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:

- 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.:
 - i. Philippine Bidding Documents (PBDs);
 - . Schedule of Requirements;
 - ii. Technical Specifications;
 - iii. General and Special Conditions of Contract; and
 - iv. Supplemental or Bid Bulletins, if any
 - 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.

IN WITNESS whereof the parties thereto ha year first above written	we caused this Agreement to	be executed in the day and
9 1.	2	stille
HON, RAMON V. GUICO III Governor	MS. JONAL Authorized	<u>YN R. HIDALGO</u> Representative
For:	For:	
PROVINCIAL GOVERNMENT OF PANGASINAN	NORTH CA DISTRIBUT	RE PHARMACEUTICAL FORSHIP
ACKNO	WLEDGEMENT	
Republic of the Philippines) Province of Panasinan) Applicipanty of)	S.S.	
BEFORE ME, a Notary Public, for and in appeared the following with their respective	Panga proof of identity on DEC 3	sinan, Philippines, personally 2024, 2024
HON. RAMON V. GUICO III (Governor)	Proof of Identity Licensed No, Date Issued	: TIN : 159-902-046-00000 : September 8, 2019
MS. JONALYN R. HIDALGO (Contractor)	Proof of Identity Date Issued Expiry date	en Proportierin, Commical et al. (1997)
Known to me and to me known to be t instrument and who acknowledged to me that of the agency/entity they respectively	represent.	perections to the field If we
This instrument is a CONTRACT AGRE Supplies at Provincial Hospital Manage various hospitals — Asingan Commun Pangasinan District Hospital, Pozorrubi Lingayen District Hospital); Trust Fund 1599-G, consisting of Two (2) pages inclu One and Two are signed on the correspinstrumental witnesses and sealed with my	ity Hospital, Umingan C io Community Hospital, Pa I; PR No. 2024-12-9200; So ding this page where the ack ponding spaces provided the y notarial seal.	ommunity Hospital, Eastern agasinan Provincial Hospital dicitation No. PANG-2024-1 nowledgement is written. Pagaereof by the Parties and the
, Pangasinan.	PER 31, 2026, SNC11-29-207	DEC 3 0 2024
LL P TR NO	23163, 91/92/2025 LINGAYEN 0. 47817 % 11/21/202 4 PA NG LIANCE NO.VII-0013302-UNTI	A Navitary Public A Navitary Public A Navitary Public A No.
Doc. No. Page No. Book No. Series of 2020		paradily thepatak Padradi n randi lik ha, 202 - 202 201 ji, kuda kal

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



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 Name of the Representative of the Bidder

Authorized Signature

TONALYN R. HIDALGO

Address :		SEUTICAL DISTRIBUTORSHIP ASINAN QUE SE LE SEUTICAL DE SESTE DE SESTE DE LE SEUTICAL DE LE SEUTIC	P.O. No. 66				
Gentlement: Pleas	se furnish this Office	ce the following articles subject to the terr	ms and conditions con	ntained herein:	B. Thistonn's		
Place of Delivery	y:	en, Pangasinan Sanggipe and Town Town	Delivery Term Payment Term	Delivery Term : Wiln 7 C.D. upon receipt of NTP Cheque Payment Term:			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount		
1	вот	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		
I Sert ice.	PC on The	AMBU BAG, PEDIA (PARTNERS)	10	3,950.00	39,500.00		
ni 5 mo	PCS	ARM SLING (L) (NO BRAND)	ing oo too 30 mil	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	TO PC	ASEPTO SYRINGE (PARTNERS)	80	85.00	6,800.00		
9	PC	AUTOCLAVE TAPE (ORMED)	80 951 vis	360.00	34,200.00		
VIII 10	PCS	AUTOMATIC INJECTOR (NO BRAND)	ined reput	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 .000	PC Signal	BED PAN, STAINLESS (NO BRAND)		3,260.00	32,600,00		
(Total Amount	in Words)	PAGE 1		0,200.00	· etc.)		
Conform	ay shall be imposed to the sha	NR. HIDALGO A sent to someonic so bone of supplier and some of supplier and supplier a	Very truly yours	RAMON V. G	JCO III Authorized Officia		
	as of Negatiated	Purchase pursuant to Section 369 (a) of	RA 7160, this portion	on must be accor	mplished.)		
(In ca	ise of Negotiated	Tarenase parsuant to section 507 (a) or			D. It shall be p		
	er Sanggunian Re		onnulhos tol tolla	and one or	D. H. shall belp		
	er Sanggunian Re						

