6		LGU .		0061	38. 2.15
Address : URDA		EUTICAL DISTRIBUTORSHIP SINAN	P.O. No. : Date: Mode of Procurement: competitive bidding PR No./s 2024-04-2395		
TIN: 293-548	-071-00000		PR No./s	.2024-0	1-2393
Pleas	e furnish this Off	ice the following articles subject to the terr	ns and conditions con	tained herein:	
Place of Delivery: Provincial Governor's Office, Lingayen, Pangasinan Date of Delivery:			Delivery Term : w/in 7 C.D. upon receipt of NTP Payment Term: Cheque		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
222 223 224 225 226 227	PC PC PC GAL PCS	X-RAY ENVELOPE 11X14 X-RAY ENVELOPE 14X17 X-RAY FILM 11X14 X-RAY FILM 14X17 X-RAY FIXER SOLUTION - AUTOMATIC ZINC OXIDE EUGENOL XXXXX-XXXXX	300 300 800 800 16 1	15.00 18.00 60.30 97.64 2.017.50 1,166.00	4,500.00 5,400.00 48,240.00 78,112.00 32,280.00 1,166.00
(Total Amount		TWENTY MILLION FIVE HUNDRED EIGHTY EIGHT 1	THOUSAND NINETY		20.588.094.36
In case of fa	ilure to make the ay shall be impo	e full delivery within the time specified a sed on the undelivered item/s NIMIA PLOPEZ Printed Name of Supplier 3 - 24 Date	Very truly yours HON. RA	ne-tenth (1/10)	of one percent for ICO III f Authorized Official
	ase of Negotiated	d Purchase pursuant to Section 369 (a) of tesolution No.:	RA 7160, this portion	on must be acco	omplished.)
Certified	Correct:				
	Secretar	y to the Sanggunian	D	ate	

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP			P.O. No. :			
Address: URDANETA CITY, PANGASINAN		Date: competitive bridging 2024				
202 541	0.074.00000	,	Mode of Procurement: PR No./s 2024-04-2395			
TIN:	3-871-00000					
Gentlement: Pleas	se furnish this Off	fice the following articles subject to the terr	ns and conditions con	tained herein:		
				udin 7 CD umon s	eceint of NTP	
Place of Delivery : Provincial Governor's Office, Lingayen, Pangasinan		Delivery Term :	Cheque	occipi oritii		
Date of Delivery :		Payment Term:				
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		78,000.00	
218	PC	WRIST TAG/PATIENT ID - ADULT - WHITE	6000	5,200.00	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	7.00	40,920.64	
		PAGE 17	10	2,557.54	40,520.04	
(Total Amoun	t in words)	PAGE 17				
In case of fa	ilure to make the	e full delivery within the time specified al sed on the undelivered item/s	bove, a penalty of on	e-tenth (1/10) of	one percent for	
every day or der	ay shan be impo:	sed on the underivered item/s			5.	
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Conform	ne:	/ ~	Very truly yours.	· X //		
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*	JIATVALINIALI	AKLUPEZ	**************************************	MON V. GUI		
	Signature over	Printed Name of Supplier	Signature over P	rinted Name of A	uthorized Official	
	1	2-04		-		
	u	3-24	**************************************	Governor		
		Date		Designation	eta interac	
(In c	ase of Negotiated	d Purchase pursuant to Section 369 (a) of	RA 7160, this portio	n must be accom	plished.)	
Approved p	er Sanggunian R	Lesolution No.:			Marian .	
Certified	Correct:		Manager of mounts			
		y to the Sanggunian	Da		- Vegania	

	upplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP ddress: URDANETA CITY, PANGASINAN		Date:			
293-548-	871-00000		PR No./s	2024-04-239	95	
N:		The state of the s				
entlement: Please	e furnish this O	office the following articles subject to the ter	ms and conditions con	tained herein:		
	Provincial Go	vernor's Office, Lingayen, Pangasinan	Delivery Term : w/in 7 C.D. upon receipt of NTP			
lace of Delivery: Provincial Governor's Office, Lingayen, Pangasinan ate of Delivery:			Payment Term:			
Stock/	-		Overtites	Unit Cost Amou		
Property No.	Unit	Description	Quantity	Ollit Cost		
196	PCS	SURGICAL BLADE #15	800	8.75	7,000.00	
197	PC	SURGICAL BLADE #20	2100	8.75	18,375.00	
198	PC/S	SURGICAL BLADE #21	200	8.75	1,750.00	
	PC	SURGICAL BLADE #22	300	8.75	2,625.00	
199	PC	SURGICAL BRUSH	75	100.00	7,500.00	
200 -	PCS	SURGICAL BRUSH W/ POVIDONE IODINE	1100	120.00	132,000.00	
201	PCS	SURGICAL TAPE/ MICROPORE	3600	62.50	225,000.00	
202	,	SURGICAL TAPE/LEUKOPLAST 4*	44	1,128.58	49,657.52	
203	ROLLIS	SURGICAL/OR CAP	1000	4.00	4,000.00	
204	PC	THERMAL PAPER 57X30	40	40.00	1,600.00	
205	ROLLIS	THERMAL PAPER TYPE V	190	1,950.00	370,500.00	
206	PCS	THUMB FORCEP W/O TEETH	5	80.00	- 400.00	
207	PC	TISSUE FORCEP W/ TEETH	5	80.00	400.00	
208	PCS	PAGE 16				
(Total Amour						
			labova a penalty of c	ne-tenth (1/10) of	f one percent fo	
In case of t	failure to make	e the full delivery within the time specified apposed on the undelivered item/s	above, a penalty of c	one-tenth (1/10) of	f one percent fo	
In case of t	failure to make lay shall be in	the full delivery within the time specified apposed on the undelivered item/s	above, a penalty of c	one-tenth (1/10) of	f one percent fo	
In case of tevery day of de	elay shall be in	the full delivery within the time specified apposed on the undelivered item/s	above, a penalty of c	. (f one percent fo	
In case of t	elay shall be in	e the full delivery within the time specified aposed on the undelivered item/s	Very truly you	rs, & _ }	1	
In case of i	elay shall be in	nposed on the underivered item/s	Very truly you	rs, & Tamon V. GU	icom	
In case of i	me:	nposed on the underivered item/s	Very truly you	rs, & _ }	icom	
In case of i	me:	AMMUNEUMP. LOPEZ	Very truly you	RAMON V. GU	icom	
In case of i	me:	AMMUNEUMP. LOPEZ	Very truly you	RAMON V. GU	Authorized Off	
In case of i	me:	AMMUNEUMP. LOPEZ	Very truly you	RAMON V. GU	Authorized Off	
In case of i	slay shall be in	AMAGUELAR LOPEZ Over Printed Name of Supplier Date	Very truly you HON. R Signature over	AMON V. GU Printed Name of Governor Designation	Authorized Off	
In case of i	slay shall be in	AMAGUELAR LOPEZ Over Printed Name of Supplier Date	Very truly you HON. R Signature over	AMON V. GU Printed Name of Governor Designation	Authorized Off	
In case of the very day of de Confor	Signature of nease of Negot	Date Tiated Purchase pursuant to Section 369 (a	Very truly you HON. R Signature over	AMON V. GU Printed Name of Governor Designation	Authorized Off	
In case of i	Signature of nease of Negot	AMAGUELAR LOPEZ Over Printed Name of Supplier Date	Very truly you HON. R Signature over	AMON V. GU Printed Name of Governor Designation	Authorized Off	
In case of fevery day of de Confor	slay shall be in me: Signature of the case of Negotid per Sangguni	Date Tiated Purchase pursuant to Section 369 (a	Very truly you HON. R Signature over	AMON V. GU Printed Name of Governor Designation	Authorized Off	
In case of fevery day of de Confor	Signature of nease of Negot	Date Tiated Purchase pursuant to Section 369 (a	Very truly you HON. R Signature over	AMON V. GU Printed Name of Governor Designation	Authorized Off	

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP Address: URDANETA CITY, PANGASINAN			P.O. No. : 3 JUN 2024			
293-548	-871-00000		Mode of Procurement:			
Gentlement:			T K TOUS			
Place of Delivery : Provincial Governor's Office, Lingayen, Pangasinan Date of Delivery :		Delivery Term : wiin 7 C.D. upon receipt of NTP Payment Term: Cheque				
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		64,960.00	
192	PC/S	SUCTION POOLE SET ABDOMINAL DRAIN	410	12,992.00	211,150.00	
193	PC	SURGICAL BLADE #10	800	515.00	7,000.00	
194	PC .	SURGICAL BLADE #11	2000	8.75	17,500.00	
195	PC	SURGICAL BLADE #12	200	8.75 8.75	1,750.00	
(Total Amount	t in Words)	PAGE 15		0.75		
	ay shall be impo	e full delivery within the time specified absed on the undelivered item/s	Very truly yours	. 4		
	Signature over	Printed Name of Supplier	Signature over Printed Name of Authorized Officia			
8 7 2 3	<u>u</u>	- 3 - W Date		Governor Designation		
(In c	ase of Negotiate	d Purchase pursuant to Section 369 (a) of	RA 7160, this portion	on must be accom	plished.)	
Approved p	er Sanggunian R	Resolution No.:		2 9		
Certified	I Correct:				2	
3	Secretar	y to the Sanggunian	D	ate	-	

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP Address: URDANETA CITY, PANGASINAN			P.O. No. :				
Address : URDA	WEIA OII I, FANO	ASIMAN		Mode of Programment, competitive bidding			
TIN: 293-548	-871-00000		Mode of Procurement: 2024-04-2395				
Gentlement:			1 K 11033				
	se furnish this Of	fice the following articles subject to the t	erms and conditions con	tained herein:			
Place of Delivery : Provincial Governor's Office, Lingayen, Pangasinan		Delivery Term :	w/in 7 C.D. upon r	eceipt of NTP			
Date of Delivery	ate of Delivery:		Payment Term:	Cheque			
Stock/ Property No.	Unit	Description .	Quantity	Unit Cost	Amount		
170	PC	SILK 3-0 CUTTING	100	225.00	23.500.00		
171	PCS	SILK 3-0 STRANDS	10	235.00	2,350.00		
172	PCS	SKIN RETRACTOR	3	235.00	2,661.12		
173	PC	SOLUSET	4550	887.04			
174	PC	SPECIMEN/SAMPLE CUP	1200	230.00	1,046,500.00		
175	PC/S	SPINAL NEEDLE G23		10.00	12,000.00		
176	PC/S	SPINAL NEEDLE G25	1000	175.00	175,000.00		
		SQUARE BASIN - STAINLESS	. 400	175.00	70,000.00		
177	PC/S	STERILE SURGICAL GLOVES 6.5	5.	2,200.00	11,000.00		
178	PAIR/S		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 fa every day of dela Conform	e:	e full delivery within the time specified sed on the undelivered item/s AENRLOPEZ Printed Name of Supplier Date	Very truly yours, HON. RA Signature over P	MON V. GUIC	CO III uthorized Official		
	se of Negotiate	d Purchase pursuant to Section 369 (a)	of RA 7160, this portio	n must be accomp	olished.)		
Certified	Correct:						
	Secretar	y to the Sanggunian	Da	te			

