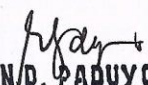
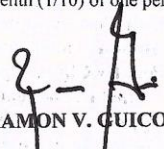
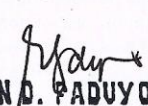
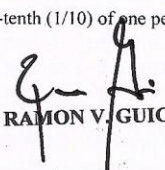


PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00 812</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>competitive bidding</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>0024-04-2394</u>			
		PR No./s <u>00 JUN 2024</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>Cheque</u>			
Date of Delivery : _____		Payment Term: _____			
<small>with 7 C.D. upon receipt of NTP</small>					
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
79	BOT	DEXTROSE 5% IN 0.3% SODIUM CHLORIDE 500ML SKYBLUE	740	84.68	62,663.20
80	BOT	DEXTROSE 5% IN LACTATED RINGERS SOLUTION 1L PINK	1,000	88.00	88,000.00
81	BOT	DEXTROSE 5% IN LACTATED RINGERS SOLUTION 500ML PINK	50	80.38	4,019.00
82	BOT	DEXTROSE 5% IN WATER 1L RED	300	84.00	25,200.00
83	BOT	DEXTROSE 5% IN WATER 250ML RED	300	180.00	54,000.00
84	BOT	DEXTROSE 5% IN WATER 500ML RED	72	88.00	6,336.00
85	VALS	DEXTROSE 50% SOLUTION 50ML	710	78.40	55,664.00
86	AMP	DIAZEPAM 5MG/ML AMPULE	150	185.00	27,750.00
87	TAB	DIGOXIN 250MCG TABLET	1,000	5.00	5,000.00
88	AMP	DIPHENHYDRAMINE 50MG/ML AMPULE	900	98.00	88,200.00
89	TAB	DOMPERIDONE 10MG TABLET	500	5.69	2,845.00
90	BOT	DOMPERIDONE 1MG/ML 60ML SUSP	240	90.00	21,600.00
91	AMP	DOPAMINE HYDROCHLORIDE 40MG/ML AMPULE	10	155.00	1,550.00
(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,			
 ROSLYN D. PADUYOS		 HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>6/3/2024</u> Date		Governor Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct: _____					
Secretary to the Sanggunian			Date		


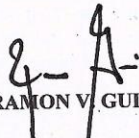
**PURCHASE ORDER
PROVINCE OF PANGASINAN**

LGU


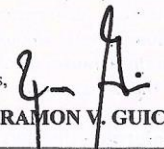
Supplier : CYDEN MEDICALE TRADING INC.		P.O. No. : <u>00 612</u>			
Address : URDANETA CITY, PANGASINAN		Date : <u>02 APR 2024</u> competitive bidding			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>2024-04-2394</u>			
PR No./s					
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein: win 7 C.D. upon receipt of NTP					
Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>		Delivery Term : <u>Cheque</u>			
Date of Delivery : _____		Payment Term: _____			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
66	CAP	CLINDAMYCIN 300MG CAPSULE	5,999	37.00	185,000.00
67	AMP	CLINDAMYCIN 300MG/2ML AMPULE	3,700	295.00	1,091,500.00
68	TAB	CLONIDINE 75MCG TABLET	1,900	42.00	79,800.00
69	TAB	CLOPIDOGREL 75MG TABLET	4,700	18.50	86,950.00
70	CAP	CLOXACILLIN 500MG CAPSULE	5,500	11.00	60,500.00
71	BOT	CO-AMOXICLAV 250MG/62.5 MG /5ML 60ML SUSP	120	310.00	37,200.00
72	BOT	CO-AMOXICLAV 457MG/5ML 70ML SUSP	90	340.00	30,600.00
73	TAB	CO-AMOXICLAV 500MG/125MG TABLET	16,400	32.62	534,968.00
74	TAB	COLCHICINE 500MCG TABLET	2,100	3.56	7,476.00
75	TAB	DEXAMETHASONE 500MCG TABLET	200	7.50	1,500.00
76	PCS	DEXTROMETHORPHAN 108MG TABLET	1,000	3.00	3,000.00
77	BOT	DEXTROSE 10% IN WATER 500ML TURQUOISE	48	94.62	4,541.76
78	BOT	DEXTROSE 5% IN 0.3% SODIUM CHLORIDE 1L SKYBLUE	400	84.68	33,872.00
PAGE 6					
(Total Amount in Words)					
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme:		Very truly yours			
					
