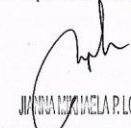
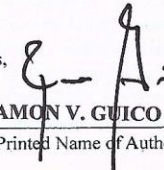



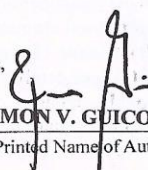
PURCHASE ORDER
PROVINCE OF PANGASINAN

LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00205</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>12 MAR 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0445</u>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>Provincial Governor's Office, Lingayan, 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
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
XXXXX-XXXXX					
Thirteen Million Eight Hundred Sixty-Seven Thousand Eight Hundred Ninety-					
(Total Amount in Words) <u>Seven Pesos and 22/100</u> P <u>13,867,897.22</u>					
<p>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</p>					
Conforme:		Very truly yours,			
 <u>JUAN MANUEL P. LOPEZ</u> Signature over Printed Name of Supplier		 <u>HON. RAMON V. GUICO III</u> Signature over Printed Name of Authorized Official			
_____		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		

PURCHASE ORDER
PROVINCE OF PANGASINAN

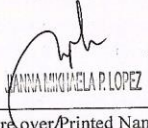
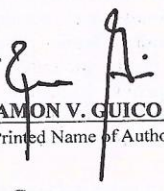
LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00205</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>13 MAR 2024</u>			
TIN : <u>293-548-671-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0445</u>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>Provincial Governor's Office, Lingayen, 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
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	PC	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					
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,			
 <u>JANYAN MICOELA P. LOPEZ</u>		 <u>HON. RAMON V. GUICO III</u>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
_____		_____			
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

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00205</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: _____			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0445</u>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>Provincial Governor's Office, Lingayen, 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
209	PCS	SURGICAL TAPE/ MICROPORE	7,300	62.50	456,250.00
210	ROLL/S	SURGICAL TAPE/LEUKOPLAST 4"	2	1,128.58	2,257.16
211	PC/S	SURGICAL TOWEL	14	200.00	2,800.00
212	PC	SURGICAL/OR CAP	5,000	4.00	20,000.00
213	ROLL	SUTURING THREAD	2	235.00	470.00
214	PCS	TEMPORARY FILLING	8	1,166.00	9,328.00
215	PCS	THERMAL PAPER TYPE I	10	875.00	8,750.00
216	PC	THERMAL PAPER TYPE II	50	1,950.00	97,500.00
217	PC	THUMB FORCEP W/O TEETH	6	80.00	480.00
218	PC	TONGUE DEPRESSOR	500	7.55	3,775.00
219	PC	TOOTH PASTE 175G	11	160.00	1,760.00
220	PCS	TOWEL CLIPS	30	826.56	24,796.80
221	PCS	ULTRASONIC SCALLING TIP (SIZE G1)	12	1,180.00	14,160.00
(Total Amount in Words)		PAGE 17			
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: _____ JUAN MARICOLA P. LOPEZ Signature over Printed Name of Supplier		Very truly yours, _____ HON. RAMON V. GUICO III Signature over Printed Name of Authorized Official Governor Designation			
_____		_____			
Date		Date			
(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 : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00205</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>12 MAR 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0445</u>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>Provincial Governor's Office, Lingayen, 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
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 Amount in Words)		PAGE 16			
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,			
 Signature over/Printed Name of Supplier		 HON. RAMON V. GUICO III Signature over Printed Name of Authorized Official			
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

NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP

Supplier : <u>URDANETA CITY, PANGASINAN</u>	P.O. No. : <u>00205</u>
Address : <u>293-548-871-00000</u>	Date: _____
TIN : _____	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2024-02-0445</u>

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

Provincial Governor's Office, Lingayen, Pangasinan

Place of Delivery : _____	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
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	PAIR/S	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	2,500.00
192	PCS	STETHOSCOPE - PEDIA	5	8,500.00	42,500.00
193	PCS	STRAIGHT CATHETER FR.16 (RUBBER)	75	30.00	2,250.00
194	PC	SUCTION CATHETER FR.10	65	30.00	1,950.00
195	PC	SUCTION CATHETER FR.12	35	30.00	1,050.00

PAGE 15

(Total Amount in Words)

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:

JANIZA MARICELA P. LOPEZ

Signature over Printed Name of Supplier

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 : NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP Address : URDANETA CITY, PANGASINAN TIN : 293-548-871-00000	P.O. No. : _____ Date: 13 MAR 2024 Mode of Procurement: competitive bidding PR No./s 2024-02-0445
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Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : Provincial Governor's Office, Lingayen, Pangasinan	Delivery Term : win 7 C.D. upon 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 Amount in Words)

