospital, Pangasinan Provincial Hospital, Urdaneta District Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-02-0445; Solicitation No. PANG-2024-02-0145-G, is hereby awarded to you as the Bidder with Lowest Calculated and Responsive Bid at a contract price equivalent to Thirteen Million, Eight Hundred Sixty-Seven Thousand, Eight Hundred Ninety-Seven and 22/100 Pesos Only (P13,867,897.22).

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 3-11-24

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.

**GUICO III** Governor

For:

MS. JIANNA MJKHAELA P. LOPEZ **Authorized Representative** 

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, Philippines, personally appeared the following with their respective proof of identity on

HON. RAMON V. GUICO III

Proof of Identity

(Governor)

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 Provincial Governor's Office, Lingayen, Pangasinan (for use of VARIOUS Hospitals - Asingan Community Hospital, Bolinao Community Hospital, Bayambang District Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Lingayen District Hospital, Manaoag Community Hospital, Mapandan Community Hospital, Pozorrubio Community Hospital, Pangasinan Provincial Hospital, Urdaneta District Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-02-0445; Solicitation No. PANG-2024-02-0145-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 PANGASTAL Pangasinan.

Notary Public

Until 31, December 20 VIPIR No UNTIL 04/14

CLINTON CASTILLO

Olssied at 24, PANGASIN

#### CONTRACT AGREEMENT

This AGREEMENT made this 13<sup>th</sup> day of March 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 Provincial Governor's Office, Lingayen, Pangasinan (for use of VARIOUS Hospitals – Asingan Community Hospital, Bolinao Community Hospital, Bayambang District Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Lingayen District Hospital, Manaoag Community Hospital, Mapandan Community Hospital, Pozorrubio Community Hospital, Pangasinan Provincial Hospital, Urdaneta District Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-02-0445; Solicitation No. PANG-2024-02-0145-G, and the Entity has accepted the Bid for Thirteen Million, Eight Hundred Sixty-Seven Thousand, Eight Hundred Ninety-Seven and 22/100 Pesos Only (P13,867,897.22) by the Contractor for the execution and completion of such Works and to remedy any defects therein.

#### NOW, THIS AGREEMENT WITNESSETH AS FOLLOWS:

- In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
- 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.:
  - 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
  - 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' 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 Thirteen Million, Eight Hundred Sixty-Seven Thousand, Eight Hundred Ninety-Seven and 22/100 Pesos Only (P13,867,897.22) or such other sums as may be ascertained, NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP agrees to the Supply and Delivery of Various Medical Supplies at Provincial Governor's Office, Lingayen, Pangasinan (for use of VARIOUS Hospitals Asingan Community Hospital, Bolinao Community Hospital, Bayambang District Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Lingayen District Hospital, Manaoag Community Hospital, Mospital, Mapandan Community Hospital, Pozorrubio Community Hospital, Pangasinan Provincial Hospital, Urdaneta District Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-02-0445; Solicitation No. PANG-2024-02-0145-G, in accordance with his/her/its Bid.