

CONTRACT AGREEMENT

This AGREEMENT made this 30th day of December 2024 between the **PROVINCIAL GOVERNMENT OF PANGASINAN**, of the Philippines (hereinafter called the "Procuring Entity") of the one part and **NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP** (hereinafter called the "Contractor/Supplier") of the other part;

WHEREAS, the Entity is desirous that the Contractor execute **Supply and Delivery of Various Medical Supplies at Provincial Hospital Management Services Office, Lingayen, Pangasinan (for use of various hospitals – Asingan Community Hospital, Umingan Community Hospital, Eastern Pangasinan District Hospital, Pozorrubio Community Hospital, Pangasinan Provincial Hospital, Lingayen District Hospital); Trust Fund; PR No. 2024-12-9200; Solicitation No. PANG-2024-12-1599-G**, and the Entity has accepted the Bid for **Twenty-Three Million, Three Hundred Nineteen Thousand, Four Hundred Sixty-Eight Pesos and 10/100 Only (P23,319,468.10)** by the Contractor for the execution and completion of such Works and to remedy any defects therein.

NOW, THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as integral part of this Agreement, viz.:
 - i. Philippine Bidding Documents (PBDs);
 - i. Schedule of Requirements;
 - ii. Technical Specifications;
 - iii. General and Special Conditions of Contract; and
 - iv. Supplemental or Bid Bulletins, if any
 - ii. Winning bidder's bid, including the Eligibility requirements, Technical and Financial Proposals, and all other documents or statements submitted.

 Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (e.g., Bidder' response to request for clarifications on the bid), including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation.
 - iii. Performance Security;
 - iv. Notice of Award of Contract; and the Bidder's conforme thereto; and
 - v. Other contract documents that may be required by the existing laws and/or the Procuring Entity concerned in the PBD's. **Winning bidder agrees that the additional contract documents or information prescribed by the contract execution, such as the Notice to Proceed, Variation Orders, and warranty Security, shall likewise form part of the Contract.**
3. In consideration for the sum of **Twenty-Three Million, Three Hundred Nineteen Thousand, Four Hundred Sixty-Eight Pesos and 10/100 Only (P23,319,468.10)** or such other sums as may be ascertained, **NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP** agrees to the **Supply and Delivery of Various Medical Supplies at Provincial Hospital Management Services Office, Lingayen, Pangasinan (for use of various hospitals – Asingan Community Hospital, Umingan Community Hospital, Eastern Pangasinan District Hospital, Pozorrubio Community Hospital, Pangasinan Provincial Hospital, Lingayen District Hospital); Trust Fund; PR No. 2024-12-9200; Solicitation No. PANG-2024-12-1599-G**, in accordance with his/her/its Bid.



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

29 December 2024

MS. JONALYN R. HIDALGO
Authorized Representative
NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP
15 Camanang Roadside,
Urdaneta City, Pangasinan

Dear Ms. Hidalgo:

We are happy to notify you that your bid dated December 27, 2024 for **Supply and Delivery of Various Medical Supplies at Provincial Hospital Management Services Office, Lingayen, Pangasinan** (for use of various hospitals – Asingan Community Hospital, Umingan Community Hospital, Eastern Pangasinan District Hospital, Pozorrubio Community Hospital, Pangasinan Provincial Hospital, Lingayen District Hospital); Trust Fund; PR No. 2024-12-9200; Solicitation No. PANG-2024-12-1599-G, is hereby awarded to you as the Bidder with Lowest Calculated and Responsive Bid at a contract price equivalent to **Twenty-Three Million, Three Hundred Nineteen Thousand, Four Hundred Sixty-Eight Pesos and 10/100 Only (P23,319,468.10)**.

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: JONALYN R. HIDALGO
Date 12/29/2024





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

30 December 2024

MS. JONALYN R. HIDALGO
Authorized Representative
NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP
15 Camanang Roadside,
Urdaneta City, Pangasinan

Dear Ms. Hidalgo:

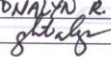
The attached Contract Agreement having been approved, notice is hereby given to **NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP** that the work may commence on the **Supply and Delivery of Various Medical Supplies at Provincial Hospital Management Services Office, Lingayen, Pangasinan (for use of various hospitals – Asingan Community Hospital, Umingan Community Hospital, Eastern Pangasinan District Hospital, Pozorrubio Community Hospital, Pangasinan Provincial Hospital, Lingayen District Hospital); Trust Fund; PR No. 2024-12-9200; Solicitation No. PANG-2024-12-1599-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 : 12/30/2024
Name of the Representative of the Bidder : JONALYN R. HIDALGO
Authorized Signature : 

PURCHASE ORDER
PROVINCE OF PANGASINAN

LGU

Supplier : NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP	P.O. No. 01645
Address : URDANETA CITY, PANGASINAN	Date: 11/27/24 2024
TIN : 293-548-871-00000	Mode of Procurement: competitive bidding
	PR No./s 2024-12-9200