PAGE 14

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:

JUANITA MIRIAM P. LOPEZ

Signature over Printed Name of Supplier

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 : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u> Address : <u>URDANETA CITY, PANGASINAN</u> TIN : <u>293-548-871-00000</u>	P.O. No. : <u>00205</u> Date: _____ Mode of Procurement: <u>competitive bidding 2024</u> PR No./s <u>2024-02-0445</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>Provincial Governor's Office, Lingayen, 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
157	PC/S	PLASTER OF PARIS 6X5	42	302.00	12,684.00
158	PC/S	POLYGLACTIN 910, 0 ROUND (VICRYL)	72	615.00	44,280.00
159	PC	POLYGLACTIN 910, 1 ROUND (VICRYL)	1,432	615.00	880,680.00
160	PC	POLYGLACTIN 910, 2-0 ROUND (VICRYL)	34	615.00	20,910.00
161	PC	POLYGLACTIN 910, 3-0 CUTTING (NOVOSYN)	40	550.12	22,004.80
162	PC	POLYGLACTIN 910, 3-0 CUTTING (VICRYL)	176	615.00	108,240.00
163	PC	POLYGLACTIN 910, 3-0 ROUND (NOVOSYN)	540	550.12	297,064.80
164	PC	POLYGLACTIN 910, 3-0 ROUND (VICRYL)	392	615.00	241,080.00
165	PC	POLYGLACTIN 910, 4-0 CUTTING (NOVOSYN)	15	550.12	8,251.80
166	PC	POLYGLACTIN 910, 4-0 CUTTING (VICRYL)	120	615.00	73,800.00
167	PCS	POLYGLACTIN 910, 4-0 ROUND (NOVOSYN)	87	550.12	47,860.44
168	PC	POLYGLACTIN 910, 4-0 ROUND (VICRYL)	12	615.00	7,380.00
169	GAL	POVIDONE IODINE 10% CLEANSER	1	1,250.00	1,250.00

(Total Amount in Words)

PAGE 13

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:

JANINA MARICELA P. LOPEZ

Signature over Printed Name of Supplier

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.)

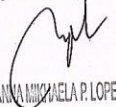
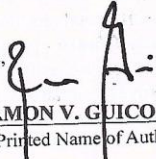
Approved per Sanggunian Resolution No.: _____

Certified Correct:

Secretary to the Sanggunian

Date

PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00205</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>MAR 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0445</u>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>Provincial Governor's Office, Lingayen, 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
144	PC	NGT FR.8	715	25.00	17,875.00
145	PCS	NON-REBREATHING 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
(Total Amount in Words)		PAGE 12			
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,			
 JANNA MIKHAELA P. LOPEZ					
_____ Signature over Printed Name of Supplier		_____ HON. RAMON V. GUICO III Signature over Printed Name of Authorized Official			
_____ 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

PURCHASE ORDER
PROVINCE OF PANGASINAN

LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	P.O. No. : <u>00205</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date: _____
TIN : <u>293-548-871-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2024-02-0445</u>

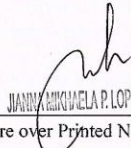
Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

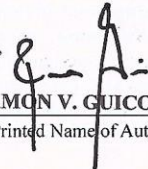
Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	Delivery Term : <u>win 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
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	BOT	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 in Words) PAGE 11

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 over Printed Name of Supplier
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 : NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP
 Address : URDANETA CITY, PANGASINAN
 TIN : 293-548-871-00000

P.O. No. : _____
 Date: competitive bidding
 Mode of Procurement: 2024-02-0445 **13 MAR 2024**
 PR No./s _____

Gentlement: Please furnish this Office the following articles subject to the terms and conditions contained herein:
 win 7 C.D. upon receipt of NTP

Place of Delivery : Provincial Governor's Office, Lingayen, Pangasinan
 Date of Delivery : _____
 Delivery Term : Cheque
 Payment Term : _____

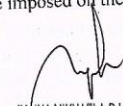
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
			2	1,500.00	3,000.00
118	PCS	LARGE SHEET	12	320.00	3,840.00
119	PCS	LAP SPONGE 18X18	5	12,200.00	61,000.00
120	PCS	LARYNGOSCOPE - ADULT	5	12,680.00	63,400.00
121	PCS	LARYNGOSCOPE - PEDIA	10	750.00	7,500.00
122	PCS	LEUKOPLAST 2.5CM X 5M	2,800	42.00	117,600.00
123	CARP	LIDOCAINE CARPULE	26	1,200.00	31,200.00
124	PCS	LIDOCAINE OINTMENT 5%	1	5,500.00	5,500.00
125	ROLL	LINEN ROLL - BLUE- OXFORD	2	560.00	1,120.00
126	CARP	LUBRICATING DENTAL OIL	550	8.00	4,400.00
127	PCS	LUBRICATING GEL 5G	60	275.00	16,500.00
128	PCIS	LUBRICATING JELLY 150G	5,800	45.00	261,000.00
129	PCIS	MACROSET	29	10.00	290.00
130	PCS	MATRIX BOND TYPE1			

