
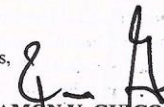

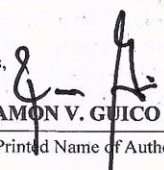



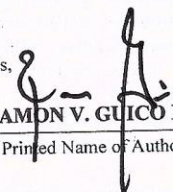
PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : _____			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>07 JUN 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</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	PC	X-RAY ENVELOPE 11X14	300	15.00	4,500.00
223	PC	X-RAY ENVELOPE 14X17	300	18.00	5,400.00
224	PC	X-RAY FILM 11X14	800	60.30	48,240.00
225	PC	X-RAY FILM 14X17	800	97.64	78,112.00
226	GAL	X-RAY FIXER SOLUTION - AUTOMATIC	16	2,017.50	32,280.00
227	PCS	ZINC OXIDE EUGENOL	1	1,166.00	1,166.00
		XXXXX-XXXXX			
(Total Amount in Words)		TWENTY MILLION FIVE HUNDRED EIGHTY EIGHT THOUSAND NINETY FOUR PESOS AND 36/100 ONLY			P 20,588,094.36
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		 Signature over Printed Name of Authorized Official			
<u>6-3-24</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>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00618</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>03 JUN 2024</u>			
TIN : <u>293-548-671-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</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	PC	TONGUE DEPRESSOR	2500	7.55	18,875.00
210	PC	TOOTH PASTE 175G	3	160.00	480.00
211	PCS	ULTRASONIC SCALLING TIP (SIZE G1)	6	1,180.00	7,080.00
212	GAL	ULTRASOUND GEL GAL	78	1,800.00	140,400.00
213	PC/S	UMBILICAL CATHETER	50	380.00	19,000.00
214	PC	URINE BAG	2165	35.00	75,775.00
215	PCS	WADDING SHEET/ CAST PADDING 4X5	20	150.00	3,000.00
216	PCS	WEIGHING SCALE, PORTABLE	5	1,250.00	6,250.00
217	UNIT	WHEELCHAIR	15	5,200.00	78,000.00
218	PC	WRIST TAG/PATIENT ID - ADULT - WHITE	6000	7.00	42,000.00
219	PCS	WRIST TAG/PATIENT ID - CHILD - BLUE	5600	7.00	39,200.00
220	PC	WRIST TAG/PATIENT ID - CHILD - PINK	2400	7.00	16,800.00
221	GAL	X-RAY DEVELOPER SOLUTION - AUTOMATIC	16	2,557.54	40,920.64
(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:		Very truly yours,			
 <u>JUAN BANIKUILLA R. LOPEZ</u> Signature over Printed Name of Supplier		 <u>HON. RAMON V. GUICO III</u> Signature over Printed Name of Authorized Official			
<u>6-3-24</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>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00818</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>13 JUN 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</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
196	PCS	SURGICAL BLADE #15	800	8.75	7,000.00
197	PC	SURGICAL BLADE #20	2100	8.75	18,375.00
198	PCS	SURGICAL BLADE #21	200	8.75	1,750.00
199	PC	SURGICAL BLADE #22	300	8.75	2,625.00
200	PC	SURGICAL BRUSH	75	100.00	7,500.00
201	PCS	SURGICAL BRUSH W/ POVIDONE IODINE	1100	120.00	132,000.00
202	PCS	SURGICAL TAPE/ MICROPORE	3600	62.50	225,000.00
203	ROLL/S	SURGICAL TAPE/LEUKOPLAST 4"	44	1,128.58	49,657.52
204	PC	SURGICAL/OR CAP	1000	4.00	4,000.00
205	ROLL/S	THERMAL PAPER 57X30	40	40.00	1,600.00
206	PCS	THERMAL PAPER TYPE V	190	1,950.00	370,500.00
207	PC	THUMB FORCEP W/O TEETH	5	80.00	400.00
208	PCS	TISSUE FORCEP W/ TEETH	5	80.00	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		 _____ Signature over Printed Name of Authorized Official			
<u>6-3-24</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>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	P.O. No. : <u>00618</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date: <u>03 JUN 2024</u>
TIN : <u>293-548-871-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2024-04-2395</u>