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

Place of Delivery : PHMSO, Lingayen, Pangasinan	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
1	BOT	ALCOHOL 70% 500ML (CO-ALCOSTAR)	1,200	120.00	144,000.00
2	PC	AMBU BAG, ADULT (PARTNERS)	10	3,950.00	39,500.00
3	PC	AMBU BAG, INFANT (PARTNERS)	10	3,950.00	39,500.00
4	PC	AMBU BAG, PEDIA (PARTNERS)	10	3,950.00	39,500.00
5	PCS	ARM SLING (L) (NO BRAND)	30	180.00	5,400.00
6	PCS	ARM SLING (M) (NO BRAND)	50	180.00	9,000.00
7	PCS	ARM SLING (S) (NO BRAND)	30	180.00	5,400.00
8	PC	ASEPTO SYRINGE (PARTNERS)	80	85.00	6,800.00
9	PC	AUTOCLAVE TAPE (ORMED)	95	360.00	34,200.00
10	PCS	AUTOMATIC INJECTOR (NO BRAND)	20	7,200.00	144,000.00
11	BTS	BACTIDOL 120ML (NO BRAND)	20	300.00	6,000.00
12	PC	BED PAN, PLASTIC (NO BRAND)	10	150.00	1,500.00
13	PC	BED PAN, STAINLESS (NO BRAND)	10	3,260.00	32,600.00

(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: JONALYN R. HIDALGO Very truly yours, HON. RAMON V. GUICO III
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
 Date 12/30/2024 Designation Governor

(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 : NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP URDANETA CITY, PANGASINAN	P.O. No. : 01045
Address : 293-548-871-00000	Date: 30 DEC 2024 Mode of Procurement: competitive bidding
TIN :	PR No./s

Gentlemen:

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

PHMSO, Lingayen, Pangasinan

within 7 C.D. upon receipt of NTP

Place of Delivery :	Delivery Term : Cheque
Date of Delivery :	Payment Term :

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
14	BOX	BLACK SILK 3-0, (12 SPOULES X 1 BOX) (NO BRAND)	20	2,820.00	56,400.00
15	PC	BLOOD TRANSFUSION SET (INDOPLAS)	40	165.00	6,600.00
16	PCS	BP CUFF - ADULT (INMED)	25	330.00	8,250.00
17	PCS	BP INFLATION BAG - ADULT (INMED)	25	330.00	8,250.00
18	BXS	BUTTERFLY NEEDLES G-18 & 20 (NO BRAND)	5	4,500.00	22,500.00
19	PCS	CAUTERY PAD (DR. KELLY)	25	900.00	22,500.00
20	PCS	CAUTERY PENCIL (DR. KELLY)	25	530.00	13,250.00
21	CANS	CAVIWIPES (METREX)	6	1,680.00	10,080.00
22	PC	CHART CASE, A4 (NO BRAND)	100	590.00	59,000.00
23	PCS	CHROMIC 1 (TUDOR)	200	85.00	17,000.00
24	BOX	CHROMIC 2-0, CUTTING 12'S (TUDOR)	100	1,020.00	102,000.00
25	PC	CHROMIC 2-0, ROUND (TUDOR)	320	85.00	27,200.00
26	BOX	CHROMIC 2-0, ROUND 12'S (TUDOR)	5	1,020.00	5,100.00

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:

Jonalyn R. Hidalgo
JONALYN R. HIDALGO

Signature over Printed Name of Supplier

Very truly yours,

Hon. Ramon V. Guico III
HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

12/30/2024
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

NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP

Supplier : <u>URDANETA CITY, PANGASINAN</u>	P.O. No. : <u>01645</u>
Address : <u>293-548-871-00000</u>	Date: <u>competitive bidding</u>
TIN :	Mode of Procurement: <u>30 DEC 2024</u>
	PR No./s

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

PHMSO, Lingayen, Pangasinan

Place of Delivery :	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	PCS	COTTON 2-0 STRANDS (NO BRAND)	200	300.00	60,000.00
41	ROLL	COTTON ROLL 400 GMS (UNIMEX)	170	285.00	48,450.00
42	BOX	COTTON THREAD 3-0 (12 SPOULES X 1 BOX)(NO BRAND)	20	3,600.00	72,000.00
43	PC	CPR CARDIAC BOARD (NO BRAND)	3	3,000.00	9,000.00
44	BOX	DENTAL ANESTHESIA (NO BRAND)	5	1,200.00	6,000.00
45	BXS	DENTAL NEEDLE G-27, SHORT (DENJECT)	15	700.00	10,500.00
46	PC	DIAGNOSTIC PEN LIGHT (INMED)	10	170.00	1,700.00
47	PCS	DIGITAL THERMOMETER (PARTNERS)	65	150.00	9,750.00
48	BXS	DISPOSABLE NEEDLE G.18, 100'S (TERUMO)	20	350.00	7,000.00
49	BOX	DISPOSABLE NEEDLE G.19, 100'S (TERUMO)	30	350.00	10,500.00
50	BOX	DISPOSABLE NEEDLE G.21, 100'S (TERUMO)	30	350.00	10,500.00
51	BOX	DISPOSABLE NEEDLE G.23, 100'S (TERUMO)	30	350.00	10,500.00
52	BXS	DISPOSABLE NEEDLE G.24, 100'S (TERUMO)	5	350.00	1,750.00