Supplier:			P.O. No.: 01645 Competitive bidding 2024 Mode of Procurement: 2024-12-9200			
TIN:			PR No./s			
Gentlement: Pleas		te the following articles subject to the terms a	and conditions con		L-UD.IL	
Place of Deliver	PHMSO, Lingaye	n, Pangasinan	W/in 7 C.D. upon receipt of NTP Delivery Term: Cheque			
Date of Delivery		PO which shall be as follows:	Payment Term:			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	000 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 amer	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 1000	PCS bing of	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)	us adi 5 maro	1,020.00	5,100.00	
(Total Amoun	t in Words)	PAGE 2		1809		
		full delivery within the time specified abov		ne-tenth (1/10) c		
Conform	Signature over	Printed Name of Supplier	Very truly your HON. F	AMON V. GU	Luthorized Offici	
every day of delicities (i.e., conformation). Conformation approval according to the fact in the fact in the fact in the fact in the conformation.	Signature over	Printed Name of Supplier 3p 2021 Date Purchase pursuant to Section 369 (a) of RA	Very truly your HON. F	AMON V. GI Printed Name of Governor Designation	Authorized Offici	
every day of delicities (i.e., conformation). Conformation approval according to the fact in the fact in the fact in the fact in the conformation.	Signature over	Printed Name of Supplier 3p 2021 Date Purchase pursuant to Section 369 (a) of RA	Very truly your HON. F	AMON V. GI Printed Name of Governor Designation	Authorized Offici	
every day of delication (ize of the Learner of the	Signature over /2, sase of Negotiated over Sanggunian Red	Printed Name of Supplier 3p 2021 Date Purchase pursuant to Section 369 (a) of RA	Very truly your HON. F Signature over	AMON V. GI Printed Name of Governor Designation	Authorized Offici	

	Supplier: URDANETA CITY, PANGASINAN URDANETA CITY, PANGASINAN			P.O. No. : U1945 Date: competitive bloding const			
TIN: 293-548-871-00000			Mode of Procurement: 2024-12-9200 PR No./s				
Gentlement:	se furnish this Offic	ce the following articles subject to the terms a	B. This form shall be accomplished as for over				
Place of Deliver	PHMSO, Lingaye	en, Pangasinan	Delivery Term	w/in 7 C.D. up	oon receipt of NTP		
Date of Deliver		PO which shall be as follows:	Payment Term:				
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount		
27	PC	CHROMIC 3-0 ROUND (TUDOR)	420	85.00	35,700.00		
28	BOX	CHROMIC 3-0, CUTTING 12'S (TUDOR)	40	1,020.00	40,800.00		
29	вох	CHROMIC 3-0, ROUND 12'S (TUDOR)	5	1,020.00	5,100.00		
30 32	BOX OF S	CHROMIC 4-0, CUTTING 12'S (TUDOR)	ng to s10 m - 1	1,020.00	o short 10,200.00		
mi anisme	вох	CHROMIC 4-0, ROUND 12'S (TUDOR)	hoo losno ,und	1,020.00	5,100.00		
32	вох	CHROMIC 5-0, CUTTING 12'S (TUDOR)	1810 OK A	1,020.00	5,100.00		
33	вох	CHROMIC 5-0, ROUND 12'S (TUDOR)	1 Sentoni I gal	1,020.00	5,100.00		
34	GAL	CIDEX SOLUTION (GAL) (METRICIDE 28)	n sev 8 (7) ca	3,150.00	25,200.00		
35	BXS	CLEAN GLOVES - MEDIUM (SURE-GUARD)	510	850.00	433,500.00		
vns ti any	BXS	CLEAN GLOVES -LARGE (LTN)	an boing both	850.00	85,000.00		
37	CARTOONS	CONDOM (1CARTOON X 24 BXS X3's) (TRUST)	3	1,440.00	1002		
38	PC	CORD CLAMP (PARTNERS)	200	G vrience 9.00	has 1,800.00		
	BXS	CORD CLAMP 100's (PARTNERSO	us off 20 Mone	900.00	18,000.00		
39	DVO		NI NI				
(Total Amoun	nt in Words)	PAGE 3	an to conduct	20 10H0 - H0H	V olo.)		
In case of f every day of de Conform	ailure to make the lay shall be impos	full delivery within the time specified aboved on the undelivered item/s NNR. HIDALGO Printed Name of Supplier	Very truly your HON. F	s, RAMON V. GU	of one percent for UICO III Authorized Official		
In case of fevery day of de every day of de Conform lavorqqa and moitulose of in the conform lavorqqa and moitulose of in the conform (In of the conform)	ailure to make the lay shall be impos	full delivery within the time specified aboved on the undelivered item/s Shifty YNR. HIDALGO Printed Name of Supplier / 30 / 2024 Date Purchase pursuant to Section 369 (a) of RA	Very truly your HON. F	RAMON V. GI Printed Name of Governor Designation	of one percent for UICO III Authorized Official mplished.)		
In case of fevery day of de Conform Conform Invorque and Conform Confo	ailure to make the lay shall be imposeme: JONA Signature over	full delivery within the time specified aboved on the undelivered item/s glack YNR. HIDALGO Printed Name of Supplier Abo / 2024 Date Purchase pursuant to Section 369 (a) of Racesolution No.:	Very truly your HON. F Signature over	RAMON V. GO Printed Name of Governor Designation	of one percent for UICO III Authorized Official		