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

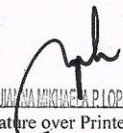
Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	Delivery Term : <u>win / C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
183	PCS	STERILE WATER FOR INHALATION (AQUA PAK)	40	320.00	12,800.00
184	PC	STETHOSCOPE - ADULT	200	696.00	139,200.00
185	PC	STETHOSCOPE (LITTMAN) - ADULT	15	13,800.00	207,000.00
186	PC	STETHOSCOPE (LITTMAN) - PEDIA	15	13,800.00	207,000.00
187	PCS	STRAIGHT CATHETER FR.18	100	30.00	3,000.00
188	PC	SUCTION CATHETER FR.12	4	30.00	120.00
189	PC/S	SUCTION CATHETER FR.16	44	30.00	1,320.00
190	PC	SUCTION CATHETER FR.8	150	30.00	4,500.00
191	UNIT	SUCTION MACHINE (HEAVY DUTY)	5	12,992.00	64,960.00
192	PC/S	SUCTION POOLE SET ABDOMINAL DRAIN	410	515.00	211,150.00
193	PC	SURGICAL BLADE #10	800	8.75	7,000.00
194	PC	SURGICAL BLADE #11	2000	8.75	17,500.00
195	PC	SURGICAL BLADE #12	200	8.75	1,750.00

(Total Amount in Words) PAGE 15

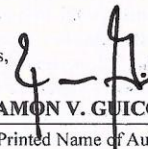
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s

Conforme:


JULIAN MIQUIAS P. LOPEZ
 Signature over Printed Name of Supplier

6-3-24
Date

Very truly yours,


HON. RAMON V. GUICO III
 Signature over Printed Name of Authorized Official

Governor
Designation

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

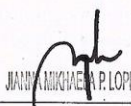
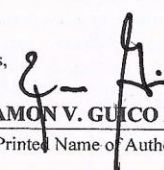
Approved per Sanggunian Resolution No.: _____

Certified Correct:

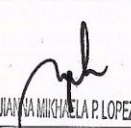
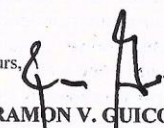
Secretary to the Sanggunian

Date

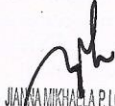
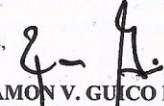
PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00618</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>03 JUN 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</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
170	PC	SILK 3-0 CUTTING	100	235.00	23,500.00
171	PCS	SILK 3-0 STRANDS	10	235.00	2,350.00
172	PCS	SKIN RETRACTOR	3	887.04	2,661.12
173	PC	SOLUSET	4550	230.00	1,046,500.00
174	PC	SPECIMEN/SAMPLE CUP	1200	10.00	12,000.00
175	PC/S	SPINAL NEEDLE G23	1000	175.00	175,000.00
176	PC/S	SPINAL NEEDLE G25	400	175.00	70,000.00
177	PC/S	SQUARE BASIN - STAINLESS	5	2,200.00	11,000.00
178	PAIR/S	STERILE SURGICAL GLOVES 6.5	700	35.00	24,500.00
179	PAIR	STERILE SURGICAL GLOVES 7.0	4250	35.00	148,750.00
180	PAIR	STERILE SURGICAL GLOVES 7.5	3650	35.00	127,750.00
181	PAIR	STERILE SURGICAL GLOVES 8.0	500	35.00	17,500.00
182	VIAL	STERILE WATER 50ML VIAL	100	80.00	8,000.00
(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:		Very truly yours,			
 Signature over Printed Name of Supplier		 Signature over Printed Name of Authorized Official			
<u>6-3-24</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		