(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: JONALYN R. HIDALGO

Signature over Printed Name of Supplier

12/30/2024
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>NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP</u> Address : <u>URDANETA CITY, PANGASINAN</u> TIN : <u>293-548-871-00000</u>	P.O. No. : <u>01645</u> Date : <u>30 DEC 2024</u> Mode of Procurement : <u>competitive bidding</u> PR No./s : <u>2024-12-9200</u>
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Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>PHMSO, 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	BOX	DISPOSABLE NEEDLE G.25, 100'S (TERUMO)	30	350.00	10,500.00
54	BOX	DISPOSABLE NEEDLE G.26, 100'S (TERUMO)	70	350.00	24,500.00
55	BXS	DISPOSABLE NEEDLE G.27, 100'S (TERUMO)	20	350.00	7,000.00
56	BOX	DISPOSABLE SYRINGE 10CC, 10'S (TERUMO)	220	2,100.00	462,000.00
57	BOX	DISPOSABLE SYRINGE 1CC, 10'S (TERUMO)	210	1,600.00	336,000.00
58	BOX	DISPOSABLE SYRINGE 20CC, 10'S (TERUMO)	20	1,675.00	33,500.00
59	BOX	DISPOSABLE SYRINGE 30CC, 10'S (TERUMO)	20	1,800.00	36,000.00
60	PCS	DISPOSABLE SYRINGE 3CC (TERUMO)	4,000	10.50	42,000.00
61	BOX	DISPOSABLE SYRINGE 3CC, 10'S (TERUMO)	980	1,400.00	1,372,000.00
62	PCS	DISPOSABLE SYRINGE 5CC (TERUMO)	4,000	11.50	46,000.00
63	BOX	DISPOSABLE SYRINGE 5CC, 10'S (TERUMO)	520	1,700.00	884,000.00
64	BOX	DISPOSABLE SYRINGE INSULIN (TERUMO)	100	1,600.00	160,000.00
65	BOX	DISPOSABLE SYRINGE TUBERCULIN LUERLOCK (TERUMO)	50	1,600.00	80,000.00

(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: <u>JONALYN R. HIDALGO</u> Signature over Printed Name of Supplier Date: <u>12/30/2024</u>	Very truly yours, <u>HON. RAMON V. GUICO III</u> Signature over Printed Name of Authorized Official Designation: <u>Governor</u>
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(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

NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP			P.O. No. : 01645		
Supplier : <u>URDANETA CITY, PANGASINAN</u>			Date: 30 DEC 2024		
Address : <u>293-548-871-00000</u>			Mode of Procurement: <u>competitive bidding</u>		
TIN :			PR No./s <u>2024-12-9200</u>		
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein: PHMSO, Lingayan, Pangasinan					
Place of Delivery : _____			Delivery Term : <u>win 7 C.D. upon receipt of NTP</u>		
Date of Delivery : _____			Payment Term: <u>Cheque</u>		
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
66	BXS	DRY FILM FOR CT SCAN (14X17) (CARESTREAM)	10	43,000.00	430,000.00
67	RLS	ECG PAPER 50MM X 16M (NO BRAND)	50	250.00	12,500.00
68	RLS	ECG PAPER 80MM X 20M (PARTNERS)	230	250.00	57,500.00
69	PC	ELASTIC BANDAGE 10X5 (PARTNERS)	20	85.00	1,700.00
70	PC	ELASTIC BANDAGE 2X5 (PARTNERS)	20	40.00	800.00
71	PC	ELASTIC BANDAGE 3X5 (PARTNERS)	20	70.00	1,400.00
72	PCS	ELASTIC BANDAGE 4" (PARTNERS)	150	85.00	12,750.00
73	PC	ELASTIC BANDAGE 4X5 (PARTNERS)	20	85.00	1,700.00
74	PCS	ELASTIC BANDAGE 6" (PARTNERS)	350	85.00	29,750.00
75	PC	ELASTIC BANDAGE 6X5 (PARTNERS)	20	85.00	1,700.00
76	PC	ENDOTRACHEAL TUBE 2.5 (CUFFED)(SEDASENZ)	30	149.00	4,470.00
77	PC	ENDOTRACHEAL TUBE 3 (CUFFED)(SEDASENZ)	40	149.00	5,960.00
78	PC	ENDOTRACHEAL TUBE 3.5 (CUFFED)(SEDASENZ)	30	149.00	4,470.00
(Total Amount in Words)			PAGE 6		
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s</p> <p>Conforme: <u>JONALYN R. HIDALGO</u> Very truly yours, <u>HON. RAMON V. GUICO III</u></p> <p>Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official</p> <p align="center"><u>12/30/2024</u> Date <u>Governor</u> Designation</p>					
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct: _____					
Secretary to the Sanggunian			Date		

**PURCHASE ORDER
PROVINCE OF PANGASINAN**

LGU

NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP

Supplier : <u>URDANETA CITY, PANGASINAN</u>	P.O. No. : <u>01645</u>
Address : <u>293-548-871-00000</u>	Date: <u>competitive bidding</u>
TIN :	Mode of Procurement: <u>2024-329200</u>
	PR No./s <u>30 DEC 2024</u>

Gentlemen:

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

PHMSO, Lingayen, Pangasinan

Place of Delivery :	Delivery Term : <u>with 7 C.D. upon receipt of NTP</u>
Date of Delivery :	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
79	PC	ENDOTRACHEAL TUBE 4 (CUFFED)(SEDASENZ)	32	149.00	4,768.00
80	PC	ENDOTRACHEAL TUBE 5 (CUFFED)(SEDASENZ)	32	149.00	4,768.00
81	PC	ENDOTRACHEAL TUBE 6 (CUFFED)(SEDASENZ)	35	149.00	5,215.00
82	PC	ENDOTRACHEAL TUBE 6.5 (CUFFED)(SEDASENZ)	30	149.00	4,470.00
83	PC	ENDOTRACHEAL TUBE 7 (CUFFED)(SEDASENZ)	110	149.00	16,390.00
84	PC	ENDOTRACHEAL TUBE 7.5 (CUFFED)(SEDASENZ)	110	149.00	16,390.00
85	PC	ENDOTRACHEAL TUBE 8 (CUFFED)(PARTNERS)	50	149.00	7,450.00
86	PC	ENDOTRACHEAL TUBE 9 (CUFFED)(NO BRAND)	30	149.00	4,470.00
87	PCS	EPIDURAL SET G-18 (PERIFIX)	20	1,900.00	38,000.00
88	BOX	FACE MASK, SURGICAL (MEDICLEAN)	600	200.00	120,000.00
89	PC	FEEDING TUBE, FR. 5 (PARTNERS)	320	30.00	9,600.00
90	PC	FEEDING TUBE, FR. 6 (NO BRAND)	20	30.00	600.00
91	PC	FEEDING TUBE, FR. 8 (PARTNERS)	340	30.00	10,200.00

PAGE 7

(Total Amount in Words)

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

Conforme:

J. Hidalgo
JONALYN R. HIDALGO

Signature over Printed Name of Supplier

Very truly yours,

R. Guico III
HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

12/30/2024
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 : NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP	P.O. No. : 01645
Address : URDANETA CITY, PANGASINAN	Date : 30 DEC 2024
TIN : 293-548-871-00000	Mode of Procurement : competitive bidding
	PR No./s 2024-12-9200

Gentlemen:

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

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Date of Delivery :	Payment Term : Cheque

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
92	PC	FLAT TORNIQUET (PARTNERS)	100	45.00	4,500.00
93	PC	FORCEP THUMB 5 1/2 (SECHERON)	10	80.00	800.00
94	PCS	GELFOAM 3" X4" (NO BRAND)	10	4,483.00	44,830.00
95	BXS	GLOVES-LARGE (LTN)	10	850.00	8,500.00
96	PC	HEAD COVER (PARTNERS)	300	4.00	1,200.00
97	PC	HEPLOCK (UNIMEX)	300	45.00	13,500.00
98	PC	HOT WATER BAG 500ML (PARTNERS)	10	115.00	1,150.00
99	PCS	HOSPITAL BED SHEET WITH GARTER FOR PATIENT (NO BRAND)	100	550.00	55,000.00
100	PCS	HOSPITAL BED LINEN FOR PATIENT (NO BRAND)	300	550.00	165,000.00
101	PC	HUB CUTTER (NO BRAND)	15	822.50	12,337.50
102	LTRS	HYDROGEN PEROXIDE (GREATSTAR)	10	115.00	1,150.00
103	GAL	HYDROGEN PEROXIDE (GREATSTAR)	12	565.00	6,780.00
104	BOX	IFC FR.10, 10'S (PARTNERS)	2	850.00	1,700.00

(Total Amount in Words) PAGE 8

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Conforme:

JONALYN R. HIDALGO

Signature over Printed Name of Supplier

12/30/2024
Date

Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

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PURCHASE ORDER
PROVINCE OF PANGASINAN
LGU

Supplier : NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP	P.O. No. : 01645
Address : URDANETA CITY, PANGASINAN	Date : 30 DEC 2024
TIN : 293-548-871-00000	Mode of Procurement: competitive bidding
	PR No./s 2024-12-9200


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

Place of Delivery : PHMSO, Lingayen, Pangasinan	Delivery Term : win / 7 C.D. upon receipt of NTP
Date of Delivery :	Payment Term: Cheque

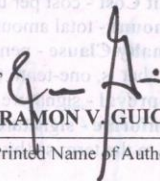
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
105	BOX	IFC FR.12, 10'S (PARTNERS)	2	850.00	1,700.00
106	BOX	IFC FR.14, 10'S (PARTNERS)	2	850.00	1,700.00
107	PCS	IFC FR.16 (PARTNERS)	1,050	85.00	89,250.00
108	BOX	IFC FR.16, 10'S (PARTNERS)	12	850.00	10,200.00
109	PC	IFC FR.18 (PARTNERS)	50	85.00	4,250.00
110	BOX	IFC FR.18, 10'S (PARTNERS)	20	850.00	17,000.00
111	BOX	IFC FR.8, 10'S (PARTNERS)	2	850.00	1,700.00
112	PC	INSULIN SYRINGE (TERUMO)	2,400	16.00	38,400.00
113	BXS	INSULIN SYRINGE, 10'S (TERUMO)	240	1,600.00	384,000.00
114	BTS	IOPAMIDOL (CONTRAST)(SCANLUX)	50	2,400.00	120,000.00
115	PC	IV CATHETER G.18 (BD)	5,000	95.00	475,000.00
116	BOX	IV CATHETER G.18, 100'S (BD)	10	9,500.00	95,000.00
117	PC	IV CATHETER G.20 (BD)	3,000	95.00	285,000.00

(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: 
 JONALYN R. HIDALGO

Signature over Printed Name of Supplier

Very truly yours, 
 HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

12/30/2024
 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

NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP

Supplier : <u>URDANETA CITY, PANGASINAN</u>	P.O. No. : <u>01645</u>
Address : <u>293-548-871-00000</u>	Date: <u>competitive bidding</u> 20 DEC 2024
TIN :	Mode of Procurement: <u>2024-12-9200</u>
	PR No./s