Supplier: URD		ACEUTICAL DISTRIBUTORSHIP	P.O. No. :	9194	D	
Address: " and a supplied to the second of t			Date:competitive bidding			
	18-871-00000	ms and conditions contained in the PO.	Mode of Procurement: 202412-9200			
TIN:	39-07 I-80050					
Gentlement:			plisned as rono	moods ad tiar	B. This form si	
Pleas		office the following articles subject to the terms a	and conditions cor	ntained herein:		
Place of Deliver		ayen, Pangasinan	Delivery Term	THE RESIDENCE OF THE PARTY OF T	oon receipt of NTP	
Date of Delivery		PO which shall be as follows:	Payment Term:	Cneque	3. P.O. No.	
Stock/				onen Joo	1000	
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	вох	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 5 5	1,200.00	6,000.00	
45	BXS	DENTAL NEEDLE G-27, SHORT (DENJECT)	18 15 OV A	700.00	10,500.00	
46	PC	DIAGNOSTIC PEN LIGHT (INMED)	10 2011050	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	Dayrona D	
50	вох	DISPOSABLE NEEDLE G.21, 100'S (TERUMO)		08m.018	10,500.00	
51	вох	DISPOSABLE NEEDLE G.23, 100'S (TERUMO)	30	350.00	10,500.00	
52	BXS	DISPOSABLE NEEDLE G.24, 100's (TERUMO)	Jir 30 noisiv	350.00	10,500.00	
THE T SOU	Pictor Spring	PAGE 4	ment of the su	350.00	1,750.00	
(Total Amoun	it in Words)	Commission of the Commission o	and to mountry	20 1200 - 003	Tarragett 1	
	lay shall be imperior and a virtue on the same land a virtue on the sa	the full delivery within the time specified above the undelivered item/s	tions of to accomplish to the strong of the	t - cost per un - total amoun Thanse - O na	15. Amond	
	Signature ov	ver Printed Name of Supplier	Signature over	Printed Name of	Authorized Officia	
				C		
	di direcche	12/30/2024	nase, the Secret	Governor	C. in case of he	
		Date	ording grand-man	Designati	on certified corr	
(In c	case of Negotia	ted Purchase pursuant to Section 369 (a) of R.	A 7160, this porti	ion must be acc	omplished.)	
(and or i regern	awoffor an astron	isip saidos (±)		D. It shall be pra	
Approved	per Sangguniar	Resolution No.:	notres tol rolle	To the Sup	Original -	
		ayment				
Certifie	ed Correct:				Copy 2	
		ithin five (5) days after conformity by the			Copy 3	
	Secret	tary to the Sanggunian	I	Date 1199112		
			X400	@ 15HUUIDO	11002	

Address :	293-548-871-00000 Off and a bondance and the bondance and			450 DEC 202	
Gentlement: Pleas	se furnish this Of	fice the following articles subject to the terms a	nd conditions con	tained herein:	B. This form si
Place of Deliver	PHMSO, Linga	yen, Pangasinan panggus on to VIII bas se	Delivery Term :	w/in 7 C.D. up	oon receipt of NTP
Date of Delivery		a PO which shall be as follows:	Payment Term:	Cheque	3 P.O. No.
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	000 Amount
53	вох	DISPOSABLE NEEDLE G.25, 100'S (TERUMO)	30	350.00	10,500.00
54	вох	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	вох	DISPOSABLE SYRINGE 10CC, 10'S (TERUMO)	220	2,100.00	b - otati
57	вох	DISPOSABLE SYRINGE 1CC, 10'S (TERUMO)	210	1,600.00	462,000.00 336,000.00
58	вох	DISPOSABLE SYRINGE 20CC, 10'S (TERUMO)	20	1,600.00	336,000.00
59	вох	DISPOSABLE SYRINGE 30CC, 10'S (TERUMO)	20	s = correspond	o PR No.
60	PCS	DISPOSABLE SYRINGE 3CC (TERUMO)	4,000	1,800.00	00.000,000 Place/II
61	BOX	DISPOSABLE SYRINGE 3CC, 10'S (TERUMO)	980	10.50	42,000.00
VIII 62 MILIO	PCS	DISPOSABLE SYRINGE 5CC (TERUMO)	4.000	1,400.00	1,372,000.00
63	вох	DISPOSABLE SYRINGE 5CC, 10'S (TERUMO)	4,000	11.50	46,000.00
inc Supply	BOX		520	1,700.00	884,000.00
65	BOX	DISPOSABLE SYRINGE INSULIN (TERUMO) DISPOSABLE SYRINGE TUBERCULIN LUERLOCK (TERUMO)	100	1,600.00	160,000.00
(Total Amount		PAGE 5	ment of the su	1,600.00	80,000.00
every day of dela	ay shall be impo	e full delivery within the time specified above sed on the undelivered item/s	Very truly yours	Clause S	of one percent for
ther approval csolution refact in the	Signature over	ILYNR. HIDALGO r Printed Name of Supplier 30 /2024 Date	Signature over F		Authorized Official
(In ca	Signature over	r Printed Name of Supplier 30 10014 Date d Purchase pursuant to Section 369 (a) of RA	Signature over P	Printed Name of Governor Designation	Authorized Official
(In ca	Signature over 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	r Printed Name of Supplier 3D / Date d Purchase pursuant to Section 369 (a) of RA Resolution No.:	Signature over P	Governor Designation must be acco	Authorized Official

