PROVINCE OF PANGASINAN LGU

Supplier : CYDE	N MEDICALE TRA	ADING INC.	P.O. No. :	0 (1233
	NETA CITY, PAN		Date:	competitive	bidding R 2024
			Mode of Procui		
TIN: 762-454-	-109-00000		PR No./s	2024-02-0	1446
Gentlement: Please	furnish this Of	ffice the following articles subject to the terms	and conditions con	ntained herein:	
Place of Delivery	. Provincial Go	vernor's Office, Lingayen, Pangasinan	Delivery Term	: w/in 7 C.D. upon	receipt of NTP
Date of Delivery			Payment Term	: Cheque	
Stock/			Occartito	Unit Cost	Amount
Property No.	Unit	Description	Quantity	Chit Cost	Amount
157	PC	SILVER SULFADIAZINE 20G CREAM	10	259.00	2,590.00
158	вот	SODIUM CHLORIDE 0.9% 1L GREEN	4,000	79.87	319,480.00
159	вот	SODIUM CHLORIDE 0.9% IRRIGATION 1L	672	120.00	80,640.00
160	VIAL	STERILE WATER 50ML VIAL	2,500	80.00	200,000.00
161	AMP	TETANUS ANTI-TOXIN 1500 IU AMPULE	600	195.00	117,000.00
162	AMP	TETANUS TOXOID 0.5ML AMPULE	200	120.00	24,000.00
163	AMP	TRAMADOL 50MG/ML 2ML I.M/I.V AMPULE	400	85.00	34,000.00
164	AMP	TRANEXAMIC ACID 500MG/5ML AMPULE	400	130.00	52,000.00
165	TAB	TRIMETAZIDINE 35MG TABLET	1,700	13.33	22,661.00
166 @	CAP	URSODEOXYCHOLIC ACID 250MG CAPSULE	50	55.00	2,750.00
167	AMP	VITAMIN B1 + B6 + B12 IM/ IV AMPULE	200	50.00	10,000.00
107	7,			1	
		Twelve Million Forty-Six Thousand Three Hundred	Seventy-Three Pesos	P	12,046,373.75
(Total Amoun		and 75/100	S OF FEED CHES !		
In case of fa	ilure to make	the full delivery within the time specified al	ove, a penalty of	one-tenth (1/10) of	one percent for
every day of del	ay shall be im	posed on the undelivered item/s	5/1		1
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	Signature of	ver Printed Name of Supplier	Signature ove	r Printed Name of	Rumorized Omeia
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	•	3-13-2024 Date	-	Governor Designation	
		Date		Deoignatio	34
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(In o	case of Negoti	ated Purchase pursuant to Section 369 (a) or	fRA 7160, this por	tion must be acco	mplished.)
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Approved	per Sanggunia	n Resolution No.:		-	
Certifie	ed Correct:				
				Date	_
	Secre	etary to the Sanggunian		Date	

PROVINCE OF PANGASINAN

Supplier : CYDE	N MEDICALE TRAD	ING INC.	P.O. No.:	0023	- CONTA
Address : URDA	NETA CITY, PANGA	ASINAN	Mode of Procurement: competitive bidd		
762 454	109-00000		PR No./s	2024-02	
FIN:	109-0000		TK 110.73		
Gentlement: Please	furnish this Offic	te the following articles subject to the terms are	nd conditions con		
Place of Delivery	. Provincial Gove	rnor's Office, Lingayen, Pangasinan	Delivery Term :		n receipt of NTP
Date of Delivery :			Payment Term:	Cheque	
Stock/		Description	Quantity	Unit Cost	Amount
Property No.	Unit	Description	Quantity		
144	VIAL	POTASSIUM CHLORIDE 2meq 20ML VIAL	200	85.90	17,180.00
145	TAB	POTASSIUM CHLORIDE 600MG TABLET	1,400	68.00	95,200.00
146	AMP	PROPOFOL 10MG/ML 20ML VIAL	20	774.00	15,480.00
147	TAB	PROPRANOLOL 40MG TABLET	50	30.00	1,500.00
148	TAB	PROPYLTHIOURACIL 50MG TABLET	20	18.75	375.00
149	VIAL	PURIFIED RABIES VACCINE 2.5IU IM/ID VIAL	1,000	2,400.00	2,400,000.00
150	AMP	RANITIDINE HCL 25MG/ML AMPULE	900	55.00	49,500.00
151	VIAL	RECOMBINANT HUMAN INSULIN 100IU/ML VIAL 10ML	25	1,100.00	27,500.00
152	VIAL	REGULAR HUMAN INSULIN 100IU/ML VIAL 10ML	5	980.00	4,900.00
153	TAB	ROSUVASTATIN (AS CALCIUM) 20MG TABLET	3,500	23.00	80,500.00
154	NEB	SALBUTAMOL + IPRATROPIUM 2.5MG/500MCG / 2.5ML NEBULE	8,000	29.40	235,200.00
155	NEB	SALBUTAMOL 1MG/ML (2.5MG/2.5ML) NEBULE	6,000	16.50	99,000.00
156	BOT	SALMETEROL+ FLUTICASONE 25MCG/250MCG	10	500.00	5,000.00
(Total Amount		PAGE 12			L
In case of fai every day of dela Conform	y shall be impos	COUNTSSION O	Very truly you	rs, &_	- A
		r Printed Name of Supplier			f Authorized Offici
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		3 - 13 - 2024 Date		Designati	on
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(In c	ase of Negotiate	ed Purchase pursuant to Section 369 (a) of R	RA 7160, this por	tion must be acc	omplished.)
	er Sanggunian I			100,00	
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PROVINCE OF PANGASINAN LGU ,