Gentlemen:

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

PHMSO, Lingaven, Pangasinan

win 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
118	BOX	IV CATHETER G.20, 100'S (BD)	30	9,500.00	285,000.00
119	PC	IV CATHETER G.22 (BD)	2,400	95.00	228,000.00
120	BOX	IV CATHETER G.22, 100'S (BD)	40	9,500.00	380,000.00
121	PC	IV CATHETER G.24 (BD)	6,500	95.00	617,500.00
122	BOX	IV CATHETER G.24, 100'S (BD)	30	9,500.00	285,000.00
123	PC	IV CATHETER G.26 (CATHULA)	2,700	136.00	367,200.00
124	BOX	IV CATHETER G.26, 100'S (CATHULA)	5	13,600.00	68,000.00
125	PCS	(JACKSON PRATT)	5	3,280.00	16,400.00
126	PC	KELLY FORCEPS CURVED (MEDICA)	20	130.00	2,600.00
127	PC	KELLY FORCEPS STRAIGHT (MEDICA)	20	130.00	2,600.00
128	BOX	LASER IMAGING FILMS 10X12 FOR (CARESTREAM) DRY	30	18,630.00	558,900.00
129	ROLL	(LEUKOPLAST) 2.5CM X 5M	20	1,300.00	26,000.00
130	BXS	(LEUKOPLAST) PLASTER 4", 4s	20	4,514.31	90,286.20

PAGE 10

(Total Amount in Words)

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

Conforme: JONALYN R. HIDALGO

Very truly yours, HON. RAMON V. GUICO III

Signature over Printed Name of Supplier

Signature over Printed Name of Authorized Official

12/30/2024
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 : NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP	P.O. No. : 01645 7
Address : URDANETA CITY, PANGASINAN	Date: _____
TIN : 293-548-871-00000	Mode of Procurement: competitive bidding
	PR No./s 2024-12-9200


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

Place of Delivery : PHMSO, Lingayen, Pangasinan	Delivery Term : w/in 7 C.D. upon receipt of NTP
Date of Delivery : _____	Payment Term: Cheque

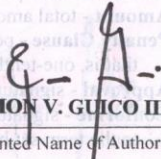
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
131	BXS	LIDOCAINE CARPULE, 50's (XYLODENT)	10	2,100.00	21,000.00
132	PCS	LINEN (NO BRAND)	10	450.00	4,500.00
133	TUBE	LUBRICATING JELLY, 150GMS (UNIMEX)	180	275.00	49,500.00
134	GALS	LYSOL CONCENTRATE (LEMON SCENT)(NO BRAND)	22	2,100.00	46,200.00
135	PCS	MACROSET (SURE-GUARD)	7,200	45.00	324,000.00
136	PC	MAYO SCISSORS 6" STRAIGHT (SECHERON)	20	500.00	10,000.00
137	PC	MAYO SCISSORS, CURVED 5 1/2 (KEITH KEITH)	10	500.00	5,000.00
138	GALS	(METRICIDE 28)/AIDEX SOLUTION	40	3,150.00	126,000.00
139	PC	METZENBAUM SCISSORS 6" STRAIGHT (SECHERON)	10	750.00	7,500.00
140	BXS	MICROPORE TAPE 1" (3M)	250	900.00	225,000.00
141	PCS	MICROSET (SURE-GUARD)	5,000	50.00	250,000.00
142	PC	NASAL ASPIRATOR (PARTNERS)	20	50.00	1,000.00
143	PC	NASAL OXYGEN CANNULA ADULT (PARTNERS)	1,200	58.00	69,600.00

(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: 
JONALYN R. HIDALGO

Signature over Printed Name of Supplier

Very truly yours, 
HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

12/30/2024
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 : NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP	P.O. No. : 01645
Address : URDANETA CITY, PANGASINAN	Date : competitive bidding
TIN : 293-548-871-00000	Mode of Procurement : 30 DEC 2024
	PR No./s : 2024-12-9200

Gentlemen:


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

Place of Delivery : PHMSO, Lingayen, Pangasinan	Delivery Term : with 7 C.D. upon receipt of NTP
Date of Delivery : _____	Payment Term : Cheque

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
144	PC	NASAL OXYGEN CANNULA INFANT(PARTNERS)	100	48.00	4,800.00
145	PC	NASAL OXYGEN CANNULA PEDIA (SURE-GUARD)	400	50.00	20,000.00
146	PCS	NEBULIZING KIT (RESPISENZ)	5,700	95.00	541,500.00
147	PC	NEBULIZING KIT WITH MASK (PARTNERS)	250	105.00	26,250.00
148	PC	NEEDLE HOLDER (SECHERON)	20	140.00	2,800.00
149	PCS	NGT FR. 10 (SILICONE)(SURGITECH)	15	330.00	4,950.00
150	PCS	NGT FR. 12 (SILICONE)(SURGITECH)	15	330.00	4,950.00
151	PCS	NGT FR. 14 (SILICONE)(PARTNERS)	15	330.00	4,950.00
152	PCS	NGT FR. 16 (SILICONE)(PARTNERS)	90	330.00	29,700.00
153	PCS	NGT FR. 18 (SILICONE)(PARTNERS)	60	330.00	19,800.00
154	PC	NGT TUBE FR. 12 (PARTNERS)	10	30.00	300.00
155	PC	NGT TUBE FR. 16 (PARTNERS)	90	30.00	2,700.00
156	PC	NGT TUBE FR. 8 (PARTNERS)	20	30.00	600.00