Supplier: _URDANETA CITY, PANGASINAN Address:			P.O. No. : Date:			
Gentlement: Pleas		ice the following articles subject to the terms	and conditions cor	ntained herein:	B. This form Si	
Place of Deliver	PHMSO, Lingay	en, Pangasinan	Delivery Term	THE PARTICULAR PROPERTY.	on receipt of NTP	
Date of Delivery		PO waten shall be as follows:	Payment Term:			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	000 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 man	PC betsion	ELASTIC BANDAGE 2X5 (PARTNERS)	20	40.00	800.00	
71	PC .	ELASTIC BANDAGE 3X5 (PARTNERS)	20 MA	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	
ymo 75 amy	pel po na bing	ELASTIC BANDAGE 6X5 (PARTNERS)	for bound befi	85.00	1,700.00	
76	PC	ENDOTRACHEAL TUBE 2.5 (CUFFED)(SEDASENZ)	30	149.00	4,470.00	
- 77	PC PC	ENDOTRACHEAL TUBE 3 (CUFFED)(SEDASENZ)	40	149.00	5.960.00	
78 7 200	IIPC assigns	ENDOTRACHEAL TUBE 3.5 (CUFFED)(SEDASENZ)	due oil 30 > Inor	149.00	4.470.00	
(Total Amoun	t in Words)	PAGE 6	1 00	143.00	4,470.00	
	JONA Signature ove	LYN R. HIDALGO T Printed Name of Supplier	Very truly your	AMON V. GU	Authorized Offici	
(ln c	case of Negotiate	ed Purchase pursuant to Section 369 (a) of R	A 7160, this port	ion must be acc	omplished.)	
Approved	per Sanggunian	Resolution No.:	nolmo of sik	To the Supp	Original -	
	d Correct:	Resolution No.: Itour Property Division/Unit for file Itium to e (5) days after conformuly by t	uted to COA w		Originu d	

Supplier: URDANETA CITY, PANGASINAN Address: 293-548-871-00000 O 1 500 m 550 m 650 m			P.O. No.: 01645 Date: competitive bidding Mode of Procurement: PR No./s -2024329200 C 2024			
Gentlement: Pleas		fice the following articles subject to the terms a	nd conditions cor	ame of the los	B. Instormed	
Place of Deliver		as and the other supplies	Delivery Term	Will I GID! U	oon receipt of NTP	
Date of Delivery		: Po which shall be as follows:	Payment Term:	Ciledae	3. P.O. No.	
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	9.780.70	
81	PC	ENDOTRACHEAL TUBE 6 (CUFFED)(SEDASENZ)	35		4,768.00	
82	PC	ENDOTRACHEAL TUBE 6.5 (CUFFED)(SEDASENZ)	saration of the	149.00	5,215.00	
83	PC PC		10 30 om - 1	149.00	4,470.00	
nt Inemer 84	PC PC	ENDOTRACHEAL TUBE 7 (CUFFED)(SEDASENZ)	100 10 110	bid 55 149.00	16,390.00	
85	PC	ENDOTRACHEAL TUBE 7.5 (CUFFED)(SEDASENZ)	110	149.00	16,390.00	
to stell	trade bases are	ENDOTRACHEAL TUBE 8 (CUFFED)(PARTNERS)	50	149.00	7,450.00	
86	religious edity	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	
VIII. 88 AITHO	BOX	FACE MASK, SURGICAL (MEDICLEAN)	50 b 600 b 51 d	200.00	120,000.00	
89	PC	FEEDING TUBE, FR. 5 (PARTNERS)	320	30.00	9,600.00	
90	PC DIVOID	FEEDING TUBE, FR. 6 (NO BRAND)	20	coperty No	MUNIOR COLUMN	
91	PC	FEEDING TUBE, FR. 8 (PARTNERS)	THIS GIVELY	30.00	600.00	
(Total Amount	mor sooid to	PAGE 7	12 3 340 mam	30.00	10,200.00	
very day of dela	e: John Signature ove	r Printed Name of Supplier	Very truly yours HON. RA Signature over I	MON V. GU	f Authorized Office	
(In ca	ase of Negotiate	ed Purchase pursuant to Section 369 (a) of RA	7160, this portion	on must be acco	omplished.)	
Approved p	er Sanggunian I	Resolution No.:			Origina l	
Certified	Correct:	payment nd/or Property Division/Unit for file within five (5) days after conformity by t	on request for y the Supply as sitted to COA		Copy 2 Copy 3	
	Secretar	ry to the Sanggunian	D	ate	Copy 4	