Supplier : CYDE	N MEDICALE TRA	DING INC.	P.O. No.:		(A BAAD 2028
Address : URDA	NETA CITY, PANO	GASINAN	Mode of Procurement: competitive bidding PR No./s 2024-02-0446		e bidding
TIN: 762-454	-109-00000		PR No./s	2024-02	0440
		and the subject to the terms a	nd conditions con	tained herein:	
Please	furnish this Of	fice the following articles subject to the terms a	na contantono		
Place of Delivery	. Provincial Go	vernor's Office, Lingayen, Pangasinan	Delivery Term :		receipt of NTP
Date of Delivery			Payment Term:	Cheque	
Stock/		D	Quantity	Unit Cost	Amount
Property No.	Unit	Description	Quantity		
131	CAP	OMEPRAZOLE 20MG CAPSULE	600	6.50	3,900.00
132	CAP	OMEPRAZOLE 40MG CAPSULE	3,100	17.80	55,180.00
133	VIAL	OMEPRAZOLE 40MG VIAL	1,000	120.00	120,000.00
134	SACH	ORAL REHYDRATION SALTS SACHETS	200	16.00	3,200.00
	VIAL	OXACILLIN 500MG VIAL	50	119.86	5,993.00
135	AMP	OXYTOCIN 101U/ML 1ML AMPULE	2,200	120.00	264,000.00
136		PARACETAMOL 100MG/ML 15ML DROPS	30	34.50	1,035.00
137	BOT	PARACETAMOL 250MG 60ML SUSP	30	38.00	1,140.00
138	BOT	The second secon	2,100	69.00	144,900.00
139 🍻	AMP	PARACETAMOL 300MG/2ML AMPULE	2,000	2.00	4,000.00
140	TAB	PARACETAMOL 500MG TABLET	10	650.00	6,500.00
141	AMP	PHENYTOIN SODIUM 50MG/ML AMPULE	400	46.00	18,400.00
142	AMP	PHYTOMENADIONE 10MG/ML AMPULE		850.00	340,000.00
143	VIAL	PIPERACILLIN+TAZOBACTAM 4.5G VIAL	400	050.00	040,000.00
(Total Amoun	t in Words)	PAGE 11	E 67 EE E 6		
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_	Signature o	ver Printed Name of Supplier	Signature ove	r Printed Name of	of Authorized Official
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		3 - 13 - 2024 Date	-	Designat	
		Date		Designin	
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PROVINCE OF PANGASINAN LGU

Supplier: CYDEN MEDICALE TRADING INC. Address - URDANETA CITY, PANGASINAN			P.O. No.: 0 0 2 3 9 MAR 2024			
Address : _URD/	AIRETA CITT, PAIR	UNDITITAL .	Mode of Procurement: competitive bidding		e bidding	
TIN : 762-45	4-109-00000		PR No./s	2024-02-		
	e furnish this Of	fice the following articles subject to the terms a	nd conditions con			
Place of Delivery	. Provincial Go	overnor's Office, Lingayen, Pangasinan	Delivery Term		receipt of NTP	
Date of Delivery			Payment Term:	Cheque ,		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
118	AMP	METOCLOPRAMIDE HCL 10MG/ML AMPULE	750	30.24	22,680.00	
119	TAB	METOPROLOL 50MG TABLET	500	4.00	2,000.00	
120	VIAL	METRONIDAZOLE 100ML VIAL 1'S	1,250	65.00	81,250.00	
121	TAB	METRONIDAZOLE 500MG TABLET	200	3.54	708.00	
122	AMP	MIDAZOLAM 5MG/1ML AMPULE	200	350.00	70,000.00	
123	PCS	MONTELUKAST SODIUM 10MG TABLET	150	26.15	3,922.50	
123	TAB	MONTELUKAST SODIUM 5MG TABLET	50	12.00	600.00	
	CAP	MULTIVITAMINS + IRON CAPSULE	1,200	3.95	4,740.00	
125	PC	MUPIROCIN 2% 5G OINTMENT	60	220.00	13,200.00	
126	15070	NALBUPHINE HYDROCHLORIDE 10MG/ML AMPULE	100	250.00	25,000.00	
127	AMP	NICARDIPINE HCL 10MG/ML AMPULE	100	660.00	66,000.00	
128	AMP	NOREPINEPHRINE 2ML AMPULE	100	998.00	99,800.00	
129	AMP			998.00	99,800.00	
130	AMP	NOREPINEPHRINE 4ML AMPULE PAGE 10	100			
(Total Amoun			The state of the s			
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	Signature o	ver Printed Name of Supplier	Signature ove	r Printed Name of	f Authorized Official	
		2-12-7074		Governo		
	• •	3 - 13 - 2024 Date		Designation	on	
			D 4 7160 this no	rtion must be acco	amplished.)	
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PURCHASE ORDER PROVINCE OF PANGASINAN