(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: 
JONALYN R. HIDALGO

Signature over Printed Name of Supplier

Very truly yours, 
HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

12/30/2024
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

NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP

Supplier : <u>URDANETA CITY, PANGASINAN</u> Address : <u>293-548-871-00000</u> TIN : _____	P.O. No. : <u>01645</u> Date: <u>30 DEC 2020</u> Mode of Procurement: <u>competitive bidding</u> PR No./s <u>2024-12-9200</u>
--	--

Gentlemen:

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

PHMSO, Lingayen, Pangasinan

Place of Delivery : _____	Delivery Term : <u>with 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term : <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
170	PCS	PATIENT GOWNS FOR X-RAY & CT (NO BRAND)	10	450.00	4,500.00
171	PCS	PEDIATRIC URINE COLLECTOR (PARTNERS)	1,000	7.50	7,500.00
172	BOX	PLASTER (3M) MICROPORE, 1 INCH	200	900.00	180,000.00
173	PCS	PLASTER OF PARIS 6X5 (LONGBONE)	170	302.90	51,493.00
174	GALS	POVIDONE IODINE 10% SOLUTION (MAXI-AID)	44	1,750.00	77,000.00
175	GALS	POVIDONE IODINE 7.5% CLEANSER (MAXI-AID)	24	1,250.00	30,000.00
176	PCS	PULSE OXIMETER, ADULT (MEDICA)	95	2,100.00	199,500.00
177	PC	PULSE OXIMETER, PEDIA (MEDICA)	20	3,500.00	70,000.00
178	PC	SCALPEL HANDLE # 3 (SECHERON)	10	590.00	5,900.00
179	PC	SILK 2-0, CUTTING (TUDOR)	600	235.00	141,000.00
180	BXS	SILK 2-0, CUTTING, 12s (TUDOR)	10	2,820.00	28,200.00
181	PC	SILK 2-0, ROUND (TUDOR)	96	191.50	18,384.00
182	BXS	SILK 2-0, ROUND, 12s (TUDOR)	10	2,298.00	22,980.00

(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:

Jonalyn R. Hidalgo
JONALYN R. HIDALGO

Signature over Printed Name of Supplier

Very truly yours,

Hon. Ramon V. Guico III
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

NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP

01645

Supplier : <u>URDANETA CITY, PANGASINAN</u>	P.O. No. : _____
Address : _____ 293-548-871-00000	Date : <u>competitive bidding</u> 20 DEC 2024
TIN : _____	Mode of Procurement : <u>2024-12-9200</u>
	PR No./s _____

Gentlemen:

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

PHMSO, Lingayan, Pangasinan

with 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
183	BXS	SILK 2-0, STRANDS (TUDOR)	5	2,820.00	14,100.00
184	PC	SILK 3-0, CUTTING (TUDOR)	600	235.00	141,000.00
185	BXS	SILK 3-0, CUTTING, 12's (TUDOR)	10	2,820.00	28,200.00
186	PC	SILK 3-0, ROUND (TUDOR)	96	191.50	18,384.00
187	BXS	SILK 3-0, ROUND, 12's (TUDOR)	10	2,298.00	22,980.00
188	PC	SILK 4-0, CUTTING (TUDOR)	312	235.00	73,320.00
189	PC	SILK 4-0, ROUND (TUDOR)	96	191.50	18,384.00
190	PC	SILK 5-0, CUTTING (TUDOR)	60	235.00	14,100.00
191	PC	SILK 5-0, ROUND (NO BRAND)	48	191.50	9,192.00
192	PC	SOLUTION SET (SURE-GUARD)	1,500	230.00	345,000.00
193	PCS	SPECIMEN BOTTLE (RED COVER)(PARTNERS)	2,200	10.00	22,000.00
194	PC	SPINAL NEEDLE G.25 (B.BRAUN)	40	175.00	7,000.00
195	BXS	SPINAL NEEDLE G.25, 25'S (B.BRAUN)	15	4,375.00	65,625.00

PAGE 15

(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: JONALYN R. HIDALGO

Signature over Printed Name of Supplier

12/30/2024
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>NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP</u>		P.O. No. : <u>01845</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date : <u>30 DEC 2024</u>			
TIN : <u>293-548-871-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-12-9200</u>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>PHMSO, Lingsayen, Pangasinan</u>		Delivery Term : <u>with 7 C.D. upon receipt of NIP</u>			
Date of Delivery : _____		Payment Term : <u>Cheque</u>			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
196	PCS	SPIROANALYZER ST-170 MOUTHPIECE (NO BRAND)	300	170.00	51,000.00
197	ROLLS	SPIROANALYZER ST-170 PRINTING PAPER (NO BRAND)	20	250.00	5,000.00
198	PCS	SPIROMETER (CONTEC) SP100 MOUTHPIECE	100	170.00	17,000.00
199	ROLLS	SPIROMETER CONTEC SP100 PRINTING PAPER (NO BRAND)	20	250.00	5,000.00
200	PC	STAINLESS CANNISTER WITH COVER 10CM (NO BRAND)	10	500.00	5,000.00
201	PC	STAINLESS CANNISTER WITH COVER 20CM (NO BRAND)	10	1,000.00	10,000.00
202	PC	STERILE BURN SHEET, 60 X 90 (NO BRAND)	30	710.00	21,300.00
203	PC	STERILE DRESSING, 10X12 (TEGADERM)	20	150.00	3,000.00
204	PC	STERILE DRESSING, 10X30 (TEGADERM)	20	150.00	3,000.00
205	PC	STERILE DRESSING, 4X4 (TEGADERM)	20	150.00	3,000.00
206	PC	STERILE GOWN (DISPOSABLE) (NO BRAND)	300	320.00	96,000.00
207	PC	STRAIGHT CATHETER FR. 14 (DR. KELLY)	10	45.00	450.00
208	PC	STRAIGHT CATHETER FR. 16 (KENXIN)	10	45.00	450.00
(Total Amount in Words) <u>PAGE 16</u>					
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s</p> <p>Conforme: <u>JONALYN R. HIDALGO</u> Very truly yours, <u>HON. RAMON V. GUICO III</u></p> <p>Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official</p> <p><u>12/30/2024</u> Date <u>Governor</u> Designation</p>					
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct: _____					
Secretary to the Sanggunian			Date _____		