PAGE 10

(Total Amount in Words)

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

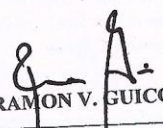
Conforme:


JUANITA MICHAELA P. LOPEZ

Signature over Printed Name of Supplier

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

00205

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u> Address : <u>URDANETA CITY, PANGASINAN</u> TIN : <u>293-648-874-00000</u>	P.O. No. : _____ Date: <u>13 MAR 2024</u> Mode of Procurement: <u>competitive bidding</u> PR No./s <u>2024-02-0445</u>
--	---

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

Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	Delivery Term : <u>win 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
105	PCS	ICE CAP ADULT	5	150.00	750.00
106	PCS	INFRARED THERMAL GUN	16	900.00	14,400.00
107	PC/S	INSULIN SYRINGE	26,100	16.00	417,600.00
108	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
111	PC	IV CATH G22	2,500	95.00	237,500.00
112	PC	IV CATH G24	3,700	95.00	351,500.00
113	PC/S	IV CATH G26	4,300	120.00	516,000.00
114	PCS	KELLY CURVE	15	130.00	1,950.00
115	PCS	KELLY STRAIGHT	11	130.00	1,430.00
116	PCS	KIDNEY BASIN	3	36.00	108.00
117	PCS	LAP SHEET	2	1,500.00	3,000.00

PAGE 9

(Total Amount in Words)

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

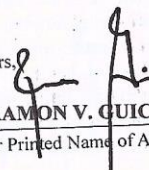
Conforme:


 JUANITA M. M. LOPEZ

Signature over Printed Name of Supplier

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 : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u> Address : <u>URDANETA CITY, PANGASINAN</u> TIN : <u>293-548-871-00000</u>	P.O. No. : <u>00205</u> Date: <u>13 MAR 2024</u> Mode of Procurement: <u>competitive bidding</u> PR No./s <u>2024-02-0445</u>
--	--

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

Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	Delivery Term : <u>win 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
92	PCS	GUEDEL AIRWAY 60MM #0 (BLACK)	75	140.00	10,500.00
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
99	PCS	HEPARIN CAP/HEPLOCK	1,400	45.00	63,000.00
100	PCS	HEXETIDINE 250ML	13	652.30	8,479.90
101	BOT	HYDROGEN PEROXIDE 120ML	157	50.00	7,850.00
102	BOT	HYDROGEN PEROXIDE 500ML	3	75.00	225.00
103	GAL	HYDROGEN PEROXIDE GAL	5	565.00	2,825.00
104	PCS	HYDROXYETHYL STARCH (130/0.4)	2	900.00	1,800.00

(Total Amount in Words) PAGE 8

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:

JUANITA MIKHAELA P. LOPEZ

Signature Over Printed Name of Supplier

_____ 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 : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	P.O. No. : <u>00205</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date: <u>13 MAR 2024</u>
TIN : <u>293-548-871-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2024-02-0445</u>

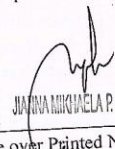
Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term: <u>Cheque</u>

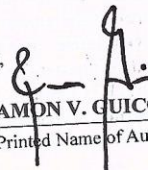
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
79	PAIR	EXAMINATION GLOVES - SMALL	2,000	17.00	34,000.00
80	BOX/S	FACE MASK 50'S	212	200.00	42,400.00
81	PC	FETAL DOPPER (RECHARGEABLE BATTERY)	1	3,800.00	3,800.00
82	PC	FLAT TORNIQUET	120	45.00	5,400.00
83	PC/S	FOLEY CATHETER FR.10	40	75.00	3,000.00
84	PC	FOLEY CATHETER FR.12	20	75.00	1,500.00
85	PC	FOLEY CATHETER FR.14	40	75.00	3,000.00
86	PC/S	FOLEY CATHETER FR.16	2,200	75.00	165,000.00
87	PC/S	FOLEY CATHETER FR.18	550	85.00	46,750.00
88	PC	FOLEY CATHETER FR.8	40	75.00	3,000.00
89	PC	GAUZE ROLL 24X28	40	1,900.00	76,000.00
90	PC	GEL FOAM	6	680.00	4,080.00
91	PC	GLASS IONOMER POWDER 15G/LIQUID 6.4ML	2	8,600.00	17,200.00