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Supplier: CYDEN MEDICALE TRADING INC. URDANETA CITY, PANGASINAN 762-454-109-00000			P.O. No.: Date: Mode of Procurement: PR No./s 2024-02-0446			
TIN:			110.10			
Gentlement: Please	e furnish this Offi	ce the following articles subject to the terms a	and conditions con	tained herein:	W W	
Place of Delivery	: Provincial Gove	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	
105	TAB	LEVOFLOXACIN 500MG TABLET	50	25.00	1,250.00	
106	CARP	LIDOCAINE HCL 2% + EPINEPHRINE 20MG/ML CARPULE	200	42.00	8,400.00	
107	VIAL	LIDOCAINE HCL 2% 50ML	150	78.80	11,820.00	
108	TAB	LOSARTAN + HZTC 50MG/12.5MG TABLET	3,000	15.00	45,000.00	
109	TAB	LOSARTAN POTASSIUM 50MG TABLET	7,600	8.00	60,800.00	
110	VIAL	MAGNESIUM SULFATE 250MG/ML 20ML VIAL	500	95.00	47,500.00	
111	вот	MANNITOL 20% 500ML	264	250.00	66,000.00	
112	CAP	MEFENAMIC ACID 500MG CAPSULE	8,000	5.50	44,000.00	
113	VIAL	MEROPENEM 1G VIAL	30	850.00	25,500.00	
114 🎍	TAB	METFORMIN HCL 500MG FC TABLET	3,300	7.58	25,014.00	
115	PCS	METHYLDOPA 250MG TABLET	200	19.00	3,800.00	
116	AMP	METHYLERGOMETRINE MALEATE 200MCG/ML AMPULE	500	64.00	32,000.00	
117	TAB	METHYLPREDNISOLONE 16MG TABLET	100	25.20	2,520.00	
(Total Amoun	t in Words)	PAGE 9			,	
In case of fa every day of del Conform	ay shall be impo	e full delivery within the time specified aboved on the undelivered item/s YND. PADUYDS 1 AGD-PANGA	Very truly your	s, & RAMON V. G	UICO III	
	Signature over	Printed Name of Supplier	Signature over	Governor	Authorized Officia	
74.2		Date Date		Designation	n .	
(In c	case of Negotiate	d Purchase pursuant to Section 369 (a) of R	A 7160, this port	ion must be accor	nplished.)	
Approved	per Sanggunian I	Resolution No.:				
Certifie	d Correct:				*	
*	Secretar	ry to the Sanggunian		Date		

PURCHASE ORDER PROVINCE OF PANGASINAN

	EN MEDICALE TR ANETA CITY, PAN		P.O. No. :		1 / MAR 200
763 464 400 00000		Mode of Procurement: 2024-02-0446			
IIN:			PR No./s	-	
Gentlement: Please	furnish this Of	fice the following articles subject to the terms a	and conditions con	ntained herein:	
Place of Delivery	: Provincial G	overnor's Office, Lingayen, Pangasınan	Delivery Term	w/in 7 G.D. up	oon receipt of NTP
Date of Delivery	:		Payment Term	:	
Stock/	Unit	Description.	0		№ //###################################
Property No.	Olit	Description	Quantity	Unit Cost	Amount
. 92	PC	HYDROXYETHYL STARCH 60MG (BRANDED)	10	1,525.00	15,250.00
93	TAB	HYOSCINE N-BUTYL BROMIDE 10MG TABLET	300	6.25	1,875.00
94	AMP	HYOSCINE N-BUTYL BROMIDE 20MG/ML AMPULE	700	35.00	24,500.00
95	TAB	IRBESARTAN 150MG TABLET	200	17.32	3,464.00
96 .	AMP	IRON SUCROSE 20MG/ML AMPULE	20	600.00	12,000.00
97	PCS	ISOSORBIDE DINATRATE 5MG SUBLINGUAL TABLET	100	37.00	3,700.00
98	TAB	ISOSORBIDE MONONITRATE 30MG TABLET	200	16.00	3,200.00
99	TAB	ISOXSUPRINE HYDROCHLORIDE 10MG TABLET	100	13.00	1,300.00
100	AMP	ISOXSUPRINE HYDROCHLORIDE 5MG/ML AMPULE	100	260.00	26,000.00
101	VIAL	KETAMINE HCL 50MG/ML 10ML VIAL	5	2,397.00	11,985.00
102°	AMP	KETOROLAC 30MG INJECTION AMPULE	1,900	46.50	88,350.00
103	вот	LACTATED RINGERS SOLUTION 1L BLUE	2,400	85.00	204,000.00
104	вот	LACTULOSE 3.33G/5ML SOLUTION 120ML	150	269.00	40,350.00
(Total Amount	in Words)	PAGE 8	60	1 15	
In case of fail every day of delay Conforme	shall be impo	e full delivery within the time specified above sed on the undelivered item/s MAR 15 2024 MAR 15 2024	Very truly yours	, E-	A.
		ynd. Paduyiosm 1 agd-panga	ISINAN 1		J. J
	Signature over	Printed Name of Supplier	Signature over	rinted Name of	Authorized Official
		2 12 - 2 > 7 4		Govern	or
		3 - 13 - 2024 Date		Designatio	n
(In cas	e of Negotiate	d Purchase pursuant to Section 369 (a) of RA	7160, this portio	on must be accor	mplished.)
Approved per	Sanggunian F	Resolution No.:			
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	Secretar	y to the Sanggunian	D	ate .	