**PURCHASE ORDER
PROVINCE OF PANGASINAN**

LGU

NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP Supplier : <u>URDANETA CITY, PANGASINAN</u> Address : <u>293-548-871-00000</u> TIN : _____	P.O. No. : _____ Date: <u>01645649</u> Mode of Procurement: <u>competitive bidding</u> PR No./s <u>2024-12-9200</u>
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Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>PHMSO, Lingayen, Pangasinan</u>	Delivery Term : <u>with 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term : <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
209	PC	STRAIGHT CATHETER FR. 18 (SIMPLEX)	10	45.00	450.00
210	PC	SUCTION CATHETER FR. 10 (PARTNERS)	15	30.00	450.00
211	PC	SUCTION CATHETER FR. 12 (PARTNERS)	30	30.00	900.00
212	PC	SUCTION CATHETER FR. 14 (SURE-GUARD)	40	30.00	1,200.00
213	PC	SUCTION CATHETER FR. 16 (PARTNERS)	80	30.00	2,400.00
214	PC	SUCTION CATHETER FR. 18 (SURE-GUARD)	30	30.00	900.00
215	PC	SUCTION CATHETER FR. 20 (NO BRAND)	10	30.00	300.00
216	PC	SUCTION CATHETER FR. 5 (PARTNERS)	30	30.00	900.00
217	PC	SUCTION CATHETER FR. 6 (NO BRAND)	20	30.00	600.00
218	PC	SUCTION CATHETER FR. 8 (PARTNERS)	30	30.00	900.00
219	PCS	SUCTION SET (SIMPLEX)	1,000	515.00	515,000.00
220	PCS	SUCTION TIP F-8 (PARTNERS)	1,000	30.00	30,000.00
221	BXS	SURGICAL BLADE NO. 10 (PARTNERS)	10	875.00	8,750.00

(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 items/s

Conforme: JONALYN R. HIDALGO Very truly yours, HON. RAMON V. GUICO III
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
 Date 12/30/2024 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

01645

Supplier : <u>NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP</u> URDANETA CITY, PANGASINAN		P.O. No. : _____			
Address : _____ 293-548-871-00000		Date : _____ competitive bidding			
TIN : _____		Mode of Procurement: <u>202412-9200</u> PR No./s			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein: PHMSO, Lingayon, Pangasinan					
Place of Delivery : _____		Delivery Term : <u>with / 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	BXS	SURGICAL BLADE NO. 11 (PARTNERS)	5	875.00	4,375.00
223	BXS	SURGICAL BLADE NO. 12 (PARTNERS)	5	875.00	4,375.00
224	BXS	SURGICAL BLADE NO. 15 (PARTNERS)	10	875.00	8,750.00
225	BXS	SURGICAL BLADE NO. 20 (PARTNERS)	5	875.00	4,375.00
226	BXS	SURGICAL BLADE NO. 22 (PARTNERS)	5	875.00	4,375.00
227	PC	SURGICAL BRUSH SCRUB WITH POVIDONE (FIRST AID)	50	120.00	6,000.00
228	ROLL	SURGICAL GAUZE ROLL (PARTNERS)	80	1,900.00	152,000.00
229	BXS	SURGICAL GLOVES SIZE 6.5, 100'S (SURE-GUARD)	100	1,750.00	175,000.00
230	PAIR	SURGICAL GLOVES SIZE 7 (SURE-GUARD)	1,800	35.00	63,000.00
231	BOX	SURGICAL GLOVES SIZE 7, 100'S (SURE-GUARD)	120	1,750.00	210,000.00
232	PCS	SURGICAL GLOVES SIZE 7.5 (SURE-GUARD)	10,000	17.00	170,000.00
233	PAIR	SURGICAL GLOVES SIZE 7.5 (SURE-GUARD)	1,800	35.00	63,000.00
234	BXS	SURGICAL GLOVES SIZE 7.5, 100'S (SURE-GUARD)	120	1,750.00	210,000.00
(Total Amount in Words)		PAGE 18			
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s</p> <p>Conforme: _____ Very truly yours, _____ JONALYN R. HIDALGO HON. RAMON V. GUICO III Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official</p> <p style="text-align: center;">Date <u>12/30/2024</u> Governor Date Designation</p>					
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct: _____					
Secretary to the Sanggunian			Date		