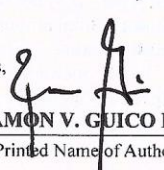
PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00 618</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>03 JUN 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</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
157	PC/S	POLYPROPYLENE 3-0 CUTTING	200	1,150.00	230,000.00
158	PC/S	POLYPROPYLENE 3-0 ROUND	100	1,150.00	115,000.00
159	PCS	POLYPROPYLENE 4-0 CUTTING	200	1,150.00	230,000.00
160	PC/S	POLYPROPYLENE 4-0 ROUND	100	1,150.00	115,000.00
161	GAL	POVIDONE IODINE 10% GAL	130	1,750.00	227,500.00
162	GAL	POVIDONE IODINE 7.5% GAL	30	1,250.00	37,500.00
163	PC	PULSE OXIMETER - ADULT	55	975.00	53,625.00
164	PCS	PULSE OXIMETER - INFANT/NEONATE	10	2,181.82	21,818.20
165	PCS	PULSE OXIMETER - PEDIA	20	975.00	19,500.00
166	PCS	RESTO BURS	6	100.00	600.00
167	PCS	SALIVA EJECTOR	200	2.40	480.00
168	PC	SILK 2-0 CUTTING	162	235.00	38,070.00
169	PC	SILK 2-0 STRANDS	50	235.00	11,750.00
(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:		Very truly yours,			
 Signature over Printed Name of Supplier		 Signature over Printed Name of Authorized Official			
<u>6-3-24</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		


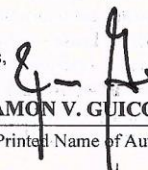
PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00 618</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>03 JUN 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</u>			
Gentlement: 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	PCS	OXYGEN MASK - NEONATE/INFANT	260	95.00	24,700.00
145	PCS	OXYGEN MASK - PEDIA	410	95.00	38,950.00
146	PCS	OXYGEN REGULATOR	20	2,600.00	52,000.00
147	PC	PEDIATRIC URINE COLLECTOR/WEE BAG	1500	7.50	11,250.00
148	PC	PENLIGHT	42	248.46	10,435.32
149	PCS	PENROSE DRAIN	20	95.00	1,900.00
150	PCS	PLAIN CATGUT 2-0 ROUND	10	283.32	2,833.20
151	PCS	PLASTER OF PARIS 4X5	50	302.90	15,145.00
152	PC	POLYGLACTIN 910, 1 ROUND (NOVOSYN)	36	615.00	22,140.00
153	PC	POLYGLACTIN 910, 1 ROUND (VICRYL)	500	615.00	307,500.00
154	PC	POLYGLACTIN 910, 2-0 ROUND (VICRYL)	180	615.00	110,700.00
155	PC	POLYGLACTIN 910, 3-0 ROUND (NOVOSYN)	72	615.00	44,280.00
156	PC	POLYGLACTIN 910, 3-0 ROUND (VICRYL)	360	615.00	221,400.00
(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,			
 _____ Signature over Printed Name of Supplier		 _____ Signature over Printed Name of Authorized Official			
<u>6-3-24</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

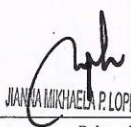
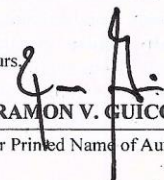
Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00 618</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date : <u>3 JUN 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement : <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</u>			
Gentlemen: Please furnish 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	PC/S	NEBULIZER KIT W/ MASK - ADULT	2750	75.00	206,250.00
132	PCS	NEBULIZER KIT W/ MASK - PEDIA	550	75.00	41,250.00
133	PCS	NGT FR.12	10	30.00	300.00
134	PC/S	NGT FR.16	50	30.00	1,500.00
135	PC/S	NGT FR.5	20	30.00	600.00
136	PC	NGT FR.8	10	30.00	300.00
137	PC	NGT SILICONE FR. 16	75	316.80	23,760.00
138	PC/S	OPERATING ROOM LIGHT (WALL-MOUNTED)	1	145,000.00	145,000.00
139	PC/S	OXYGEN CANNULA - ADULT	2600	62.00	161,200.00
140	PC/S	OXYGEN CANNULA - NEONATE/INFANT	220	95.00	20,900.00
141	PC	OXYGEN CANNULA - PEDIA	400	65.00	26,000.00
142	UNIT	OXYGEN GAUZE	30	2,600.00	78,000.00
143	PC	OXYGEN MASK - ADULT	1000	95.00	95,000.00
(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:		Very truly yours,			
 Signature over Printed Name of Supplier		 Signature over Printed Name of Authorized Official			
<u>6-3-24</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