PROVINCE OF PANGASINAN

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Supplier : _ Address : _	CYDEN MEDICALE TR URDANETA CITY, PAI		P.O. No. : Date:	14	MAR 3074
TIN:	762-454-109-00000		Mode of Procu	rement: competitive 2024-02-	ve bidding
Gentlement:				1	0440
1		ffice the following articles subject to the terms a	and conditions cor	ntained herein:	
Place of Del		overnor's Office, Lingayen, Pangasinan	Delivery Term		receipt of NTP
Date of Deli	very:	·	Payment Term	Cheque	
Stock/ Property N	No. Unit	Description	Quantity	Unit Cost	Amount
79	вот	EURO-ION IN DEXTOSE 5% WATER 500ML VIOLET	1,680	84.68	142,262.40
80	вот	EUROSOL DEXTROSE 5% WATER 1L ORANGE	24	84.00	2,016.00
81	CAP	FENOFIBRATE 200MG CAPSULE	100	14.00	1,400.00
82	TAB	FERROUS SULFATE 325MG TABLET	2,000	1.80	3,600.00
83	CAP	FERROUS SULFATE 500MG CAPSULE	500	1.80	900.00
84	AMP	FUROSEMIDE 10MG/ML AMPULE	3,200	30.00	96,000.00
85	AMP	GENTAMICIN SULFATE 80MG/2ML AMPULE	600	18.00	10.800.00
86	TAB	GLICLAZIDE 80MG TABLET	2,000	18.00	
87	VIAL	HUMAN ALBUMIN 20% VIAL	6	3,984.00	36,000.00
88	AMP	HYDRALAZINE HYDROCHLORIDE 20MG AMPULE	200	232.00	23,904.00
89	PC	HYDROCORTISONE 15G CREAM	6	145.00	46,400.00
90	VIAL	HYDROCORTISONE SODIUM 100MG VIAL	1,300		870.00
91	VIAL	HYDROCORTISONE SODIUM 250MG VIAL	I Michael Carl	95.00	123,500.00
(Total Amo	ount in Words)	PAGE 7	300	165.00	49,500.00
every day of	orme:	see full delivery within the time specified above used on the undelivered item's	Very truly yours	8-	4.
		r Printed Name of Supplier	Santanana and American State of the State of	Printed Name of A	
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		3 - 13 - 2024 Date		Governor Designation	
(1	In case of Negotiate	d Purchase pursuant to Section 369 (a) of RA	7160, this portion	on must be accomp	olished.)
Approve	ed per Sanggunian I	Resolution No.:		7a - •	
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	Secretar	y to the Sanggunian	D	ate	is and

