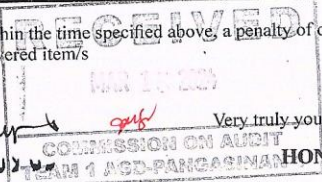


PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00233</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>14 MAR 2024</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0446</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
157	PC	SILVER SULFADIAZINE 20G CREAM	10	259.00	2,590.00
158	BOT	SODIUM CHLORIDE 0.9% 1L GREEN	4,000	79.87	319,480.00
159	BOT	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./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
(Total Amount in Words) <u>Twelve Million Forty-Six Thousand Three Hundred Seventy-Three Pesos and 75400</u>					P 12,046,373.75
<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> <p>Conforme: _____ Very truly yours, _____</p> <p style="text-align: center;">COMMISSION ON AUDIT TEAM 1 AGO-PANGASINAN</p> <p style="text-align: center;">HON. RAMON V. GUICO III</p> <p>Signature over Printed Name of Supplier _____ Signature over Printed Name of Authorized Official _____</p> <p style="text-align: center;"><u>3-13-2024</u> _____</p> <p style="text-align: center;">Date _____ Governor _____</p> <p style="text-align: center;">Designation _____</p>					
(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>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00239</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>14 MAR 2024</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0446</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	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
PAGE 12					
(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:		 Very truly yours, HON. RAMON V. GUICO III			
<u>RUBYLN N. FANUYAN</u> Signature over Printed Name of Supplier		<u>[Signature]</u> Signature over Printed Name of Authorized Official			
<u>3-13-2024</u> Date		<u>Governor</u> 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:					
<u>Secretary to the Sanggunian</u>			<u>Date</u>		

PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : _____			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>14 MAR 2024</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0446</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
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
135	VIAL	OXACILLIN 500MG VIAL	50	119.86	5,993.00
136	AMP	OXYTOCIN 10IU/ML 1ML AMPULE	2,200	120.00	264,000.00
137	BOT	PARACETAMOL 100MG/ML 15ML DROPS	30	34.50	1,035.00
138	BOT	PARACETAMOL 250MG 60ML SUSP	30	38.00	1,140.00
139	AMP	PARACETAMOL 300MG/2ML AMPULE	2,100	69.00	144,900.00
140	TAB	PARACETAMOL 500MG TABLET	2,000	2.00	4,000.00
141	AMP	PHENYTOIN SODIUM 50MG/ML AMPULE	10	650.00	6,500.00
142	AMP	PHYTOMENADIONE 10MG/ML AMPULE	400	46.00	18,400.00
143	VIAL	PIPERACILLIN+TAZOBACTAM 4.5G VIAL	400	850.00	340,000.00
PAGE 11					
(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:		Very truly yours,			
<u>ROSLYN D. PADUYOS</u>		<u>HON. RAMON V. GUICO III</u>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>3-13-2024</u>		<u>Governor</u>			
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		

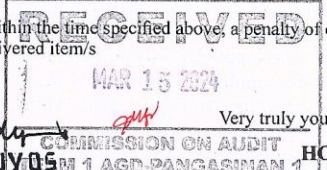
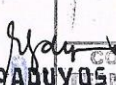
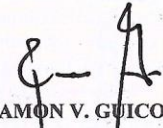
PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00233</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>14 MAR 2024</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0446</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
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
124	TAB	MONTELUKAST SODIUM 5MG TABLET	50	12.00	600.00
125	CAP	MULTIVITAMINS + IRON CAPSULE	1,200	3.95	4,740.00
126	PC	MUIROGIN 2% 5G OINTMENT	60	220.00	13,200.00
127	AMP	NALBUPHINE HYDROCHLORIDE 10MG/ML AMPULE	100	250.00	25,000.00
128	AMP	NICARDIPINE HCL 10MG/ML AMPULE	100	660.00	66,000.00
129	AMP	NOREPINEPHRINE 2ML AMPULE	100	998.00	99,800.00
130	AMP	NOREPINEPHRINE 4ML AMPULE	100	998.00	99,800.00
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 items.					
Conforme:		RECEIVED MAR 14 2024 COMMISSION ON AGENCIES TEAM 1 ADD-PANGASINAN		Very truly yours,	
<u>ROSLYN D. PADUYAN</u>		<u>HON. RAMON V. GUICO III</u>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>3-13-2024</u> Date		<u>Governor</u> 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		

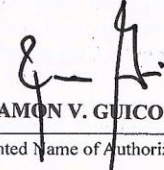
PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>0233</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>14 MAR 2024</u>			
TIN : <u>762-454-108-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0446</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
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	BOT	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 200MG/ML AMPULE	500	64.00	32,000.00
117	TAB	METHYLPREDNISOLONE 16MG TABLET	100	25.20	2,520.00
PAGE 9					
(Total Amount in Words)					
<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>Roslyn D. Paduyos</u>		<u>HON. RAMON V. GUICO III</u>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>3-13-2024</u>		<u>Governor</u>			
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		