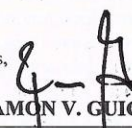
Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00618</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>03 JUN 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</u>			
Gentlemen: Please furnish 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
118	PCS	LUBRICATING GEL 5G	600	8.00	4,800.00
119	PCS	LUBRICATING JELLY 150G	446	275.00	122,650.00
120	PC	MACROSET	6900	45.00	310,500.00
121	PC	MALE URINAL	100	70.00	7,000.00
122	PC	MAYO SCISSOR CURVED	5	160.00	800.00
123	PC	MAYO SCISSOR STRAIGHT	3	650.00	1,950.00
124	PCS	MAYO TABLE AND TRAY (MINOR SET)	5	6,200.00	31,000.00
125	PCS	MAYO TABLE COVER	50	2,400.00	120,000.00
126	PC	METZ STRAIGHT	5	750.00	3,750.00
127	PC	MICROSET	3900	50.00	195,000.00
128	PCS	MOSQUITO FORCEP - CURVE	10	650.00	6,500.00
129	PCS	NEBULIZER HEAVY DUTY	5	12,500.00	62,500.00
130	PC	NEBULIZER KIT - ADULT	2350	75.00	176,250.00
(Total Amount in Words)		PAGE 10			
<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>JAYONA MIQUILAN P. LOPEZ</u> Signature over Printed Name of Supplier		 <u>HON. RAMON V. GUICO III</u> Signature over Printed Name of Authorized Official			
<u>6-3-24</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

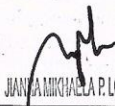
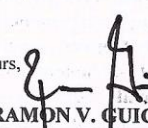
LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00 618 13</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>2024-04-2395</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>within 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	PC	IV CATH G24	2800	95.00	266,000.00
106	PC	IV CATH G26	3100	120.00	372,000.00
107	UNIT	IV STAND- 2 PRONGS	20	2,400.00	48,000.00
108	PCS	JACKSON PRATT	25	2,550.00	63,750.00
109	PC	KELLY PAD W/ INFLATOR	17	1,100.00	18,700.00
110	PC/S	KELLY STRAIGHT LONG	10	1,572.48	15,724.80
111	PC/S	KELLY STRAIGHT MEDIUM	10	1,572.48	15,724.80
112	SET	LAP DRAPES - COMPLETE SET	10	1,430.00	14,300.00
113	PC	LAP SPONGE 18X18	280	320.00	89,600.00
114	PCS	LARYNGOSCOPE - ADULT	9	12,200.00	109,800.00
115	PCS	LARYNGOSCOPE - PEDIA	7	12,680.00	88,760.00
116	CARP	LIDOCAINE CARPULE	1500	41.50	62,250.00
117	PCS	LIDOCAINE OINTMENT 5% (TOPICAL ANESTHESIA)	4	1,210.00	4,840.00
(Total Amount in Words)		PAGE 9			
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		 _____ Signature over Printed Name of Authorized Official			
<u>6-3-24</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		