Supplier: NOF	RTH CARE PHARMAC	EUTICAL DISTRIBUTORSHIP	P.O. No. :	01	20 00	
Address : URD	DANETA CITY, PANGA	gency/entity, addressed to a suppMANIZA	Date: d base to	form/docume	30 DEC	
202.5	48-871-00000	ms and conditions contained in the PC	Mode of Procurement:			
IN:	40-071-00000		PR No./s	2024-	12-9200	
entlement: Pleas	e furnish this Offic	te the following articles subject to the terms a	and conditions cor	ntained herein:		
lace of Deliver	v : PHMSO, Lingaye	en, Pangasinan Diliqque Sall to let i brits as	Delivery Term	W/in / C.D. up	oon receipt of NTP	
ate of Delivery		PO which shall be as follows:	Payment Term:	Cheque	3. P.O. No	
Stock/				00000 -00	1000	
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 Y	80.00	800.00	
94	PCS	GELFOAM 3" X4" (NO BRAND)	on to 10 inguis	4,483.00	44,830.00	
95	BXS on 9 day	GLOVES-LARGE (LTN)	10 10 10 10 11 1	850.00	8,500.00	
96	Botisted 24 och	HEAD COVER (PARTNERS)	300	bid some 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	100	550.00	55,000.00	
100	PCS	BRAND) HOSPITAL BED LINEN FOR PATIENT (NO BRAND)	300	550.00	165,000.00	
Vac 11 20000	PC Ping of	HUB CUTTER (NO BRAND)	er boired benti	822.50	12,337.50	
102	LTRS	HYDROGEN PEROXIDE (GREATSTAR)		as zilu.ni.su	Such	
103	GAL	HYDROGEN PEROXIDE (GREATSTAR)	12	115.00	1,150.00	
104	BOX	IFC FR.10, 10'S (PARTNERS)		565.00 850.00	6,780.00 1,700.00	
(Total Amount		PAGE 8	2	850.00	1,700.00	
very day of dela	ay shall be impose	recent for every day of delay challed	Very truly yours	est - cost per u t - total amoun Clause - cen	14. Unit Co	
s/her approval	un Sen Annätera	ame of supplier or histher representation		10.00	TOTHOU, al	
s/her approval		Printed Name of Supplier 31st 3rd bring	Signature over I		TOTHOU , al	
s/her approval Cesolution he fact in the		Printed Name of Supplier 31st 3rd bring	Signature over I		TOTHOU, al	
		Printed Name of Supplier Stab and bris of	Signature over I		Authorized Official	
he fact in the	nsinggon 124	Printed Name of Supplier 31st 3rd bring	Signature over I	Governor Designatio	Authorized Official	
he fact in the	nsinggon 124	Purchase pursuant to Section 369 (a) of RA	Signature over I	Governor Designatio	Authorized Official to see and official to see	
(ln ca	ase of Negotiated er Sanggunian Re	Printed Name of Supplier 30 /2024 Date Purchase pursuant to Section 369 (a) of RA solution No.:	Signature over I	Governor Designation must be according to the control of the cont	Authorized Official	
(ln ca	ase of Negotiated er Sanggunian Re	Printed Name of Supplier 30 /2024 Date Purchase pursuant to Section 369 (a) of RA solution No.:	Signature over I	Governor Designation must be according VCI public distribution.	Authorized Official to see al. 20 mplished.)	
(In ca	ase of Negotiated er Sanggunian Re Correct:	Printed Name of Supplier 30 /2024 Date Purchase pursuant to Section 369 (a) of RA solution No.:	Signature over I	Governor Designation must be according VCI public distribution.	Authorized Official to see al. 37	