PURCHASE ORDER
PROVINCE OF PANGASINAN

LGU

Supplier : <u>NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP</u>	P.O. No. : <u>01645</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date: <u>30 DEC 2024</u> competitive bidding
TIN : <u>293-548-871-00000</u>	Mode of Procurement: <u>2024-12-9200</u>
	PR No./s

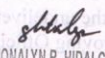
Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>PHMSO, Lingayen, Pangasinan</u>	Delivery Term : <u>with 7 C.D. upon receipt of NTP</u>
Date of Delivery :	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
235	BXS	SURGICAL GLOVES SIZE 8, 100'S (SURE-GUARD)	110	1,750.00	192,500.00
236	BOX	SURGICAL GLOVES SIZE 9 (NO BRAND)	10	1,750.00	17,500.00
237	PC	SURGICAL TAPE 1 INCH (3M)	2,400	75.00	180,000.00
238	PC	SURIGAL TOWEL (UNIMEX)	50	200.00	10,000.00
239	PACK	SUTURE NEEDLE 6 X 14 9 (UNIVERSAL)	30	340.00	10,200.00
240	PACK	SUTURE NEEDLE 8 X 14 (UNIVERSAL)	30	340.00	10,200.00
241	PACK	SUTURE NEEDLE 9 X 20 (NO BRAND)	10	340.00	3,400.00
242	PACK	SUTURE NEEDLE 9 X 28 (UNIVERSAL)	10	340.00	3,400.00
243	PC	SUTURE REMOVAL SCISSORS (NO BRAND)	20	550.00	11,000.00
244	BXS	SYRINGE - 50CC (TERUMO)	10	1,440.00	14,400.00
245	BXS	THERMAL PAPER TYPE V, 10's (SONY)	18	19,500.00	351,000.00
246	PC	THERMAL SCANNER (NO BRAND)	20	900.00	18,000.00
247	PC	THERMOMETER DIGITAL (PARTNERS)	100	150.00	15,000.00

(Total Amount in Words) PAGE 19

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: 
JONALYN R. HIDALGO

Very truly yours, 
HON. RAMON V. GUICO III

Signature over Printed Name of Supplier

Signature over Printed Name of Authorized Official

12/30/2024
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

NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP

Supplier : <u>URDANETA CITY, PANGASINAN</u>	P.O. No. : <u>01645</u>
Address : <u>293-548-871-00000</u>	Date : <u>30 DEC 2024</u>
TIN :	Mode of Procurement : <u>competitive bidding</u>
	PR No./s : <u>2024-12-9200</u>

Gentlemen:

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

PHMSO, Lingayen, Pangasinan

Place of Delivery : _____	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
248	UNIT	THERMOMETER GUN (NO BRAND)	5	900.00	4,500.00
249	PC	THUMB FORCEPS WITH TEETH 6" (SECHERON)	20	80.00	1,600.00
250	BOX	TRANSPORE (3M), 1 INCH	20	1,620.00	32,400.00
251	PC	TRIANGULAR BANDAGE (MCBRIDE)	20	80.00	1,600.00
252	GAL	ULTRASOUND GEL (UNIMEX)	5	1,800.00	9,000.00
253	BXS	ULTRASOUND GEL (1 BOX OF 2GALS) (UNIMEX)	10	3,600.00	36,000.00
254	PC	URINAL (STAINLESS) (NO BRAND)	10	1,700.00	17,000.00
255	PCS	URINE BAG, ADULT (PARTNERS)	1,900	35.00	66,500.00
256	PC	URINE BAG, PEDIA (PARTNERS)	600	7.50	4,500.00
257	BXS	(VICRYL) 1 PLUS, 36's	36	32,400.00	1,166,400.00
258	BXS	(VICRYL) 2-0 PLUS, 36's	20	32,400.00	648,000.00
259	BXS	(VICRYL) 3-0 PLUS, 36's	20	32,400.00	648,000.00
260	BTS	VISIPAQUE 50ML (NO BRAND)	20	7,238.07	144,761.40

(Total Amount in Words) **PAGE 20**

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: JONALYN R. HIDALGO

Signature over Printed Name of Supplier

Very truly yours: HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

12/30/2024
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 : NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP	P.O. No. : 01646
Address : URDANETA CITY, PANGASINAN	Date: 30 DEC 2024
TIN : 293-548-871-00000	Mode of Procurement: Competitive Bidding
	PR No./s 2024-12-9200


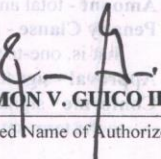
Gentlemen:
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : PHMSO, Lingayen, Pangasinan	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
261	PCS	WADDING SHEET 4X5 (SURGITECH)	100	150.00	15,000.00
262	PCS	WADDING SHEET 6X5 (SURGITECH)	100	150.00	15,000.00
263	BOX	WEE BAG (PARTNERS)	14	750.00	10,500.00
264	PACK	X-RAY ENVELOPE 11X14 (100'S)(NO BRAND)	72	1,500.00	108,000.00
		XXXXX-XXXXX			

(Total Amount in Words) **TWENTY-THREE MILLION THREE HUNDRED NINETEEN THOUSAND FOUR HUNDRED SIXTY-EIGHT PESOS AND 10/100** P **23,319,468.10**

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

Conforme:  Very truly yours, 
JONALYN R. HIDALGO **HON. RAMON V. GUICO III**
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official

Governor
 Designation

Date **12/30/2024**

(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