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP Address: URDANETA CITY, PANGASINAN			P.O. No. : 00 618			
Address: URDANETA CITY, PANGASINAN		Date:competitive bidding \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
TIN: 293-548-87	1-00000		Mode of Procurement: PR No./s 2024-04-2395			
Gentlement:			1441003			
		Office the following articles subject to the	terms and conditions con	tained herein:		
Place of Delivery :	Provincial Go	vernor's Office, Lingayen, Pangasinan	Delivery Term :		receipt of NTP	
Date of Delivery:			Payment Term:	Cheque		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
157	PC/S	POLYPROPYLENE 3-0 CUTTING	200		220 000 00	
NACC STATE OF THE PARTY OF THE	PC/S	POLYPROPYLENE 3-0 ROUND	100	-1,150.00	230,000.00	
159	PCS	POLYPROPYLENE 4-0 CUTTING		1,150.00	115,000.00	
200	PC/S	POLYPROPYLENE 4-0 ROUND	200	1,150.00	230,000.00	
		POVIDONE IODINE 10% GAL	100	1,150.00	115,000.00	
161	GAL	POVIDONE IODINE 7.5% GAL	130	1,750.00	227,500.00	
162	GAL	PULSE OXIMETER - ADULT	30	1,250.00	37,500.00	
163	PC		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 is	Words)	PAGE 13				
In case of failuvery day of delay Conforme:	shall be imp	he full delivery within the time specified to the undelivered item/s	Very truly yours,	4- 4		
6 27		IAELA P. LOPEZ		MON V. GUI		
	Signature ov	er Printed Name of Supplier	Signature over P	rinted Name of	Authorized Official	
	(2-3-24 Date		Governor	i de la la	
		Date		Designation	1	
(In case	of Negotiat	ed Purchase pursuant to Section 369 (a)	of RA 7160, this portio	n must be accon	nplished.)	
		Resolution No.:				
Certified C	orrect:				2 9/7	
	Secreta	ry to the Sanggunian	Da	ite .	-	
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Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP Address: URDANETA CITY, PANGASINAN			P.O. No. : 00 618		
			Mode of Procui		
TIN: 293-548	-871-00000		PR No./s 2024-04-2395		
Gentlement: Pleas	se furnish this (Office the following articles subject to the term	ns and conditions cor	tained herein:	
Place of Delivery: Provincial Governor's Office, Lingayen, Pangasinan Date of Delivery:		Delivery Term: win 7 C.D. upon receipt of NTP Payment Term: Cheque			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
144	PC/S	OXYGEN MASK - NEONATE/INFANT	260	95.00	24,700.00
145	PC/S	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		10,435.32
149	PCS	PENROSE DRAIN	20	248.46	1,900.00
150	PCS	PLAIN CATGUT 2-0 ROUND	10	95.00	2,833.20
151	PCS	PLASTER OF PARIS 4X5	50	283.32	
152	PC	POLYGLACTIN 910, 1 ROUND (NOVOSYN)		302.90	15,145.00
		POLYGLACTIN 910, 1 ROUND (VICRYL)	36	615.00	22,140.00
153	PC	POLYGLACTIN 910, 2-0 ROUND (VICRYL)	500	615.00	307,500.00
154	PC		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 Amoun	t in Words)	PAGE 12			
In case of fa every day of del Conform	ay shall be imp	the full delivery within the time specified at bossed on the undelivered item/s	Very truly yours		one percent for
		J.M.		(- L	فا
	JIANNAMI	KHAM A P LOPEZ	HON. RA	MON V. GUIC	EO III
	Signature ov	er Printed Name of Supplier	Signature over Printed Name of Authorized Officia		
	1	2-3-24		Governor	
		Date		Designation	
(In c	ase of Negotia	ted Purchase pursuant to Section 369 (a) of	RA 7160, this portion	on must be accomp	plished.)
Approved p	er Sanggunian	Resolution No.:			
Certified	l Correct:				1,
7					
	Secreta	ary to the Sanggunian	D	ate	
			***************************************		~