PURCHASE ORDER

PROVINCE OF PANGASINAN

	ANETA CITY, PAN	ACEUTICAL DISTRIBUTORSHIP GASINAN JULE 2011	P.O. No. : 30 DEC 2024 Mode of Procurement: 2024-12-9200			
TIN: 293-54	8-871-00000		PR No./s	2024-12-	9200	
Gentlement: Please	e furnish this Of	fice the following articles subject to the terms	and conditions con	tained herein:		
Place of Delivery	: PHMSO, Ling	ayen, Pangasinan	Delivery Term :	w/in 7 C.D. upor	receipt of NTP	
Date of Delivery	:	PO which shall be as follows:	Payment Term:	Cheque	3. P.O. I	
Stock/				0000 -00 00	00 .	
Property No.	Unit	Description	Quantity	Unit Cost	Amount	
105	вох	IFC FR.12, 10'S (PARTNERS)	rit 2 1/	850.00	1,700.00	
106	вох	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 36 18	вох	IFC FR.16, 10'S (PARTNERS)	12	850.00	10,200.00	
109	PC Describer	IFC FR.18 (PARTNERS)	50	85.00	4,250.00	
110	вох	IFC FR.18, 10'S (PARTNERS)	20	850.00	17,000.00	
111 of all	BOX	IFC FR.8, 10'S (PARTNERS)	boto as 2	850.00	1,700.00	
112	PC	INSULIN SYRINGE (TERUMO)	2,400	om llada 16.00 la	38,400.00	
142	BXS	INSULIN SYRINGE, 10'S (TERUMO)	240	1,600.00	384,000.00	
114 any	BTS	IOPAMIDOL (CONTRAST)(SCANLUX)	on borned period rol	2,400.00	120.000.00	
(1915 2 20)	yd PC II Voig	IV CATHETER G.18 (BD) Og sill To sedmun	5,000	95.00	475,000.00	
116	вох	IV CATHETER G.18, 100'S (BD)	lisU 10	9,500.00	95,000.00	
DOX TEATH	Hor speig	IV CATHETER G.20 (BD)	3,000	95.00	285,000.00	
447					200,000.00	
(Total Amount		PAGE 9	sserrpgion of the	e-tenth (1/10) of o	ne percent for	
In case of fai every day of dela (120 arranged and del Conforme	ilure to make the shall be imposed in the shall be imposed in the shall be imposed in the shall be in the shal	page 9 the full delivery within the time specified above a second on the undelivered item/s page 4 ALYN R. HIDALGO T. Printed Name of Supplier	Very truly yours, HON. Signature over P	RAMON V. GU	Laic Laic Laic Laic Laic Laic Laic Laic	
In case of fai every day of dela (12) (12) (13) (14) (15) (15) (16) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	silure to make the shall be imposed to the shall be im	page 9 the full delivery within the time specified above a seed on the undelivered item/s page 4 page 4 page 9 pa	Very truly yours. HON. Signature over P	RAMON V. GU rinted Name of Ar Governor Designation	UICO III case of the case of	
In case of fai every day of dela (12) (12) (13) (14) (15) (15) (16) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	silure to make the shall be imposed to the shall be im	page 9 the full delivery within the time specified above on the undelivered item/s glitaly IALYN R. HIDALGO r Printed Name of Supplier / 30 / 2024 Date	Very truly yours. HON. Signature over P	RAMON V. GU rinted Name of Ar Governor Designation	TICO III uthorized Officia Constitution of the constitution of t	
In case of fai every day of dela (12) (12) (13) (14) (15) (15) (16) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	signature over 12/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	page 9 the full delivery within the time specified above seed on the undelivered item/s splitch ALYN R. HIDALGO The Printed Name of Supplier A b / 2024 Date The Purchase pursuant to Section 369 (a) of Resolution No.:	Very truly yours, HON. I Signature over P	RAMON V. GU rinted Name of Ar Governor Designation n must be accomp	JICO III athorized Officia to exact all before and	