(Total Amount in Words) PAGE 7

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 over Printed Name of Supplier

 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 : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u> Address : <u>URDANETA CITY, PANGASINAN</u> <u>293-548-871-00000</u> TIN : _____	P.O. No. : <u>00295</u> Date: <u>13 MAR 2024</u> Mode of Procurement: <u>competitive bidding</u> PR No./s <u>2024-02-0445</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>Provincial Governor's Office, Lingayen, Pangasinan</u>	Delivery Term : <u>win 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
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	745.00
72	PC	ET TUBE 6.0	5	149.00	745.00
73	PC	ET TUBE 6.5	35	149.00	5,215.00
74	PC	ET TUBE 7.0	35	149.00	5,215.00
75	PC	ET TUBE 7.5	50	149.00	7,450.00
76	PC	ET TUBE 8.0	20	149.00	2,980.00
77	PAIR	EXAMINATION GLOVES - LARGE	7,650	17.00	130,050.00
78	PAIR	EXAMINATION GLOVES - MEDIUM	18,650	17.00	317,050.00

(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:

JANNI MICHAELA P. LOPEZ

Signature over Printed Name of Supplier

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

00205

Supplier : NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP	P.O. No. : _____
Address : URDANETA CITY, PANGASINAN	Date: <u>13 MAR 2024</u>
TIN : 293-548-871-00000	Mode of Procurement: competitive bidding
	PR No./s 2024-02-0445

Gentlemen:

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

Place of Delivery : Provincial Governor's Office, Lingayen, Pangasinan	Delivery Term : win 7 C.D. upon 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	15,750.00
61	PC	ECG PAPER 63X30	30	250.00	7,500.00
62	PC/S	ELASTIC BANDAGE 2X5	5	40.00	200.00
63	PC/S	ELASTIC BANDAGE 3X5	50	70.00	3,500.00
64	PC/S	ELASTIC BANDAGE 4X5	555	85.00	47,175.00
65	PC	ELASTIC BANDAGE 6X5	555	85.00	47,175.00

(Total Amount in Words)

PAGE 5

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:


 JANINA MICHAELA P. LOPEZ

Signature over Printed Name of Supplier

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

(PO)
PURCHASE ORDER

PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u> Address : <u>URDANETA CITY, PANGASINAN</u> TIN : <u>293-548-871-00000</u>	P.O. No. : <u>00205</u> Date : _____ Mode of Procurement: <u>competitive bidding 2024</u> PR No./s <u>2024-02-0445</u>
--	---

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


Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	Delivery Term : <u>win 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
40	PCS	CTT FR.28	10	755.00	7,550.00
41	PCS	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	PCS	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 in Words) PAGE 4

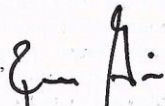
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s

Conforme:


MARIA MICHAELA P. LOPEZ
 Signature over Printed Name of Supplier

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 : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	P.O. No. : <u>00205</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date: <u>19 MAR 2024</u>
TIN : <u>293-548-871-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2024-02-0445</u>

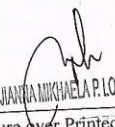
Gentlemen:
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

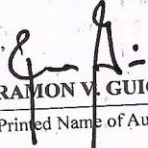
Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
27	BOT	CHLORHEXEDINE GLUCONATE WITH ZINC, ORAL RINSE	3	750.00	2,250.00
28	BOT	CHLORHEXEDINE GLUCONATE, ORAL RINSE 120ML	10	290.00	2,900.00
29	PCS	CHROMIC 0	36	85.00	3,060.00
30	PCS	CHROMIC 1 ROUND	48	85.00	4,080.00
31	PCS	CHROMIC 2-0 CUTTING	60	85.00	5,100.00
32	PCS	CHROMIC 2-0 ROUND	1,168	85.00	99,280.00
33	PCS	CHROMIC 3-0 CUTTING	96	85.00	8,160.00
34	PCS	CHROMIC 3-0 ROUND	468	85.00	39,780.00
35	PCS	CHROMIC 4-0 CUTTING	24	85.00	2,040.00
36	PCS	CHROMIC 4-0 ROUND	48	85.00	4,080.00
37	PCS	CORD CLAMP	1,200	9.00	10,800.00
38	PCS	COTTON PLIER	10	380.00	3,800.00
39	BOT	CTT BOTTLE 2L	10	1,800.00	18,000.00