ROSLYN D. PADUYOS		HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
		Governor			
<u>6/3/2024</u>		Designation			
Date					
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:					
Secretary to the Sanggunian			Date		

**PURCHASE ORDER
PROVINCE OF PANGASINAN**

LGU

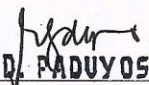
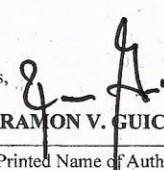
Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00 612</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>competitive bidding</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>2024-04-2394</u>			
		PR No./s <u>03 JUN 2024</u>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein: <p align="right">w/in 7 C.D. upon receipt of NTP</p>					
Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>		Delivery Term : <u>Cheque</u>			
Date of Delivery : _____		Payment Term: _____			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
53	VIAL	CEFTAZIDIME PENTAHYDRATE 1G VIAL	120	210.00	25,200.00
54	VIAL	CEFTRIAZONE SODIUM 1G VIAL	7,100	88.30	626,930.00
55	BOT	CEFUROXIME 250MG/5ML 50ML SUSP	160	165.00	26,400.00
56	TAB	CEFUROXIME 500MG TABLET	29,000	40.25	1,167,250.00
57	VIAL	CEFUROXIME 750MG VIAL	8,000	88.50	708,000.00
58	CAP	CELECOXIB 200MG CAPSULE	6,100	19.00	115,900.00
59	TAB	CETIRIZINE 10MG TABLET	3,600	4.50	16,200.00
60	BOT	CETIRIZINE 2.5MG/5ML DROPS	140	70.00	9,800.00
61	BOT	CETIRIZINE 5MG 60ML SUSP	450	114.00	51,300.00
62	AMP	CHLORPHENAMINE MALEATE 10MG/5ML AMPULE	360	36.00	12,960.00
63	TAB	CINNARIZINE 25MG TABLET	3,200	2.20	7,040.00
64	TAB	CIPROFLOXACIN 500MG TABLET	4,000	6.90	27,600.00
65	BOT	CLARITHROMYCIN 250MG SUSP	60	450.00	27,000.00
PAGE 5					
(Total Amount in Words)					
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme:		Very truly yours,			
					
ROSLYN B. PADUYOS		HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>6/9/2024</u>		Governor			
Date		Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:					
_____ Secretary to the Sanggunian			_____ Date		

PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : _____			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>03 JUN 2024</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-04-2394</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
40	TAB	CALCIUM CARBONATE + VIT D3 TABLET	1,500	3.15	4,725.00
41	TAB	CALCIUM CARBONATE 500MG TABLET	200	5.12	1,024.00
42	AMP	CALCIUM GLUCONATE 10ML AMPULE	50	105.00	5,250.00
43	TAB	CAPTOPRIL 25MG TABLET	50	2.95	147.50
44	AMP	CARBOPROST 250MG AMPULE	100	980.00	98,000.00
45	TAB	CARVEDILOL 6.25MG TABLET	250	13.00	3,250.00
46	BOT	CEFALEXIN 250MG/5ML 60ML SUSP	90	46.00	4,140.00
47	CAP	CEFALEXIN 500MG CAPSULE	1,300	5.50	7,150.00
48	VIAL	CEFAZOLIN 1G VIAL	100	125.50	12,550.00
49	BOT	CEFIXIME 100MG/5ML 60ML SUSP	20	288.00	5,760.00
50	TAB	CEFIXIME 200MG TABLET	600	120.00	72,000.00
51	BOT	CEFIXIME 20MG/ML 15ML DROPS	60	192.31	11,538.60
52	VIAL	CEFOTAXIME SODIUM 1G VIAL	500	210.00	105,000.00
(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,			
 ROSLYN D. PADUYOS		 HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>6/3/2024</u> Date		Governor Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:					
_____ Secretary to the Sanggunian			_____ Date		

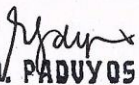
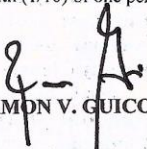
PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