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP		P.O. No. : 00 610				
Address: URDANETA CITY, PANGASINAN		Date:				
TIN: 293-548-	871-00000		Mode of Procurement 2004-04-2395			
Gentlement:		A CONTRACTOR OF THE CONTRACTOR				
Pleas	e furnish this G	Office the following articles subject to the term	ms and conditions cor	ntained herein:		
Place of Delivery: Provincial Governor's Office, Lingayen, Pangasinan		Delivery Term	Delivery Term : Win 7 C.D. upon receipt of NTP			
Date of Delivery :		Payment Term	Cheque			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
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	7.000	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	30.00	23,760.00	
138	PC/S	OPERATING ROOM LIGHT (WALL-MOUNTED)	1	316.80	145,000.00	
139	PC/S	OXYGEN CANNULA - ADULT	2600	145,000.00		
140	PCIS	OXYGEN CANNULA - NEONATE/INFANT	220	62.00	161,200.00	
141	PC	OXYGEN CANNULA - PEDIA		95.00	20,900.00	
142	UNIT	OXYGEN GAUZE	400	65.00	26,000.00	
143	PC	OXYGEN MASK - ADULT	30	2,600.00	78,000.00	
(Total Amount		PAGE 11	1000	95.00	95,000.00	
In case of fa	ilure to make t	he full delivery within the time specified a cosed on the undelivered item/s	bove, a penalty of or	ne-tenth (1/10) of	one percent for	
Conform	e: /	rh	Very truly yours	9 1		
	HANZA MIN	CHAELA P. LOPEZ	HON DA	The state of the s	20 111	
	Signatura	on Duinted Name of Complian	HON. RAMON V. GUICO III Signature over Printed Name of Authorized Official			
	Signature of	er Printed Name of Supplier	Signature over i	rinted Name of A	Authorized Official	
	1	2 - 7 d		Commen		
		2-3-24	CHEROLE -	Governor Designation		
		Date		Designation		
			-		***	
		ed Purchase pursuant to Section 369 (a) of Resolution No.:	RA 7160, this portion	on must be accom	plished.)	
Certified	Correct:					
	Secreta	ary to the Sanggunian	D	ate	-	

Address : URDA	Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP			P.O. No. : 00 518		
Address :			Date: competitive bidding 2024			
ZIN: 293-548	-871-00000		Mode of Procurement: PR No./s 2024-04-2395			
		· · · · · · · · · · · · · · · · · · ·	T K 110./S			
		fice the following articles subject to the to	erms and conditions con	tained herein:		
Place of Delivery: Provincial Governor's Office, Lingayen, Pangasinan		Delivery Term :	w/in 7 C.D. upon	receipt of NTP		
Date of Delivery :		_ Payment Term:	Payment Term: Cheque			
Stock/			0 "	Overtity Heit Cost		
Property No.	Unit	Description	Quantity	Unit Cost	Amount	
118	PCS	LUBRICATING GEL 5G	600	8.00	4,800.00	
119	PC/S	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	*	800.00	
123	PC	MAYO SCISSOR STRAIGHT	3	160.00	1,950.00	
124	PCS	MAYO TABLE AND TRAY (MINOR SET)	5	650.00	31,000.00	
125	PCS	MAYO TABLE COVER	50	6,200.00	120,000.00	
126	PC	METZ STRAIGHT	5	2,400.00	3,750.00	
127	PC	MICROSET	3900	750.00	5 1	
128	PCS	MOSQUITO FORCEP - CURVE		50.00	195,000.00	
129	PCS	NEBULIZER HEAVY DUTY	10	650.00	6,500.00	
130	PC	NEBULIZER KIT - ADULT	5	12,500.00	62,500.00	
		PAGE 10	2350	75.00	176,250.00	
A JULIA LY LING OF LAND						
		te full delivery within the time specified	above, a penalty of or	ne-tenth (1/10) o	f one percent for	
In case of fa	ay shall be impo	te full delivery within the time specified osed on the undelivered item/s	above, a penalty of or	4	f one percent for	
In case of fa very day of dela	ay shall be impo		Very truly yours	4		
In case of fa very day of dela	ay shall be impo	osed on the undelivered item/s	Very truly yours	Mon v. Gu	L ICO III	
In case of fa very day of dela	ay shall be impo	osed on the undelivered item/s	Very truly yours	MON V. GUI	L	
In case of fa very day of dela	ay shall be impo	osed on the undelivered item/s	Very truly yours	MON V. GUI	ICO III Authorized Officia	
In case of fa very day of dela	ay shall be impo	osed on the undelivered item/s	Very truly yours	MON V. GUI	ICO III Authorized Officia	
In case of fa very day of dela Conform	ay shall be impo	osed on the undelivered item/s	Very truly yours HON. RA Signature over F	AMON V. GUI Printell Name of Governor Designation	Authorized Officia	
In case of fa very day of dela Conform	ay shall be imposed to the state of Negotiate	WARM PLOPEZ r Printed Name of Supplier Date	Very truly yours HON. RA Signature over F	AMON V. GUI Printell Name of Governor Designation	Authorized Officia	
In case of fa very day of dela Conform (In ca Approved p	ay shall be imposed to the state of Negotiate	(NATA PLOPEZ r Printed Name of Supplier Date ad Purchase pursuant to Section 369 (a)	Very truly yours HON. RA Signature over F	AMON V. GUI Printell Name of Governor Designation	Authorized Officia	