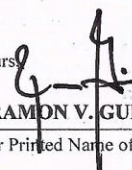
PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00618</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>2024-04-2395</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	HOT WATER BAG - MEDIUM	20	115.00	2,300.00
93	PCS	HOT WATER BAG - SMALL	20	100.00	2,000.00
94	PCS	HUB CUTTER	50	822.50	41,125.00
95	BOT	HYDROGEN PEROXIDE 120ML	11	50.00	550.00
96	GAL	HYDROGEN PEROXIDE GAL	46	565.00	25,990.00
97	UNIT	INCUBATOR	1	1,430,100.00	1,430,100.00
98	PCS	INFRARED THERMAL GUN	55	900.00	49,500.00
99	PCS	INSULIN SYRINGE 1/2CC	6963	16.00	111,408.00
100	PC	INSULIN SYRINGE 1CC	19937	16.00	318,992.00
101	BOT	IOPAMIDOL CONTRAST	50	2,400.00	120,000.00
102	PC	IV CATH G18	2400	95.00	228,000.00
103	PC	IV CATH G20	4100	95.00	389,500.00
104	PC	IV CATH G22	2400	95.00	228,000.00
(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:		Very truly yours,			
 _____ Signature over Printed Name of Supplier		 _____ Signature over Printed Name of Authorized Official			
<u>6-3-24</u> Date		Governor Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
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PURCHASE ORDER
PROVINCE OF PANGASINAN
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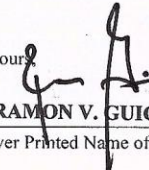
Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : _____			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: _____			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</u>			
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Date of Delivery : _____		Payment Term: <u>Cheque</u>			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
79	GAL	FORMALIN SOLUTION 10% GAL	1	2,900.00	2,900.00
80	PC	GAUZE ROLL 24X28	350	1,900.00	665,000.00
81	PC	GEL FOAM	16	680.00	10,880.00
82	PC	GLASS IONOMER POWDER 15G/LIQUID 6.4ML	1	8,600.00	8,600.00
83	PAIR	GLOVES ELBOW LENGTH 7.0	1200	159.00	190,800.00
84	PCS	GUIDE WIRE FR. 10	10	236.00	2,360.00
85	PC/S	GUIDE WIRE FR. 4	10	236.00	2,360.00
86	PCS	GUIDE WIRE FR. 6	10	236.00	2,360.00
87	PCS	HAND DISINFECTANT (SOFTA-MAN)	150	1,740.00	261,000.00
88	PCS	HEAT ABD MOISTURE EXCHANGER (HME)	100	660.00	66,000.00
89	UNIT	HEIGHT & WEIGHT WEIGHING SCALE (DETECTO)	2	22,800.00	45,600.00
90	PC/S	HEPARIN CAP/HEPLOCK	3160	45.00	142,200.00
91	PC/S	HOT WATER BAG - LARGE	20	137.00	2,740.00
(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:		Very truly yours,			
 <u>JUAN A. MIKOVELA P. LOPEZ</u> Signature over Printed Name of Supplier		 <u>HON. RAMON V. GUICO III</u> Signature over Printed Name of Authorized Official			
<u>6-3-24</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

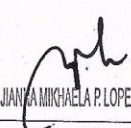
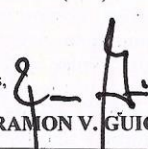
Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00 618</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>03 JUN 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</u>			
Gentlemen: Please furnish 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
66	PC	ET TUBE 6.5	10	149.00	1,490.00
67	PC	ET TUBE 7.0	40	149.00	5,960.00
68	PC	ET TUBE 7.5	40	149.00	5,960.00
69	PAIR	EXAMINATION GLOVES - LARGE	12800	17.00	217,600.00
70	PAIR	EXAMINATION GLOVES - MEDIUM	40300	17.00	685,100.00
71	PAIR	EXAMINATION GLOVES - SMALL	7500	17.00	127,500.00
72	PAIRS	EXAMINATION GLOVES LATEX - XL	4000	17.00	68,000.00
73	BOX	FACE MASK 50'S	2020	200.00	404,000.00
74	PC	FLAT TORNIQUET	30	45.00	1,350.00
75	PC	FOLEY CATHETER FR.12	10	75.00	750.00
76	PC	FOLEY CATHETER FR.14	170	75.00	12,750.00
77	PC	FOLEY CATHETER FR.16	370	75.00	27,750.00
78	PC	FOLEY CATHETER FR.18	240	85.00	20,400.00
(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:		Very truly yours,			
 JANNA MIRIELA P. LOPEZ		 HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>6-3-24</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