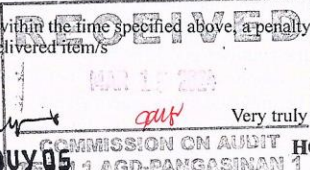

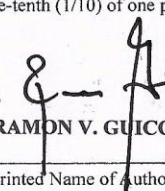
PURCHASE ORDER
PROVINCE OF PANGASINAN
 LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00233</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>14 MAR 2024</u> competitive bidding			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>2024-02-0446</u>			
PR No./s					
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	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	BOT	LACTATED RINGERS SOLUTION 1L BLUE	2,400	85.00	204,000.00
104	BOT	LACTULOSE 3.33G/5ML SOLUTION 120ML	150	269.00	40,350.00
(Total Amount in Words) PAGE 8					
<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,			
 ROSLYN D. PADUYOS		 HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>3-13-2024</u> 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		

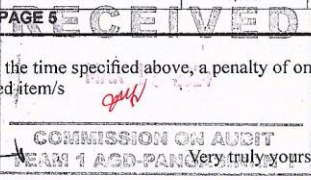
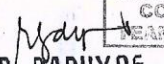
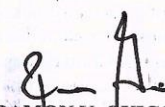
PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00233-77</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>14 MAR 2024</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0446</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
79	BOT	EURO-ION IN DEXTOSE 5% WATER 500ML VIOLET	1,680	84.68	142,262.40
80	BOT	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	36,000.00
87	VIAL	HUMAN ALBUMIN 20% VIAL	6	3,984.00	23,904.00
88	AMP	HYDRALAZINE HYDROCHLORIDE 20MG AMPULE	200	232.00	46,400.00
89	PC	HYDROCORTISONE 15G CREAM	6	145.00	870.00
90	VIAL	HYDROCORTISONE SODIUM 100MG VIAL	1,300	95.00	123,500.00
91	VIAL	HYDROCORTISONE SODIUM 250MG VIAL	300	165.00	49,500.00
(Total Amount in Words)		PAGE 7			
<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:		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED <small>MR. 14 MAR 2024</small> <small>944</small> </div>			
<u>HOSLYN D. PADUYAN</u> Signature over Printed Name of Supplier		Very truly yours,  <u>HON. RAMON V. GUICO III</u> Signature over Printed Name of Authorized Official			
<u>3-13-2024</u> Date		<u>Governor</u> 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>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00233</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>14 MAR 2024</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0446</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
66	BOT	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./V AMPULE	500	80.00	40,000.00
78	PFS	EPOETIN ALFA 4000IU/0.5ML	66	950.00	62,700.00
PAGE 6					
(Total Amount in Words)					
<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:					
 ROSLYN D. PADUA		Very truly yours,  HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>3-13-2024</u> 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		

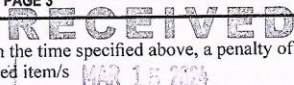
PURCHASE ORDER
PROVINCE OF PANGASINAN
 LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00233</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>14 MAR 2024</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0446</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
53	TAB	CIPROFLOXACIN 500MG TABLET	3,000	6.90	20,700.00
54	BOT	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	BOT	DEXTROSE 10% IN WATER 500ML TURQUOISE	480	94.62	45,417.60
63	BOT	DEXTROSE 5% IN 0.3% SODIUM CHLORIDE 500ML SKYBLUE	2,160	84.68	182,908.80
64	BOT	DEXTROSE 5% IN 0.9% SODIUM CHLORIDE 1L YELLOW	120	84.62	10,154.40
65	BOT	DEXTROSE 5% IN LACTATED RINGERS SOLUTION 1L PINK	3,000	88.00	264,000.00
(Total Amount in Words) PAGE 5 RECEIVED					
<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,			
 ROSLYN D. PADUYOS		 HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>3 - 13 - 2024</u> Date		<u>Governor</u> 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		