Supplier: _URDANETA CITY, PANGASINAN Address:			P.O. No.:			
TIN:	In the second		PR No./s			
Gentlement: Pleas	se furnish this Offi PHMSO, Lingay	ce the following articles subject to the terms a	and conditions con		oon receipt of NTP	
Place of Deliver		Sand Lin of the arbbits, and the second	Delivery Term		oliggue	
Date of Delivery	/:	PG which shall be as follows:	Payment Term:			
Stock/	Unit	Description	Quantity	Unit Cost	000 Amount	
Property No.	BOX	IV CATHETER G.20, 100'S (BD)	30	9,500.00	205 000 00	
119	PC	IV CATHETER G.22 (BD)	2,400		285,000.00	
120	BOX	IV CATHETER G.22, 100'S (BD)		95.00	228,000.00	
121	PC	IV CATHETER G.24 (BD)	40 add to nother	9,500.00	380,000.00	
122	вох	CURETHETH SUCH AS ANNUAL DESCRIPTION	6,500	95.00	617,500.00	
123	PC	IV CATHETER G.24, 100'S (BD)	ling, of cet con	9,500.00	285,000.00	
123		IV CATHETER G.26 (CATHULA)	2,700	136.00	367,200.00	
the other	BOX	IV CATHETER G.26, 100'S (CATHULA)	5	13,600.00	68,000.00	
125	PCS	(JACKSON PRATT)	seven (7) cal	3,280.00	16,400.00	
126	PC	KELLY FORCEPS CURVED (MEDICA)	1 20 L CTO	rifeb - m130,00	2,600.00	
77 HB 127 HB 100	PC	KELLY FORCEPS STRAIGHT (MEDICA)	on boi 201 bodi	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", 4's	us off 20 more	4,514.31	90,286.20	
(Total Amount	t in Words)	PAGE 10			· · etc.)	
every day of dela (12 (12) and the Conform	ay shall be impos	tary in the Sanggurian shall incl.	Very truly yours	AMON V. GU	Authorized Offician to see an income	
(In ca		Purchase pursuant to Section 369 (a) of RA	A 7160, this portion	on must be acco	mplished.)	
Approved n	ci sanggunian K		A Commence of the Commence of	in the second		
Approved p	TOJ Inemii	and the terms of the PC and as single		due autor	Original	
		and to the terms of the PQ and as attac	AOD of batting		Origina l Copy 2 Copy 3	

293-54 TIN:	9ANETA CITY, PANG 48-871-00000	ASINAN DISTRIBUTORSHIP	P.O. No.: Date: Mode of Procurement: PR No./s Competitive bidding 2024 2024-12-9200			
Gentlement: Pleas	se furnish this Offi	ce the following articles subject to the terms a	and conditions cor	ntained herein:	B. This forms	
Place of Deliver	PHMSO, Lingayo	n, Pangasinan Ishigapa shirilo Mili basa	Delivery Term	w/in 7 C.D. up	oon receipt of NTP	
Date of Delivery		a PO which shall be as follows:	Payment Term:	Cheque	3 P.O. No.	
Stock/			1 1 1 1 1 1 1		1000	
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 betallogs	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)	ing Purchase I	500.00	5,000.00	
138	GALS	(METRICIDE 28)/AIDEX SOLUTION	7 40	3.150.00	126,000.00	
139	PC	METZENBAUM SCISSORS 6" STRAIGHT (SECHERON)	10 15 (15	750.00	7,500.00	
VIII 140 21110	BXS	MICROPORE TAPE 1" (3M)	250	Lerm - spec	9. Paymen	
141	PCS	MICROSET (SURE-GUARD)		900.00	225,000.00	
142	PC PC	NASAL ASPIRATOR (PARTNERS)	5,000	50.00	250,000.00	
143	I PC POPIG	NASAL OXYGEN CANNULA ADULT (PARTNERS)	20	50.00	1,000.00	
(Total Amoun		PAGE 11	1,200	58.00	69,600.00	
	ailure to make the	full delivery within the time specified above				
every day of de (); (); (); (); (); (); ();	lay shall be imposed in the same in the sa	sed on the undelivered item/s in about the sed of the s	Very truly your HON. RA	s, & AMON V. GU Printed Name of	CO III f Authorized Officia	
every day of dei (i) (ii) (iii) (iii	lay shall be imposed in the sh	schicle ALYN R. HIDALGO Printed Name of Supplier Date d Purchase pursuant to Section 369 (a) of R.	Very truly your HON. R. Signature over	AMON V. GU Printed Name of Governor Designati	f Authorized Officia	
every day of dei (3) (3) (4) (5) (6) (6) (7) (7) (8) (8) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	signature over signature over case of Negotiater per Sanggunian R	sed on the undelivered item/s shick ALYN R. HIDALGO Printed Name of Supplier Date d Purchase pursuant to Section 369 (a) of R. Resolution No.:	Very truly your HON. R. Signature over	AMON V. GU Printed Name of Governor Designation on must be accomplying the second s	f Authorized Official	