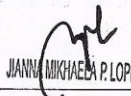
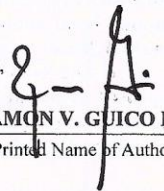
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Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : _____			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: _____			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</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
53	PCS	DROP LIGHT	10	4,400.00	44,000.00
54	PC/S	ECG ELECTRODES ADULT	7000	21.00	147,000.00
55	UNIT	ECG MACHINE	3	94,850.00	284,550.00
56	PCS	ECG PAPER 110	100	250.00	25,000.00
57	PCS	ECG PAPER 50X30	100	250.00	25,000.00
58	PC	ECG PAPER 63X30	50	250.00	12,500.00
59	PC	ECG PAPER 80X20	750	250.00	187,500.00
60	PC/S	ELASTIC BANDAGE 2X5	10	40.00	400.00
61	PC/S	ELASTIC BANDAGE 3X5	50	70.00	3,500.00
62	PC/S	ELASTIC BANDAGE 4X5	280	85.00	23,800.00
63	PC	ELASTIC BANDAGE 6X5	230	85.00	19,550.00
64	PC/S	ELECTRO-GEL	5	1,850.00	9,250.00
65	PC	ET TUBE 5.0	40	149.00	5,960.00
(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:		Very truly yours			
 JANNA MIKHAELA P. LOPEZ		 HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>6-3-24</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		

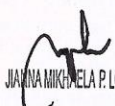
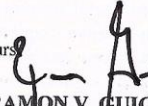
PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00618</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>03 JUN 2024</u> <i>competitive bidding</i>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>2024-04-2395</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
40	PC	DENTAL NEEDLE G30 SHORT	1500	7.00	10,500.00
41	GAL	DISINFECTANT CONCENTRATE SOLUTION GALLON	6	2,200.00	13,200.00
42	PCS	DISPOSABLE CUP	200	5.00	1,000.00
43	PC/S	DISPOSABLE CUPS WITH LID	1200	5.00	6,000.00
44	PC	DISPOSABLE NEEDLE G.19	20	3.50	70.00
45	PC	DISPOSABLE NEEDLE G.25	2000	3.50	7,000.00
46	PC	DISPOSABLE SKIN STAPLER	80	750.00	60,000.00
47	PC	DISPOSABLE SYRINGE 10CC	24500	14.50	355,250.00
48	PC	DISPOSABLE SYRINGE 1CC	24500	13.50	330,750.00
49	PC	DISPOSABLE SYRINGE 3CC	44500	10.50	467,250.00
50	PC/S	DISPOSABLE SYRINGE 50CC	120	72.00	8,640.00
51	PC	DISPOSABLE SYRINGE 5CC	55500	11.50	638,250.00
52	SET	DRESSING SET	5	650.00	3,250.00
(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:		Very truly yours,			
 <u>JANNA MICHAELA P. LOPEZ</u>		 <u>HON. RAMON V. GUICO III</u>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>6-3-24</u> Date		<u>Governor</u> Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
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Certified Correct: _____					
Secretary to the Sanggunian			Date		