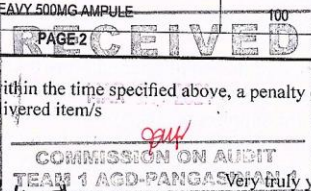
PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00233</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>14 MAR 2024</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0446</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
40	VIAL	CEFTRIAZONE 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	BOT	CETIRIZINE 5MG 60ML SUSP	408	114.00	46,512.00
48	AMP	CHLORPHENAMINE MALEATE 10MG/ML AMPULE	430	36.00	15,480.00
49	BOT	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 Amount in Words) PAGE 4					
<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:		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 17 2024 COMMISSION ON AGG. TEAM 1 AGD-PANGASINAN </div>			
<u>ROSLYN D. PADUYOS</u> Signature over Printed Name of Supplier		Very truly yours, <u>HON. RAMON V. GUICO III</u> Signature over Printed Name of Authorized Official			
<u>3-13-2024</u> Date		<u>Governor</u> 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>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00233</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>14 MAR 2024</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0446</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>with 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	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	BOT	CEFIXIME 100MG/5ML 60ML SUSP	50	288.00	14,400.00
38	BOT	CEFIXIME 20MG/ML 10ML DROPS	55	192.31	10,577.05
39	VIAL	CEFTAZIDIME PENTAHYDRATE 1G VIAL	100	210.00	21,000.00
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:		 Very truly yours, COMMISSION ON GOVERNMENT ACCOUNTS TEAM 1 AGO-PANGASINAN 1 HON. RAMON V. GUICO III			
<u>ROSLYN D. PADUYOS</u> Signature over Printed Name of Supplier		<u>HON. RAMON V. GUICO III</u> Signature over Printed Name of Authorized Official			
<u>3-13-2024</u> Date		<u>Governor</u> 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>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00233</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>14 MAR 2024</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0446</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	PCS	AMPICILLIN+SULBACTAM 500MG/250MG VIAL	800	120.00	96,000.00
15	PCS	ASCORBIC ACID 500MG TABLET	3,900	6.25	24,375.00
16	TAB	ASPIRIN 80MG TABLET	4,000	2.31	9,240.00
17	TAB	ATORVASTATIN CALCIUM 40MG TABLET	6,000	28.00	168,000.00
18	AMP	ATRACURIUM BESILATE 10MG AMPULE	10	230.00	2,300.00
19	AMP	ATROPINE (AS SULFATE) 1MG/ML SOLUTION FOR INJECTION AMPULE	30	120.00	3,600.00
20	BOT	AZITHROMYCIN 200MG/ML 15ML SUSP	50	300.00	15,000.00
21	CAP	AZITHROMYCIN 500MG TABLET	4,900	58.00	284,200.00
22	VIAL	BENZYPENICILLIN SODIUM 1M UNITS	100	38.50	3,850.00
23	TAB	BETHAHISTINE HYDROCHLORIDE 16MG TABLET	5,000	28.90	144,500.00
24	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) PAGE 2 RECEIVED					
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>ROSLYN D. PADUYUS</u> Signature over Printed Name of Supplier		<u>HON. RAMON V. GUICO III</u> Signature over Printed Name of Authorized Official			
<u>3-13-2024</u> Date		<u>Governor</u> 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>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00233</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: _____			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-02-0446</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
1	SACH	ACETYLCYSTEINE 200MG SACHET	3,000	24.00	72,000.00
2	SACH	ACETYLCYSTEINE 600MG SACHET	7,600	33.00	250,800.00
3	BOT	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	BOT	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	1,000	37.00	37,000.00
13	VIAL	AMPICILLIN 500MG VIAL	4,000	30.50	122,000.00
(Total Amount in Words)			PAGE 1		
<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> <p style="text-align: center;">RECEIVED COMMISSION ON AUDIT TEAM 1 AGD-PANGASINAN 1</p>					
Conforme:		Very truly yours,			
<u>ROSLYN D. PADUYOS</u>		<u>HON. RAMON V. GUICO III</u>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>3-13-2024</u>		<u>Governor</u>			
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		

CONTRACT AGREEMENT

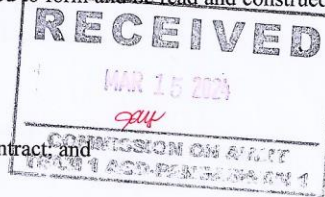
This AGREEMENT made this 13th day of March 2024 between the **PROVINCIAL GOVERNMENT OF PANGASINAN**, of the Philippines (hereinafter called the "Procuring Entity") of the one part and **CYDEN MEDICALE TRADING INC.** (hereinafter called the "Contractor/Supplier") of the other part;

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:

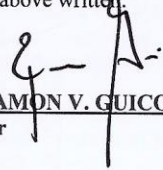
1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be 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 **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 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


MR. MARK CYRILL P. VICENTE
President

For:

For:

**PROVINCIAL GOVERNMENT
OF PANGASINAN**

CYDEN MEDICALE TRADING INC.

ACKNOWLEDGEMENT

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

BEFORE ME, a Notary Public, for and in PANGASINAN, Pangasinan, Philippines, personally appeared the following with their respective proof of identity on 1 21, 2024

HON. RAMON V. GUICO III
(Governor)

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

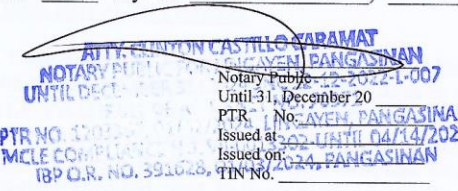
MR. MARK CYRILL P. VICENTE
(Contractor)

Proof of Identity :
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 1 day of 21, 2024, in PANGASINAN, Pangasinan.


Atty. **RAMON CASTILLO YARAMAT**
NOTARY PUBLIC - **LINGAYEN, PANGASINAN**
Notary Public - **2022-1-007**
Until 31, December 20
PTR No. **AYEN, PANGASINAN**
Issued at **UNTIL 04/14/2025**
MCLE COMPL. No. **2024, PANGASINAN**
IBP O.R. NO. **391028**, TIN No. _____

Doc. No. 95
Page No. 10
Book No. 7
Series of 2023 1014



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 : 3/15/2024
Name of the Representative of the Bidder : ROSLYN D. PADUY UD
Authorized Signature : [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

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

Conforme:

Date 3/11/2024


ROSLYN D. PADUYOS