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP Address: URDANETA CITY, PANGASINAN TIN: 293-548-871-00000			P.O. No. : 00 0 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Gentlement:	se furnish this C	Office the following articles subject to the terms		ntained herein:	
Place of Delivery : Provincial Governor's Office, Lingayen, Pangasinan		Delivery Term: w/in 7 C.D. upon receipt of NTP			
Date of Delivery :			Payment Term:	Cheque	
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
105	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	1.	88,760.00
116	CARP	LIDOCAINE CARPULE	1500	12,680.00 41.50	62,250.00
117	PCS	LIDOCAINE OINTMENT 5% (TOPICAL ANESTHESIA)	4	1,210.00	4,840.00
(Total Amoun	t in Words)	PAGE 9		1,210.00	
In case of fevery day of de	lay shall be imp	he full delivery within the time specified about osed on the undelivered item/s	ve, a penalty of or	4	one percent for
_		CHAEL PLOPEZ er Printed Name of Supplier 1 - 3 - 24 Date		AMON V. GUI Printed Name of A Governor Designation	Authorized Official
	Signature ov		Signature over l	Governor Designation	Authorized Official
Approved	Signature ov	Printed Name of Supplier 2 - 3 - 24 Date Ted Purchase pursuant to Section 369 (a) of R	Signature over l	Governor Designation	Authorized Official

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP		P.O. No. : 00 018				
Address: URDANETA CITY, PANGASINAN		Made of Broomer competitive bidding				
TIN: 293-548-	871-00000		PR No./s 2024-04-2395			
Gentlement:	e furnish this Off	fice the following articles subject to the	terms and conditions con	tained herein:		
Place of Deliver	. Provincial Gove	rnor's Office, Lingayen, Pangasinan	Delivery Term :	W/in 7 C.D. upon re	eceipt of NTP	
Date of Delivery			Payment Term:	Cheque		
Stock/	17-14	D	0 "	11.11.6		
Property No.	Unit	Description	Quantity	Unit Cost	Amount	
92	PC/S	HOT WATER BAG - MEDIUM	20	115.00	2,300.00	
93	PC/S	HOT WATER BAG - SMALL	20	100.00	2,000.00	
94	PCS	HUB CUTTER	50	822.50	41,125.00	
95	вот	HYDROGEN PEROXIDE 120ML	11		550.00	
96	GAL	HYDROGEN PEROXIDE GAL	46	50.00	25,990.00	
97	UNIT	INCUBATOR	1		1,430,100.00	
98	PCS	INFRARED THERMAL GUN	55	1,430,100.00	49,500.00	
99	PC/S	INSULIN SYRINGE 1/2CC	6963	900.00	111,408.00	
100	PC	INSULIN SYRINGE 1CC	19937	16.00	318,992.00	
101	вот	IOPAMIDOL CONTRAST	50	16.00	120,000.00	
102	PC	IV CATH G18	2400	2,400.00		
103	PC	IV CATH G20	4100	95.00	228,000.00	
104	PC	IV CATH G22	2400	95.00	389,500.00 228,000.00	
(Total Amoun		PAGE 8	2400	95.00	220,000.00	
In case of fa every day of dela Conform	ay shall be impo	e full delivery within the time specifie sed on the undelivered item/s	d above, a penalty of on Very truly yours	4	one percent for	
		pr.		4-4		
	JIANYA MIKH	AELA P. LOPEZ	HON. RA	MON A. COIC	COIII	
	Signature	r Printed Name of Supplier	Signature over Printed Name of Authorized Offici			
	6	1-3-W		Governor		
		Date		Designation		
(In c	ase of Negotiate	d Purchase pursuant to Section 369 (a	of RA 7160, this portion	on must be accom	plished.)	
Approved p	er Sanggunian F	Resolution No.:				
0-46	l Camaré					
Certified	l Correct:		, , , ,			
	Secretar	y to the Sanggunian	D	ate		
				· · · · · · · · · · · · · · · · · · ·		

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP			P.O. No. :			
Address: URDANETA CITY, PANGASINAN			Date: 03 JUN 2024			
			Mode of Procurement: competitive bldding PR No./s 2024-04-2395			
TIN: 293-548	-871-00000					
Gentlement: Pleas	se furnish this C	Office the following articles subject to the terms	and conditions cor	tained herein:		
Place of Deliver	y : Provincial Go	vernor's Office, Lingayen, Pangasinan	Delivery Term	w/in 7 C.D. upon r	eceipt of NTP	
Date of Delivery :			Payment Term: Cheque			
Stock/				· · · · · · · · · · · · · · · · · · ·		
Property No.	Unit	Description	Quantity	Unit Cost	Amount	
79	GAL	FORMALIN SOLUTION 10% GAL	1	0.000.00	2,900.00	
80	PC	GAUZE ROLL 24X28	350	2,900.00	665,000.00	
81	PC	GEL FOAM	16	1,900.00	10,880.00	
82	PC	GLASS IONOMER POWDER 15G/LIQUID 6.4ML	1	680.00	2 2	
83	PAIR	GLOVES ELBOW LENGTH 7.0		8,600.00	8,600.00	
84		GUIDE WIRE FR. 10	1200	159.00	190,800.00	
	PCS .	GUIDE WIRE FR. 4	10	236.00	2,360.00	
85	PC/S		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 Amoun	t in Words)	PAGE 7		101.00		
In case of fa every day of del Conform	se: Signaturd over	he full delivery within the time specified aboosed on the undelivered item/s WARAPLOPEZ er Printed Name of Supplier	Very truly yours	MON V. GUIC		
	Le	-3-24		Governor		
		Date		Designation		
(ln ca	ase of Negotiat	ed Purchase pursuant to Section 369 (a) of R	A 7160, this portio	n must be accomp	olished.)	
Approved p	er Sanggunian	Resolution No.:				
Certified	Correct:					
	Secreta	ry to the Sanggunian	Da	nte .		