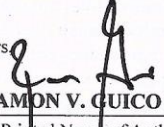
PURCHASE ORDER
PROVINCE OF PANGASINAN
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Supplier : NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP		P.O. No. : <u>00618</u>			
Address : URDANETA CITY, PANGASINAN		Date: _____			
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Place of Delivery : Provincial Governor's Office, Lingayen, Pangasinan		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
27	BARL	CHLORINE GRANULES	3	2,380.00	7,140.00
28	PCS	CHROMIC 1 ROUND	1300	85.00	110,500.00
29	PCS	CHROMIC 2-0 ROUND	1332	85.00	113,220.00
30	PCS	CHROMIC 3-0 CUTTING	252	85.00	21,420.00
31	PCS	CHROMIC 3-0 ROUND	420	85.00	35,700.00
32	PC	CONDOM	72	15.33	1,103.76
33	PC	CORD CLAMP	3700	8.00	29,600.00
34	BOT	CTT BOTTLE 2L	30	1,800.00	54,000.00
35	PCS	CTT FR.28	45	755.00	33,975.00
36	PCS	CTT FR.32	44	755.00	33,220.00
37	PCK/S	DENTAL BIBS	2	280.00	560.00
38	PC	DENTAL MOUTH MIRROR	36	140.00	5,040.00
39	PCS	DENTAL NEEDLE G27 SHORT	300	7.00	2,100.00
(Total Amount in Words)		PAGE 3			
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme:		Very truly yours,			
 JANNA MIKHAELA P. LOPEZ		 HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>6-3-24</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>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : _____			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>00 618</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</u>			
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Date of Delivery : _____		Payment Term: <u>Cheque</u>			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
14	PC/S	BEDSIDE TABLE	20	6,000.00	120,000.00
15	PC	BLOOD TRANSFUSION SET	4578	165.00	755,370.00
16	PC	BP APP/ SPHYGMOMANOMETER - ADULT	20	3,200.00	64,000.00
17	PC/S	BP APP/ SPHYGMOMANOMETER DESK TYPE - ADULT	15	3,200.00	48,000.00
18	PC/S	BP APP/ SPHYGMOMANOMETER DESK TYPE - PEDIA	8	3,200.00	25,600.00
19	UNIT	BP APP/ SPHYGMOMANOMETER DIGITAL W/ STAND	10	9,500.00	95,000.00
20	PC/S	BP CONTROL VALVE	20	330.00	6,600.00
21	PC	CALCIUM HYDROXIDE - DYCAL	1	3,000.00	3,000.00
22	UNIT	CARDIOTOGRAPHY MACHINE	1	95,850.00	95,850.00
23	PC	CARTOLINA	700	12.00	8,400.00
24	UNIT	CAUTERY MACHINE	1	84,000.00	84,000.00
25	PC	CAUTERY PAD	60	900.00	54,000.00
26	PC	CAUTERY PENCIL	30	530.00	15,900.00
(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:		Very truly yours			
 JUANNA MIKHUELA P. LOPEZ		 HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>6-3-24</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>NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>00 618</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>06-03-24</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2395</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	427	285.00	121,695.00
2	GAL/S	ACTIVATED GLUTARALDEHYDE SOLUTION	71	3,150.00	223,650.00
3	PCS	ADHESIVE PLASTER	100	1,750.00	175,000.00
4	BOT	ALCOHOL 500ML	4080	120.00	489,600.00
5	PC/S	AMBU BAG - ADULT	5	4,750.00	23,750.00
6	PC/S	AMBU BAG - PEDIA	5	4,750.00	23,750.00
7	PCS	ARM SLING MEDIUM	14	180.00	2,520.00
8	PC	ASEPTO SYRINGE	275	60.00	16,500.00
9	PC/S	AUTOCLAVE TAPE	50	360.00	18,000.00
10	PC/S	BACK TABLE COVER	10	330.00	3,300.00
11	PC/S	BACK TABLE STAINLESS	2	17,600.00	35,200.00
12	PC/S	BANDAGE SCISSOR	3	134.00	402.00
13	PC/S	BED SHEET - WHITE	20	600.00	12,000.00
(Total Amount in Words)		PAGE 1			
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme:		Very truly yours			
 <u>JUANINA MICHAELA P. LOPEZ</u> Signature over Printed Name of Supplier		 <u>HON. RAMON V. QUICO III</u> Signature over Printed Name of Authorized Official			
<u>6-3-24</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		



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

05 June 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 various hospitals - Asingan Community Hospital, Bayambang District Hospital, Bolinao Community Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Lingayen District Hospital, Manaoag Community Hospital, Mapandan Community Hospital, Mangatarem District Hospital, Pangasinan Provincial Hospital, Pozorrubio Community Hospital, Urdaneta District Hospital, and Western Pangasinan District Hospital); PR No. 2024-04-2395; Solicitation No. PANG-2024-07-0487-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 : 6-5-24
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

30 May 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 May 22, 2024 for the execution of **Supply and Delivery of various Medical Supplies at Provincial Governor's Office, Lingayen, Pangasinan** (for various hospitals - Asingan Community Hospital, Bayambang District Hospital, Bolinao Community Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Lingayen District Hospital, Manaoag Community Hospital, Mapandan Community Hospital, Mangatarem District Hospital, Pangasinan Provincial Hospital, Pozorrubio Community Hospital, Urdaneta District Hospital, and Western Pangasinan District Hospital); PR No. 2024-04-2395; Solicitation No. PANG-2024-04-0487-G, is hereby awarded to you as the Bidder with Lowest Calculated and Responsive Bid at a contract price equivalent **Twenty Million, Five Hundred Eighty-Eight Thousand, Ninety-Four Pesos and 36/100 Only (P20,588,094.36)**.