PAGE 3

(Total Amount in Words)
 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 over Printed Name of Supplier

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 : <u>NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	P.O. No. : <u>00206</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date: <u>19 MAR 2024</u>
TIN : <u>293-548-871-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2024-02-0445</u>

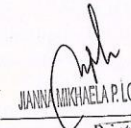
Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

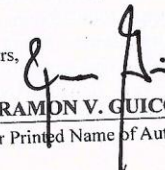
Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
14	PC	BAND AID	3,200	0.70	2,240.00
15	PC	BLOOD GLUCOSE STRIPS	2,400	30.00	72,000.00
16	SET	BEDDINGS	50	798.00	39,800.00
17	PC/S	BLOOD TRANSFUSION SET	600	165.00	99,000.00
18	PC	BP APP/ SPHYGMOMANOMETER (BAXTEL)	10	4,727.27	47,272.70
19	PC	BP APP/ SPHYGMOMANOMETER - ADULT	13	3,200.00	41,600.00
20	PC	BP APP/ SPHYGMOMANOMETER - PEDIA	5	3,200.00	16,000.00
21	PC/S	BP APP/ SPHYGMOMANOMETER DESK TYPE - ADULT	2	3,200.00	6,400.00
22	PC/S	BP CONTROL VALVE	10	330.00	3,300.00
23	PC/S	BP CUFF - ADULT	20	330.00	6,600.00
24	PC	CALCIUM HYDROXIDE - DYCAL	2	3,000.00	6,000.00
25	PC	CARBON DIOXIDE ABSORBENT	1	20,500.00	20,500.00
26	PC	CAUTERY PENCIL	40	530.00	21,200.00

(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: 
JOANNA MICHAELA P. LOPEZ
Signature over Printed Name of Supplier

Very truly yours, 
HON. RAMON V. GUICO III
Signature over Printed Name of Authorized Official
Governor
Designation

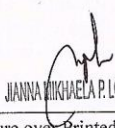
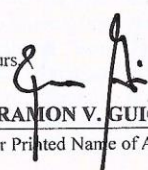
Date

(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 : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>W 00205</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>19 MAR 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0445</u>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>Provincial Governor's Office, Lingayen, 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	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	BOT	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 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:		Very truly yours,			
 <u>JHANNA MIKHAELA P. LOPEZ</u>		 <u>HON. RAMON V. GUICO III</u>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
_____		_____			
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		



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

Conforme: JIANNA MIKHAELA P. LOPEZ

Date 3-6-24





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

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, Manaog 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 : 3 - 15 - 24
Name of the Representative of the Bidder : JIANNA MIKHAELA P. LOPEZ
Authorized Signature :



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,

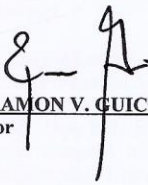

HON. RAMON V. GUICO III

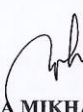
Conforme: JIANNA MIKHAELA P. LOPEZ

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.


HON. RAMON V. GUICO III
Governor


MS. JIANNA MIKHAELA P. LOPEZ
Authorized Representative

For:
PROVINCIAL GOVERNMENT OF PANGASINAN

For:
NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP

ACKNOWLEDGEMENT

Republic of the Philippines)
Province of Pangasinan) S.S.
Municipality of **LINGAYEN, PANGASINAN**

BEFORE ME, a Notary Public, for and in **LINGAYEN, Pangasinan, Philippines**, personally appeared the following with their respective proof of identity on **MAR 13 2024** 2024

HON. RAMON V. GUICO III Proof of Identity : TIN
(Governor) Licensed No, : 159-902-046-00000
Date Issued : September 8, 2019

MS. JIANNA MIKHAELA P. LOPEZ Proof of Identity :
(Contractor) 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 **MAR 13 2024** day of **MARCH**, **2024** in **LINGAYEN, PANGASINAN** Pangasinan.

ATTY. CLINTON CASTILLO CARAMAT
NOTARY PUBLIC FOR LINGAYEN, PANGASINAN
UNTIL DECEMBER 31, 2024
ROLL OF ATTORNEYS 2019-2024
PTR No. 1203367, 01/08/2019 Notary Public 2019
UNTIL 31, December 2024
MCLE COMPLIANCE NO. VI PTR No. UNTIL 04/14/2025
IBP O.R. NO. 391628, 01/08/2024, PANGASINAN
Issued on: _____
TIN No. _____

Doc. No. **88**
Page No. **1**
Book No. **1**
Series of 2023 **104**

CONTRACT AGREEMENT

This AGREEMENT made this 13th 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:

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' 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, 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.