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP Address: URDANETA CITY, PANGASINAN			P.O. No. : 00 010 123 131			
Address : URDANETA CITY, PANGASINAN		ASINAN	Date: Competitive bidding 2024			
293.548	3-871-00000		Mode of Procurement: PR No./s 2024-04-2395			
IN:			PR No./S			
		ffice the following articles subject to the terms	and conditions cont	tained herein:		
Place of Deliver	y : Provincial Gov	ernor's Office, Lingayen, Pangasinan	Delivery Term : w/in 7 C.D. upon receipt of NTP			
Date of Deliver			Payment Term:	Cheque		
Stock/		D	0 111	N. N. C. A		
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	3 100000	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	17.00	404,000.00	
74	PC	FLAT TORNIQUET	30	200.00	1,350.00	
75	PC	FOLEY CATHETER FR.12	10	45.00	750.00	
76	PC	FOLEY CATHETER FR.14	170	75.00		
77	PC	FOLEY CATHETER FR.16		75.00	12,750.00	
		FOLEY CATHETER FR.18	370	75.00	27,750.00	
78	PC .	A CONTRACTOR OF THE PROPERTY O	240	. 85.00	20,400.00	
(Total Amoun	nt in Words)	PAGE 6		,		
Conform	ne:	NAELA P. LOPEZ		MON V. GUI		
		er Printed Name of Supplier	Signature over P	rinted Name of	Authorized Offic	
	_ (1	- 3 - 24		Governor	-	
		Date		Designation	n	
(In c	case of Negotia	ted Purchase pursuant to Section 369 (a) of	RA 7160, this portio	on must be accor	nplished.)	
(In e	case of Negotian	ted Purchase pursuant to Section 369 (a) of	RA 7160, this portic	on must be accor	nplished.)	
		ted Purchase pursuant to Section 369 (a) of Resolution No.:	RA 7160, this portic	on must be accor	mplished.)	
			RA 7160, this portic	on must be accor	nplished.)	
Approved			RA 7160, this portic	on must be accor	nplished.)	
Approved	per Sanggunian		RA 7160, this portic	on must be accor	nplished.)	

Address :		CEUTICAL DISTRIBUTORSHIP GASINAN	P.O. No. :	- À	2 1111 2024
202 54	100 / 10 / 10 / 10 / 10 / 10 / 10 / 10		Date:	competitive	5 JUN ZUZ4
293-548-871-00000 TIN:			wiode of Procurement:		
			PR No./s	2024-04-23	990
Gentlement: Plea		Office the following articles subject to the terms a	and conditions cor	tained herein:	
Place of Delive	Provincial Gov	vernor's Office, Lingayen, Pangasinan	Delivery Term	wlin 7 C.D. upon re	eceipt of NTP
Date of Deliver	y:	10 C C C C C C C C C C C C C C C C C C C	Payment Term:	Charma	
Stock/	T				
Property No.	Unit	Description	Quantity	Unit Cost	Amount
53	PCS	DROP LIGHT	10		
54	PC/S	ECG ELECTRODES ADULT	7000	4,400.00	44,000.00
55	UNIT	ECG MACHINE		21.00	147,000.00
. 56	PCS	ECG PAPER 110	3	94,850.00	284,550.00
57	PCS	ECG PAPER 50X30	100	250.00	25,000.00
58	PC	ECG PAPER 63X30	100	250.00	25,000.00
59	PC	ECG PAPER 80X20	50	250.00	12,500.00
60	PC/S	ELASTIC BANDAGE 2X5	750	250.00	187,500.00
61		ELASTIC BANDAGE 3X5	10	40.00	400.00
	PC/S		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 Amour	nt in Words)	PAGE 5		140.00	
	ailure to make	the full delivery within the time specified above			
In case of i	olay shall be imp	WHAELA PLOPEZ Ver Printed Name of Supplier	Very truly your	ON V. GUICO	ош
every day of de	olay shall be imp	RHAELA P. LOPEZ	HON. RAN	ON V. GUICO	ош
every day of de	olay shall be imp	RHAELA P. LOPEZ	HON. RAN	MON V. GUICO	ош
Confori	ne: JANAMI Signature	RHAELA P. LOPEZ	Very truly your HON. RAN Signature over F	MON V. GUICO Printed Name of A Governor Designation	D III uthorized Officia
Conford	Signature ov	WHAELA PLOPEZ Ver Printed Name of Supplier (a - 3 - 24) Date	Very truly your HON. RAN Signature over F	MON V. GUICO Printed Name of A Governor Designation	O III authorized Officia
Conform	Signature ov	WHAELA PLOPEZ //er Printed Name of Supplier (4 - 3 - 24 Date ted Purchase pursuant to Section 369 (a) of RA	Very truly your HON. RAN Signature over F	MON V. GUICO Printed Name of A Governor Designation	O III authorized Officia

Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP Address: URDANETA CITY, PANGASINAN		P.O. No.: 00018 Date: competitive bidding 2021			
TIN: 293-548	-871-00000		Mode of Procurement: PR No./s		
Gentlement: Pleas	e furnish this O	ffice the following articles subject to the terms	<u> </u>	ntained herein:	
Place of Deliver	y : Provincial Gov	ernor's Office, Lingayen, Pangasinan	Delivery Term	- w/in 7 C.D. upon i	eceipt of NTP
Date of Delivery	:		Delivery Term : Cheque Payment Term:		
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		7.000.00
46	PC	DISPOSABLE SKIN STAPLER	80	3.50	60,000.00
47	PC	DISPOSABLE SYRINGE 10CC	24500	750.00	355,250.00
48	PC	DISPOSABLE SYRINGE 1CC	24500	14.50	330,750.00
6.4	PC	DISPOSABLE SYRINGE 3CC	44500	13.50	467,250.00
49		DISPOSABLE SYRINGE 50CC	120	10.50	8,640.00
50	PC/S	DISPOSABLE SYRINGE 5CC		72.00	
51	PC	DRESSING SET	55500	11.50	638,250.00
(Total Amount	SET	PAGE 4	5	650.00	3,250.00
In case of fai	lure to make th	e full delivery within the time specified abovesed on the undelivered item/s	e, a penalty of on	e-tenth (1/10) of o	ne percent for
Conforme		1,0,007	Very truly yours	4-14	
**	JIAN KA MIKHA		HON. R	AMON V. GUI	COIII
	Signature over	Printed Name of Supplier	Signature over P	rinted Name of Au	thorized Official
	(u	-3-24		Governor	
•		Date .		Designation	
(In cas	se of Negotiated	Purchase pursuant to Section 369 (a) of RA	7160, this portio	n must be accompl	ished.)
	r Sanggunian R			accomp	
Certified (Correct:				
	-	to the Sanggunian		1000110	

Address . UKUAN	Supplier: NORTHCARE PHARMACEUTICAL DISTRIBUTORSHIP		P.O. No. : 00 618			
Address: URDANETA CITY, PANGASINAN		Date: competitive blading // 2020				
TIN: 293-548-8	71-00000	¥	PR No./s 2024-04-2395			
Gentlement:	furnish this O	office the following articles subject to the	terms and conditions con	tained herein:		
Place of Delivery	. Provincial Gov	vernor's Office, Lingayen, Pangasinan	Delivery Term :	w/in 7 C.D. upon r	eceipt of NTP	
Date of Delivery :	as resonance or see Se		Payment Term:	Cheque		
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	PC/S	CHROMIC 2-0 ROUND	1332	85.00	113,220.00	
30	PC/S	CHROMIC 3-0 CUTTING	252	85.00	21,420.00	
31	PC/S	CHROMIC 3-0 ROUND	420	7000000	35,700.00	
32	PC	CONDOM	72	85.00	1,103.76	
33	PC	CORD CLAMP	3700	15.33	29,600.00	
34	вот	CTT BOTTLE 2L	30	8.00		
35	PCS	CTT FR.28	45	1,800.00	54,000.00	
36	PC/S	CTT FR.32		755.00	33,975.00	
200	PCK/S	DENTAL BIBS	44	755.00	33,220.00	
		DENTAL MOUTH MIRROR	2	280.00	560.00	
38	PC	DENTAL NEEDLE G27 SHORT	36	140.00	5,040.00	
39	PC/S	The state of the s	300	7.00	2,100.00	
(Total Amount i	in Words)	PAGE 3				
In case of fail very day of delay	ure to make the shall be imp	he full delivery within the time specifie osed on the undelivered item/s	d above, a penalty of on	e-tenth (1/10) of	one percent for	
Conforme	: (yl	Very truly yours,	2-4	4	
Conforme	: JIANN (MI)	GLAEDA P.LOPEZ		8 - J	CO III	
Conforme	JANN MI	CHAELA P.LOPEZ for Printed Name of Supplier	HON. RA	MON V. GUIC		
Conforme	JANN MI	WAEN PLOPEZ Frinted Name of Supplier 2 - 3 - 24 Date	HON. RA	MON V. GUIC		
	JANN MI Signature over		HON. RA Signature over P	MON V. GUIO rinted Name of A Governor Designation	authorized Officia	
(In cas	Signature over	2-3-24 Date	HON. RA Signature over P	MON V. GUIO rinted Name of A Governor Designation	authorized Officia	
(In cas	Signature over	Date ed Purchase pursuant to Section 369 (a)	HON. RA Signature over P	MON V. GUIO rinted Name of A Governor Designation	authorized Official	
(In cas	Signature over	Date ed Purchase pursuant to Section 369 (a)	HON. RA Signature over P	MON V. GUIO rinted Name of A Governor Designation	authorized Official	