• 00612

Supplier : CYDEN MEDICALE TRADING INC.		P.O. No. : _____			
Address : URDANETA CITY, PANGASINAN		Date: _____			
TIN : 762-454-109-00000		Mode of Procurement: competitive bidding			
		PR No./s 2024-04-2394			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : Provincial Governor's Office, Lingayen, Pangasinan		Delivery Term : within 7 C.D. upon receipt of NTP			
Date of Delivery : _____		Payment Term: Cheque			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
27	TAB	ATORVASTATIN CALCIUM 40MG TABLET	10,000	28.00	280,000.00
28	AMP	ATRACURIUM BESILATE 10MG AMPULE	13	230.00	2,990.00
29	AMP	ATROPINE (AS SULFATE) 1MG/ML SOLUTION FOR INJECTION AMPULE	20	120.00	2,400.00
30	CAP	AZITHROMYCIN 500MG TABLET	9,800	58.00	568,400.00
31	VIAL	BENZYL PENICILLIN SODIUM 1M UNITS	300	38.50	11,550.00
32	VIAL	BENZYL PENICILLIN SODIUM 5M UNITS	300	38.40	11,520.00
33	TAB	BETAHISTINE HYDROCHLORIDE 16MG TABLET	5,200	28.90	150,280.00
34	TAB	BETAHISTINE HYDROCHLORIDE 8MG	500	60.00	30,000.00
35	PC	BISACODYL 5MG SUPPOSITORY	50	108.80	5,440.00
36	NEB	BUDESONIDE NEBULES	8,500	78.40	666,400.00
37	AMP	BUPIVACAINE HEAVY 500MG AMPULE (BRANDED)	220	1,225.00	269,500.00
38	AMP	BUPIVACAINE ISOBARIC 5% AMPULE	20	1,225.00	24,500.00
39	TAB	BUTAMIRATE CITRATE 50MG TABLET	1,250	30.00	37,500.00
(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,			
 ROSLYN D. PADUYOS		 HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>6/7/2024</u> Date		Governor Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:					
_____ Secretary to the Sanggunian			_____ Date		


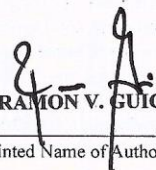
**PURCHASE ORDER
PROVINCE OF PANGASINAN**

LGU

Supplier: <u>CYDEN MEDICAL TRADING INC.</u>		P.O. No.: <u>00612</u>			
Address: <u>URDANETA CITY, PANGASINAN</u>		Date: <u>03 JUN 2024</u> competitive bidding			
TIN: <u>762-454-109-00000</u>		Mode of Procurement: <u>2024-04-2394</u>			
PR No./s					
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein: <u>Provincial Governor's Office, Lingayen, Pangasinan</u> w/in 7 C.D. upon receipt of NTP					
Place of Delivery: _____		Delivery Term: <u>Cheque</u>			
Date of Delivery: _____		Payment Term: _____			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
14	BOT	AMOXICILLIN 100MG/ML 10ML DROPS	10	29.00	290.00
15	BOT	AMOXICILLIN 250MG/5ML 60ML SUSP	150	49.00	7,350.00
16	CAP	AMOXICILLIN 500MG CAPSULE	500	3.50	1,750.00
17	VIAL	AMPICILLIN 1G VIALS	500	36.00	18,000.00
18	VIAL	AMPICILLIN 250MG VIAL	800	37.00	29,600.00
19	VIAL	AMPICILLIN 500MG VIAL	400	31.00	12,400.00
20	VIAL	AMPICILLIN-SULBACTAM 500MG/250MG VIAL	2,562	120.00	307,440.00
21	BOT	ASCORBIC ACID 100MG/5ML 120ML SYRUP	260	33.00	8,580.00
22	BOT	ASCORBIC ACID 100MG/ML 15ML DROPS	30	29.00	870.00
23	TAB	ASCORBIC ACID 500MG TABLET	19,700	6.12	120,564.00
24	TAB	ASPIRIN 80MG TABLET	200	2.31	462.00
25	TAB	ATORVASTATIN CALCIUM 10MG TABLET	500	8.00	4,000.00
26	PCS	ATORVASTATIN CALCIUM 20MG TABLET	4,100	16.00	65,600.00
PAGE 2					
(Total Amount in Words)					
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme:		Very truly yours,			
					