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

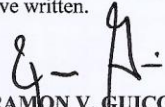
Conforme: 

Date 5-30-24

Hospital, and Western Pangasinan District Hospital); PR No. 2024-04-2395; Solicitation No. PANG-2024-04-0487-G, in accordance with his/her/its Bid.

4. The **PROVINCIAL GOVERNMENT OF PANGASINAN** agrees to pay the above-mentioned sum in accordance with the terms of the Bidding.

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


HON. RAMON V. GUICO III
Governor


MS. JIANNA MIKHAELA P. LOPEZ
Authorized Representative

For:

PROVINCIAL GOVERNMENT OF PANGASINAN

For:

NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP

ACKNOWLEDGEMENT

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

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

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

MS. JIANNA MIKHAELA P. LOPEZ (Contractor)
Proof of Identity : PASSPORT
Date Issued : **SEPTEMBER 8, 2023**
Expiry date : **SEPTEMBER 7, 2023**

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 Supply and Delivery of various Medical Supplies at Provincial Governor's Office, Lingayen, Pangasinan (for various hospitals - Asingan Community Hospital, Bayambang District Hospital, Bolinao Community Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Lingayen District Hospital, Manaoag Community Hospital, Mapandan Community Hospital, Mangatarem District Hospital, Pangasinan Provincial Hospital, Pozorrubio Community Hospital, Urdaneta District Hospital, and Western Pangasinan District Hospital); PR No. 2024-04-2395; Solicitation No. PANG-2024-04-0487-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 JUNON 0 32024, _____, in LINGAYEN, PANGASINAN, Pangasinan.

Doc. No. 212
Page No. 44
Book No. XI
Series of 2024

Notary Public
Until 31, December 20 _____
PTR No. _____
Issued at _____
Issued on: _____
TIN No. _____
ATY. CLAYTON CASTILLO
NOTARY PUBLIC FOR LINGAYEN, PANGASINAN
UNTIL DECEMBER 31, 2024
ROLL OF NOTARIES
R.N.O. 1203857, 01/02/2024
COMPLIANCE NO. VII-0018802-UNTIL 31/12/2025
IBP O.R. NO. 391628, 01/02/2024, PANGASINAN

CONTRACT AGREEMENT

This AGREEMENT made this 3rd day of June 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 various hospitals - Asingan Community Hospital, Bayambang District Hospital, Bolinao Community Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Lingayen District Hospital, Manaoag Community Hospital, Mapandan Community Hospital, Mangatarem District Hospital, Pangasinan Provincial Hospital, Pozorrubio Community Hospital, Urdaneta District Hospital, and Western Pangasinan District Hospital); PR No. 2024-04-2395; Solicitation No. PANG-2024-04-0487-G**, and the Entity has accepted the Bid for **Twenty Million, Five Hundred Eighty-Eight Thousand, Ninety-Four Pesos and 36/100 Only (P20,588,094.36)** 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.:
 - vi. Philippine Bidding Documents (PBDs);
 - v. Schedule of Requirements;
 - vi. Technical Specifications;
 - vii. General and Special Conditions of Contract; and
 - viii. Supplemental or Bid Bulletins, if any
 - vii. 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.
 - viii. Performance Security;
 - ix. Notice of Award of Contract; and the Bidder's conforme thereto; and
 - x. 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 **One Million, Twenty-Five Thousand, Three Hundred Thirty-Five Pesos Only (P1,025,335.00)** 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 various hospitals - Asingan Community Hospital, Bayambang District Hospital, Bolinao Community Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Lingayen District Hospital, Manaoag Community Hospital, Mapandan Community Hospital, Mangatarem District Hospital, Pangasinan Provincial Hospital, Pozorrubio Community Hospital, Urdaneta District**