PROVINCE OF PANGASINAN

Supplier: CYDEN MEDICALE TRADING INC.			P.O. No.:			
Address : URD	Date.			14 MAR 2024		
			Mode of Procur	ement.		
TIN:			PR No./s 2024-02-0446			
Gentlement:						
Plea	se furnish this Offi	ce the following articles subject to the terms	and conditions con	tained herein:		
Place of Deliver	y: Provincial Gove	rnor's Office, Lingayen, Pangasinan	Delivery Term :	w/in 7 C.D. upon	receipt of NTP	
Date of Deliver	y:		Payment Term:	Cheque	100 mm	
Stock/			0 "	W 11 G .		
Property No.	Unit	Description	Quantity	Unit Cost	Amount	
66	ВОТ	DEXTROSE 5% IN WATER 500ML RED	360	88.00	31,680.00	
67	VIALS	DEXTROSE 50% SOLUTION 50ML	380	78.40	29,792.00	
68	AMP	DIAZEPAM 5MG/ML AMPULE	100	185.00	18,500.00	
69	AMP	DIGOXIN 250MCG AMPULE	50	310.00	15,500.00	
70	AMP	DIPHENHYDRAMINE 50MG/ML AMPULE	300	98.00	29,400.00	
71	TAB	DOMPERIDONE 10MG TABLET	100	5.69	569.00	
72	CAP	DOXYCYCLINE 100MG CAPSULE	100	2.56	256.00	
73	TAB	DYDROGESTERONE 10MG TABLET	200	151.30	30,260.00	
74	PFS	ENOXAPARIN SODIUM PRE FILLED SYRINGE 0.4	200	794.00	158,800.00	
75	TAB	EPERISONE HCL 50MG TABLET	300	35.02	10,506.00	
76 🍙	AMP	EPHEDRINE SULFATE 50MG/ML 1ML AMPULE	50	215.00	10,750.00	
77	AMP	EPINEPHRINE 1MG/ML I.M/I.V AMPULE	500	80.00	40,000.00	
78	PFS .	EPOETIN ALFA 4000IU/0.5ML	66	950.00	62,700.00	
(Total Amoun	t in Words)	PAGE 6	1			
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		full delivery within the time specified abouted on the undelivered item/s	ve, a penalty of on	e-tenth (1/10) of	one percent for	
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	ROSLY	ND PADUX Q5 1 AGD PANGA	SINAN 1	RAMPIN V. GI	UICO III	
-	Signature over	Printed Name of Supplier	Signature over P	rinted Name of	uthorized Official	
				Governor		
	3	-13-2024		Governor	er grand and a second	
	-	Date		Designation	1	
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Approved	per Sanggunian R	esolution No.:				
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	Secretary	to the Sanggunian	D	ate		

PROVINCE OF PANGASINAN

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Supplier .	DEN MEDICALE TR		P.O. No. :	0.0	14 1115
Address :	DANETA CITY, PAI	NGASINAN	Mode of Procurement: competitive bidding		ive bidding 202
762-4	454-109-00000		PR No./s	2024-02	
TIN:			FR 140./8	2024-02	-0440
Gentlement: Plea	se furnish this O	ffice the following articles subject to the terms a	and conditions cont	ained herein:	
Place of Deliver	ry: Provincial G	overnor's Office, Lingayen, Pangasinan	Delivery Term :	w/in 7 C.D. upo	n receipt of NTP
Date of Deliver			Payment Term:	Cheque	•
Stock/		T			
Property No.	Unit	Description	Quantity	Unit Cost	Amount
53	TAB	CIPROFLOXACIN 500MG TABLET	3,000	6.90	20,700.00
54	вот	CLARITHROMYCIN 125MG SUSP	10	250.00	2,500.00
55	TAB	CLARITHROMYCIN 500MG TABLET	100	42.90	4,290.00
56	CAP	CLINDAMYCIN 300MG CAPSULE	3,300	37.00	122,100.00
57	AMP	CLINDAMYCIN 300MG/2ML AMPULE	1,700	295.00	501,500.00
58	TAB	CLONIDINE 75MCG TABLET	1,000	42.00	42,000.00
59	TAB	CLOPIDOGREL 75MG TABLET	2,600	18.50	48,100.00
60	TAB	CO-AMOXICLAV 500MG/125MG TABLET	4,000	32.62	130,480.00
61	AMP	DEXAMETHASONE 4MG/2ML AMPULE	200	70.00	14,000.00
62	вот	DEXTROSE 10% IN WATER 500ML TURQUOISE	480	94.62	45,417.60
63	вот	DEXTROSE 5% IN 0.3% SODIUM CHLORIDE 500ML SKYBLUE		84.68	182,908.80
64	вот	DEXTROSE 5% IN 0.9% SODIUM CHLORIDE 1L YELLOW	120	84.62	10,154.40
65	вот	DEXTROSE 5% IN LACTATED RINGERS SOLUTION-11-PINK	3,000	88.00	264,000.00
(Total Amoun	t in Words)	PAGE 5	NA SE MA	00.00	204,000.00
	ne: ROS Signature over	LYN D. PADUY 05 er Printed Name of Supplier 3 - 13 - 2024 Date	OM AUDIT Very truly yours, HON, 1	RAMON V. C	UICO III Authorized Official
(In a	ones of Negatist	ted Purchase pursuant to Section 369 (a) of RA	7160 this portio	n must be accor	mplished)
		Resolution No.:	. 7 Too, and portio	must be decoi	
Certifie	ed Correct:				
	Secreta	ary to the Sanggunian	Da	nte	