	THCARE PHARMAC	EUTICAL DISTRIBUTORSHIP	P.O. No. :	00 618	3 84
Address : Step	META OTTT, FARO.	AGINAN	Date: UO D D D MARKET OF Procurement. Competitive bidding 1972		
TIN: 293-548	-871-00000		PR No./s 2024-04-2395		
Gentlement: Plea	se furnish this O	ffice the following articles subject to the terms	and conditions cor	ntained herein:	2 74
Place of Deliver	y :Provincial Gove	ernor's Office, Lingayen, Pangasinan	Delivery Term	w/in 7 C.D. upon re	eceipt of NTP
Date of Deliver	y:		Payment Term:	Cheque	
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
14	PC/S	BEDSIDE TABLE			
	0200000	BLOOD TRANSFUSION SET	20	6,000.00	120,000.00
15	PC		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	CARDIOTOCOGRAPHY 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
25	PC	CAUTERY PAD	60	84,000.00	54,000.00
26	PC .	CAUTERY PENCIL	30	900.00	15,900.00
(Total Amoun	t in Words)	PAGE 2		530.00	
In case of fa	e: JANAMKH Signature over	e full delivery within the time specified above sed on the undelivered item/s ELAPLOPEZ Printed Name of Supplier 3 - 24 Date	Very truly yours HON. RA Signature over P	MON V. GUIC rinted Name of A Governor Designation	: 0 III
Approved p	ase of Negotiateder Sanggunian R	d Purchase pursuant to Section 369 (a) of RA desolution No.:	7160, this portion	n must be accomp	Plished.)
	Secretar	y to the Sanggunian	Da	te	

		CEUTICAL DISTRIBUTORSHIP	P.O. No. :	00 61	8 Jun 2 1	
Address : URDA	NETA CITY, PANG	SASINAN	Date: Oc03-24 Mode of Procurement: competifive bidding (1)			
TIN: 293-548	-871-00000		PR No./s 2024-04-2395			
Gentlement:		· · · · · · · · · · · · · · · · · · ·				
. Plea	se furnish this C	Office the following articles subject to the ter	ms and conditions cor	ntained herein:		
Place of Deliver	y : Provincial Gov	ernor's Office, Lingayen, Pangasinan	_ Delivery Term		eceipt of NTP	
Date of Deliver	y:		Payment Term: Cheque			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
1	PC	ABSORBENT COTTON 400G	407			
2	GALIS	ACTIVATED GLUTARALDEHYDE SOLUTION	427	285.00	121,695.00	
3	PCS	ADHESIVE PLASTER	71	3,150.00	223,650.00	
4		ALCOHOL 500ML	100	1,750.00	175,000.00	
	BOT	AMBU BAG - ADULT	4080	120.00	489,600.00	
5	- PC/S	AMBU BAG - PEDIA	5	4,750.00	23,750.00	
6	PC/S	ARM SLING MEDIUM	5	4,750.00	23,750.00	
7	PCS	ASEPTO SYRINGE	14	180.00	2,520.00	
8	PC		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 Amoun	t in Words)	PAGE 1				
In case of fa every day of del Conform	ay shall be imp	he full delivery within the time specified a osed on the undelivered item/s	bove, a penalty of or Very truly yours	4	one percent for	
	14			the mil	4	
		AELA P. LOPEZ	HON. RA	MON V. CUIC	O III O	
	Signature over	er Printed Name of Supplier	Signature over F	Printed Name of A	uthorized Official	
	(-	-3-24 Data		Governor		
		Date	ili Se pro-	Designation		
(In c	ase of Negotiat	ed Purchase pursuant to Section 369 (a) of	RA 7160, this portion	on must be accom	plished.)	
Approved p	er Sanggunian	Resolution No.:			_	
Certified	Correct:					
	Secreta	ry to the Sanggunian	Di	ate		
		9			-61	



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-2024-09-0487-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,

I acknowledge receipt of this Notice on Name of the Representative of the Bidder

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.

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HON. RAMON V. GUICO III	MS. JIANN	A MIKHAELA P. LO
Governor	Authorized	Representative
For:	For:	
PROVINCIAL GOVERNMENT OF PANGASINAN	NORTHCA DISTRIBU	ARE PHARMACEUTIO TORSHIP
ACKNO	WLEDGEMENT	
Republic of the Philippines)		
Province of Pangasinan)	S.S.	
Municipality of)		
BEFORE ME, a Notary Public, for and in	Micay Danis Pano	asinan Philinnines nerce
appeared the following with their respective pr		, 2024
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HON BAMON W CHICO H	D C CYI .:	TTD I
HON. RAMON V. GUICO III	Proof of Identity Licensed No,	: TIN : 159-902-046-00000
(Governor)	Date Issued	: September 8, 2019
•	Date Issued	. September 8, 2019
MS. JIANNA MIKHAELA P. LOPEZ	Proof of Identity	: Passiport
(Contractor)	Date Issued	: September 8,2
	Expiry date	: SEPTEMBER 7, 20
Known to me and to me known to be the same and who acknowledged to me that the same agency/entity they respectively represent.	are their true and voluntary	acts and deeds and that
at Provincial Governor's Office, Lingayen, Hospital, Bayambang District Hospital, Bo Eastern Pangasinan District Hospital, Ling Mapandan Community Hospital, Mangata Pozorrubio Community Hospital, Urdanet Hospital); PR No. 2024-04-2395; Solicitation including this page where the acknowledge corresponding spaces provided thereof by the notarial seal.	linao Community Hospital, ayen District Hospital, M. rem District Hospital, Para District Hospital, and a No. PANG-2024-03-0487 ment is written. Pages On Parties and their instruments	spitals - Asingan Comm l, Dasol Community Hos anaoag Community Hos ngasinan Provincial Hos Western Pangasinan Di -G, consisting of Two (2) e- and Two are signed o
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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:

- In this Agreement words and expressions shall have the same meanings as are respectively
 assigned to them in the Conditions of Contract referred to.
- The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as integral part of this Agreement, viz.:
 - 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