ROSLYN D. PADUYOS		HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
		Governor			
<u>6/9/2024</u>		_____			
Date		Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:					
_____			_____		
Secretary to the Sanggunian			Date		


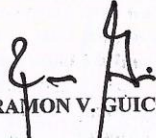
**PURCHASE ORDER
PROVINCE OF PANGASINAN**

LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00612</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>06-03-24</u> <u>competitive bidding</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>2024-04-2394</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>		win 7 C.D. upon receipt of NTP			
Date of Delivery : _____		Delivery Term : <u>Cheque</u>			
		Payment Term: _____			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	SACH	ACETYLCYSTEINE 200MG SACHET	1,700	24.00	40,800.00
2	SACH	ACETYLCYSTEINE 600MG SACHET	10,498	33.00	346,434.00
3	TAB	ACETYLCYSTEINE 600MG TABLET	200	33.00	6,600.00
4	SACH	ACTIVATED CHARCOAL SACHET	24	140.00	3,360.00
5	TAB	ALLOPURINOL 100MG TABLET	90	5.00	450.00
6	TAB	ALLOPURINOL 300MG TABLET	2,000	9.25	18,500.00
7	BOT	ALUMINUM MAGNESIUM 120ML SUSP	169	41.50	7,013.50
8	TAB	ALUMINUM MAGNESIUM 200MG/100MG TABLET	620	3.40	2,108.00
9	VIAL	AMIKACIN 100MG/2ML VIAL	600	89.00	53,400.00
10	BOT	AMINO ACID-SORBITOL IV 500ML	175	900.00	157,500.00
11	AMP	AMINOPHYLLINE 25MG/ML AMPULE	120	58.00	6,960.00
12	TAB	AMLODIPINE 10MG TABLET	5,500	4.55	25,025.00
13	TAB	AMLODIPINE 5MG TABLET	700	3.05	2,135.00
PAGE 1					
(Total Amount in Words)					
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme:		Very truly yours,			
					
ROSLYN P. PADUYOS		HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>6/9/2024</u>		Governor			
Date		Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:					
_____ Secretary to the Sanggunian			_____ Date		

**PURCHASE ORDER
PROVINCE OF PANGASINAN**

LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>		P.O. No. : <u>00 612</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>competitive bidding</u>			
TIN : <u>762-454-109-00000</u>		Mode of Procurement: <u>2024-04-2394</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>Cheque</u>			
Date of Delivery : _____		Payment Term: _____			
		<i>with 7 C.D. upon receipt of NTP</i>			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
92	PFS	ENOXAPARIN SODIUM PRE FILLED SYRINGE 0.4	300	794.00	238,200.00
93	AMP	EPHEDRINE SULFATE 90MG/ML 1ML AMPULE	200	215.00	43,000.00
94	AMP	EPINEPHRINE 1MG/ML 1ML/V AMPULE	1,100	80.00	88,000.00
95	BOT	EURO-ION IN DEXTOSE 5% WATER 500ML VIOLET	640	84.68	54,195.20
96	TAB	FEBUXOSTAT 40MG TABLET	100	38.00	3,800.00
97	PCS	FENOFIBRATE 160MG TABLET	1,000	19.00	19,000.00
98	AMP	FENTANYL CITRATE 50MCG/ML AMPULE	300	374.00	112,200.00
99	BOT	FERROUS SULFATE 15ML DROPS	10	29.50	295.00
100	TAB	FERROUS SULFATE 325MG TABLET	4,200	1.80	7,560.00
101	CAP	FERROUS SULFATE 500MG CAPSULE	2,000	1.80	3,600.00
102	TAB	FERROUS SULFATE-FOLIC ACID 300MG/250MCG TABLET	3,000	5.00	15,000.00
103	TAB	FINASTERIDE 5MG TABLET	20	36.00	720.00
104	CAP	FOLIC ACID 5MG CAPSULE	2,000	5.00	10,000.00
(Total Amount in Words)			PAGE 8		
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s</p>					
Conforme:		Very truly yours,			
 ROSLYN D. PADUYOS Signature over Printed Name of Supplier		 HON. RAMON V. GUICO III Signature over Printed Name of Authorized Official			
<u>6/19/2024</u> Date		Governor Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:					
_____ Secretary to the Sanggunian			_____ Date		