PROVINCE OF PANGASINAN

uppner .	N MEDICALE TRA		P.O. No.:		1110 0004
ddress : URDA	ANETA CITY, PAN	GASINAN	Date:	. competiti	MAR 2024 ve bidding
762-45/	-109-00000		Mode of Procurement: 2024-02-0446		_11
IN:	-105-0000		FK 110./5	2027 02	-
Gentlement: Please	e furnish this Of	ffice the following articles subject to the terms a	nd conditions cor	tained herein:	
lace of Delivery	: Provincial Go	vernor's Office, Lingayen, Pangasinan	Delivery Term	w/in 7 C.D. upo	n receipt of NTP
Date of Delivery			Payment Term:	Cheque	
Stock/		D. J. d.	Quantity	Unit Cost	Amount
Property No.	Unit	Description	Quantity	Out Cost	Amount
40	VIAL	CEFTRIAXONE SODIUM 1G VIAL	7,700	88.30	679,910.00
41	BOT	CEFUROXIME 250MG/5ML 60ML SUSP	70	165.00	11,550.00
42	TAB	CEFUROXIME 500MG TABLET	2,500	40.25	100,625.00
43	VIAL	CEFUROXIME 750MG VIAL	5,700	88.50	504,450.00
44	CAP	CELECOXIB 200MG CAPSULE	4,300	19.00	81,700.00
45	PCS	CETIRIZINE 10MG TABLET	4,000	4.28	17,120.00
46	BOT	CETIRIZINE 2.5MG/ML DROPS	92	70.00	6,440.00
47	вот	CETIRIZINE 5MG 60ML SUSP	408	114.00	46,512.00
48	AMP	CHLORPHENAMINE MALEATE 10MG/ML AMPULE	430	36.00	15,480.00
49	вот	CHLORPHENAMINE MALEATE 2.5MG/5ML SUSP	30	33.00	990.00
50	TAB	CILOSTAZOL 100MG TABLET	300	28.05	8,415.00
51	TAB	CINNARIZINE 25MG TABLET	1,400	2.20	3,080.00
52	CAP	CINNARIZINE 75MG CAPSULE	600	50.00	30,000.00
(Total Amoun	t in Words)	PAGE 4	g .	34	
In case of fa every day of dela Conform	ay shall be imp	he full delivery within the time specified above cosed on the undelivered item/s YN D. PADUY 05	C. C. C.		4
	Signature ov	er Printed Name of Supplier	Signature over	Printed Name of	Authorized Offici
		3-13-2024		Governo	
	. —	3 - 13 - 2024 Date		Designation	on
				2	
(In c	case of Negotia	ted Purchase pursuant to Section 369 (a) of R.	A 7160, this port	ion must be acco	omplished.)
Approved p	per Sanggunian	Resolution No.:			
Certifie	d Correct:				
4					

PURCHASE ORDER PROVINCE OF PANGASINAN

LGU

CYDI	EN MEDICALE TR	ADING INC.	P.O. No. :	V &	-00 - /1
Supplier . Hodaneta city Danicacinani			Mode of Procurement:		
—— 762-45- TIN :	4-109-00000		PR No./s	2024-02-	0446
Contlomant					worth of the
Please	e furnish this O	ffice the following articles subject to the terms a	nd conditions co	ntained herein:	
	Provincial Go	overnor's Office, Lingayen, Pangasinan	Delivery Term	. W/in 7 C.D. upor	receipt of NTP
Place of Delivery			Payment Term	Cheque	-
Date of Delivery Stock/	<u> </u>		Tayment term	T T	
Property No.	Unit	Description	Quantity	Unit Cost	Amount
27	AMP	BUPIVACAINE HEAVY 500MG AMPULE (BRANDED)	100	1,225.00	122,500.00
28	TAB	BUTAMIRATE CITRATE 50MG TABLET	700	30.00	21,000.00
29	TAB	CALCIUM CARBONATE 500MG TABLET	700	5.12	3,584.00
30	AMP	CALCIUM GLUCONATE 10ML AMPULE	. 10	105.00	1,050.00
31	TAB	CAPTOPRIL 25MG TABLET	1,100	2.95	3,245.00
32	AMP	CARBOPROST 250MG AMPULE	50	980.00	49,000.00
33.	TAB	CARVEDILOL 25MG TABLET	300	7.26	2,178.00
34	TAB	CARVEDILOL 6.25MG TABLET	3,900	13.00	50,700.00
35	CAP	CEFALEXIN 500MG CAPSULE	16,200	5.50	89,100.00
36	VIAL	CEFAZOLIN 1G VIAL	200	125.50	25,100.00
37	вот	CEFIXIME 100MG/5ML 60ML SUSP	50	288.00	14,400.00
38	вот	CEFIXIME 20MG/ML 10ML DROPS	55	192.31	10,577.05
39	VIAL	CEFTAZIDIME PENTAHYDRATE 1G VIAL	100	210.00	21,000.00
(Total Amoun	t in Words)	PAGE 3	E) OF FIRE SEC	19	
In case of fa	lay shall be imp	the full delivery within the time specified above posed on the undelivered item/s MAR 15 2	ON CONTROL OF THE SERVICE OF THE SER	ALC PRINCIPAL AND ADDRESS OF THE PRINCIPAL AN	A.
_		ver Printed Name of Supplier		r Printed Name of	
				Governor	1
		3-13-2024		Designation	on .
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(In	case of Negotia	ated Purchase pursuant to Section 369 (a) of R	A 7160, this poi	tion must be acco	omplished.)
Approved	per Sanggunia	n Resolution No.:			
Certifie	ed Correct:				
		-		Deta	16
	Secre	tary to the Sanggunian		Date	

PROVINCE OF PANGASINAN

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Supplier: CYDEN MEDICALE TRADING INC. Address: URDANETA CITY, PANGASINAN		P.O. No.: 14 MAR 2024				
TIN : 762-45	54-109-00000		Mode of Procurement: competitive bidding PR No./s 2024-02-0446			
Gentlement: Pleas	se furnish this C	Office the following articles subject to the terms	, ,		2-0440	
Place of Deliver		overnor's Office, Lingayen, Pangasinan	Delivery Term		on receipt of NTP	
Date of Delivery	y:		Payment Term	Chamin	1 47 . 1	
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
14	PCS	AMPICILLIN+SULBACTAM 500MG/250MG VIAL	- 800	400.00		
15	PCS	ASCORBIC ACID 500MG TABLET	3,900	120.00	96,000.00	
16	TAB	ASPIRIN 80MG TABLET		6.25	24,375.00	
17	TAB	ATORVASTATIN CALCIUM 40MG TABLET	4,000	2.31	9,240.00	
18	AMP	ATRACURIUM BESILATE 10MG AMPULE	6,000	28.00	168,000.00	
19	AMP	ATROPINE (AS SULFATE) 1MG/ML SOLUTION FOR	- 10	230.00	2,300.00	
20	ВОТ	INJECTION AMPULE	30	120.00	3,600.00	
21	CAP	AZITHROMYCIN 200MG/ML 15ML SUSP	50	300.00	15,000.00	
22		AZITHROMYCIN 500MG TABLET	4,900	58.00	284,200.00	
23	VIAL	BENZYLPENICILLIN SODIUM 1M UNITS	100	38.50	3,850.00	
	TAB	BETAHISTINE HYDROCHLORIDE 16MG TABLET	5,000	28.90	144,500.00	
24 ø	PC	BISACODYL 10MG SUPPOSITORY	610	90.00	54,900.00	
25	NEB	BUDESONIDE NEBULES	750	78.40	58,800.00	
26	AMP	BUPIVACAINE HEAVY 500MG AMPULE	100	800.00	80,000.00	
Total Amount	in Words)	PAGE2	EDI			
Conforme	e:	commission on A TEAM 1 AGD-PANGAS	AUDIT Very fruity yours HON. I	RAMON V. G	Д. чісо ін	
	Signature ove	r Printed Name of Supplier	Signature over P	rinted Name of	uthorized Officia	
	3	3 - 13 - 2029 Date		Governor		
		Date	E1 12 12 12 12 12 12 12	Designation	1 1, 1 × 1, 1 o	
(In cas	se of Negotiate	d Purchase pursuant to Section 369 (a) of RA	7160, this portio	n must be accon	plished.)	
Approved pe	r Sanggunian F	Resolution No.:				
					CONTRACT CO	
Certified (Correct:			,		

PURCHASE ORDER PROVINCE OF PANGASINAN LGU ,

Supplier: CYDEN MEDICALE TRADING INC.			P.O. No. : 10 0 2 3 3 100		
Address : URDANETA CITY, PANGASINAN			Date: competitive bidding 024		
762-454-109-00000			Mode of Procurement: PR No./s 2024-02-0446		
TIN :			1 K 110./3		
Gentlement: Pleas	e furnish this Offic	ce the following articles subject to the terms a	and conditions con	tained herein:	
Place of Delivery: Provincial Governor's Office, Lingayen, Pangasinan			Delivery Term: wiin 7 C.D. upon receipt of NTP		
Date of Delivery :			Payment Term: Cheque		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	SACH	ACETYLCÝSTEINE 200MG SACHET	3,000	24.00	72,000.00
2	SACH	ACETYLCYSTEINE 600MG SACHET	7,600	33.00	250,800.00
3	вот	ALUMINUM MAGNESIUM 120ML SUSP	300	41.50	12,450.00
4	TAB	ALUMINUM MAGNESIUM 200MG/100MG TABLET	1,500	3.40	5,100.00
5	вот	ALUMINUM MAGNESIUM 60ML SUSP	288	38.00	10,944.00
6	- AMP	AMIKACIN 500MG/2ML AMPULE	200	250.00	50,000.00
7	AMP	AMINOPHYLLINE 25MG/ML AMPULE	150	58.00	8,700.00
8	TAB	AMLODIPINE 10MG TABLET	6,000	5.00	30,000.00
9	TAB	AMLODIPINE 5MG TABLET	5,000	3.05	15,250.00
10	CAP	AMOXICILLIN 500MG CAPSULE	1,000	3.66	3,660.00
11	VIAL	AMPICILLIN 1G VIALS	1,000	36.00	36,000.00
12	VIAL	AMPICILLIN 250MG VIAL	7 F.2.000	37.00	37,000.00
13	VIAL	AMPICILLIN 500MG VIAL	4,000	30.50	122,000.00
(Total Amoun	t in Words)	PAGE 1	1		
In case of fa every day of del Conform	lay shall be impos	full delivery within the time specifications and the undelivered Gomes ISSION OF TEAM 1 AGD-PANG	ASINAN 1 Very truly your	\$ &_	1.
HOSE / MAN HOUSE			HON. RAMON V. GUICO III		
Signature over Printed Name of Supplier Signature over Printed Name of Authorized Offi					Authorized Official
3-13-2024			Governor		
	-	Date		Designation	n
4 E					
(In o	case of Negotiate	d Purchase pursuant to Section 369 (a) of R	A 7160, this porti	ion must be accor	mplished.)
Approved	per Sanggunian R	Resolution No.:			
Certified Correct:					
	Secretar	y to the Sanggunian	1	Date	

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 CYDEN MEDICALE TRADING INC. (hereinafter called the "Contractor/Supplier") of the other part;

WHEREAS, the Entity is desirous that the Contractor execute the Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan (for use of VARIOUS Hospitals – Western Pangasinan District Hospital, Urdaneta District Hospital, Lingayen District Hospital, and Bolinao Community Hospital); Trust Fund; PR No. 2024-02-0446; Solicitation No. PANG-2024-02-0146-G, and the Entity has accepted the Bid for Twelve Million, Forty-Six Thousand, Three Hundred Seventy-Three Pesos and 75/100 Only (P12,046,373.75) 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.
- 2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed as integral part of this Agreement, viz.:
 - i. Philippine Bidding Documents (PBDs);
 - Schedule of Requirements;
 - ii. Technical Specifications;
 - iii. General and Special Conditions of Contract; and Son Charles
 - 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.

CON-PENS

- 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 Twelve Million, Forty-Six Thousand, Three Hundred Seventy-Three Pesos and 75/100 Only (P12,046,373.75) or such other sums as may be ascertained, CYDEN MEDICALE TRADING INC. agrees to Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan (for use of VARIOUS Hospitals Western Pangasinan District Hospital, Urdaneta District Hospital, Lingayen District Hospital, and Bolinao Community Hospital); Trust Fund; PR No. 2024-02-0446; Solicitation No. PANG-2024-02-0146-G, in accordance with his/her/its Bid.

4. The PROVINCIAL GOVERNMENT OF PANGASINAN agrees to pay the abovementioned 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 Governor President For: For: PROVINCIAL GOVERNMENT CYDEN MEDICALE TRADING INC. **OF PANGASINAN** ACKNOWLEDGEMENT Republic of the Philippines Province of Pangasinan S.S. Municipality of Park BEFORE ME, a Notary Public, for and in PANGASTMAN , 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 MR. MARK CYRILL P. VICENTE Proof of Identity (Contractor) Licensed No. Date Issued/Exp. 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 Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan (for use of VARIOUS Hospitals - Western Pangasinan District Hospital, Urdaneta District Hospital, Lingayen District Hospital, and Bolinao Community Hospital); Trust Fund; PR No. 2024-02-0446; Solicitation No. PANG-2024-02-0146-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 day of in , Pangasinan. Until 31, December 20 PTR NO AVEN Issued at-



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

MR. MARK CYRILL P. VICENTE
President
CYDEN MEDICALE TRADING INC.
No. 15 Roadside Camanang, Urdaneta City,
Pangasinan

Dear Mr. Vicente:

The attached Contract Agreement having been approved, notice is hereby given to CYDEN MEDICALE TRADING INC. that the work may commence on the Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan (for use of VARIOUS Hospitals – Western Pangasinan District Hospital, Urdaneta District Hospital, Lingayen District Hospital, and Bolinao Community Hospital); Trust Fund; PR No. 2024-02-0446; Solicitation No. PANG-2024-02-0146-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 ROSLYND. PADUYUS



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

MR. MARK CYRILL P. VICENTE
President
CYDEN MEDICALE TRADING INC.
No. 15 Roadside Camanang, Urdaneta City,
Pangasinan

Dear Mr. Vicente:

We are happy to notify you that your bid dated March 4,2024, for Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan (for use of VARIOUS Hospitals – Western Pangasinan District Hospital, Urdaneta District Hospital, Lingayen District Hospital, and Bolinao Community Hospital); Trust Fund; PR No. 2024-02-0446; Solicitation No. PANG-2024-02-0146-G, is hereby awarded to you as the Bidder with Lowest Calculated and Responsive Bid at a contract price equivalent to Twelve Million, Forty-Six Thousand, Three Hundred Seventy-Three Pesos and 75/100 Only (P12,046,373.75).

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

BOSLYN D. PADLY 05

Conforme: Date

3/11/2024