Mode of Procurement: PIR No./s Gentlement: Please furnish this Office the following articles subject to the terms and conditions contained herein: Please furnish this Office the following articles subject to the terms and conditions contained herein: Please of Delivery: Stock/ Property No. Unit Description Quantity Unit Cost Amou 144 PC NASAL OXYGEN CANNULA INFANTIPARTNERS 100 48.00 20 145 PC NASAL OXYGEN CANNULA INFANTIPARTNERS 100 48.00 20 146 PCS NEBULIZING KIT (RESPISENZ) 5,700 95.00 54 147 PC NEBULE HOLDER (SECHERON) 148 PCS NGT FR. 10 (SILLCONEK/SURGITECH) 150 PCS NGT FR. 10 (SILLCONEK/SURGITECH) 151 PCS NGT FR. 16 (SILLCONEK/SURGITECH) 152 PCS NGT FR. 16 (SILLCONEK/PARTNERS) 153 PCS NGT FR. 16 (SILLCONEK/PARTNERS) 154 PC NGT TUBE FR. 16 (SILLCONEK/PARTNERS) 155 PC NGT TUBE FR. 16 (PARTNERS) 100 3000 3000 154 PC NGT TUBE FR. 16 (PARTNERS) 100 3000 3000 101 102 Wery truly yours. JONAL'IR R. HIDALGO Signature over Printed Name of Authorized item/s Conforme: Very truly yours. JONAL'IR R. HIDALGO Signature over Printed Name of Authorized item/s Conforme: Very truly yours. JONAL'IR R. HIDALGO Signature over Printed Name of Supplier Signature over Printed Name of Authorized item/s Conforme: Very truly yours. JONAL'IR R. HIDALGO Signature over Printed Name of Supplier Signature over Printed Name of Authorized item/s Conforme: Very truly yours. JONAL'IR R. HIDALGO Signature over Printed Name of Supplier Signature over Printed Name of Authorized item/s Conforme: Very truly yours. JONAL'IR R. HIDALGO Covernor Designation Cevernor Designation	Supplier: NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP URDANETA CITY, PANGASINAN		P.O. No. : Date: competitive striction				
Gentlement: Please furnish this Office the following articles subject to the terms and conditions contained herein: Place of Delivery: PHMSQ, Lingayen, Pangasinan Date of Delivery: Stock/ Stock/ Property No. Unit Description Quantity Unit Cost Amou 144 PC NASAL OXYGEN CANNULA INFANT(PARTNERS) 100 48.00 145 PC NASAL OXYGEN CANNULA INFANT(PARTNERS) 100 48.00 146 PCS NEBULZING KIT (RESPISENZ) 5,700 95.00 54 147 PC NEBULZING KIT (RESPISENZ) 148 PC NEEDLE HOLDER (SECHERON) 149 PCS NGT FR. 10 (SILLCONE)(SURGITECH) 150 PCS NGT FR. 10 (SILLCONE)(SURGITECH) 151 PCS NGT FR. 16 (SILLCONE)(PARTNERS) 152 PCS NGT FR. 18 (SILLCONE)(PARTNERS) 153 PCS NGT FR. 18 (SILLCONE)(PARTNERS) 154 PC NGT TUBE FR. 18 (PARTNERS) 155 PC NGT TUBE FR. 18 (PARTNERS) 100 300.00 100 101 Conforme: Wery truly yours, Conforme: Cheque Chequ	202.6		er's and conditions contained in the PO.	Mode of Procurement:			
Place of Delivery: PHMSO, Lingayan, Pangasinan Date of Delivery: Payment Term: Stock/ Property No. Unit Description Quantity Unit Cost Amout Physics Payment Term: 144 PC NASAL OXYGEN CANNULA INFANT(PARTNERS) 100 48.00 22 145 PC NASAL OXYGEN CANNULA PEDIA (SURE-GUARD) 400 50.00 22 146 PCS NEBULIZING KIT (RESPISENZ) 5.700 95.00 56.00 56.00 22 147 PC NEBULIZING KIT (RESPISENZ) 5.700 95.00 56.00 56.00 22 148 PC NEBULIZING KIT (RESPISENZ) 5.700 95.00 56.00 56.00 22 148 PC NEBULIZING KIT WITH MASK (PARTNERS) 250 105.00 22 149 PCS NGT FR. 10 (SILLCONE)(SURGITECH) 15 330.00 105.00 1			cw	Stranco as con-	shall be accomp	B. Inis tomi	
Date of Delivery: Stock/ Property No. Unit Description Quantity Unit Cost Amou 144 PC NASAL OXYGEN CANNULA INFANT(PARTNERS) 146 PC NASAL OXYGEN CANNULA PEDIA (SURE-GUARD) 146 PC NEBULIZING KIT (RESPISENZ) 147 PC NEBULIZING KIT (RESPISENZ) 148 PC NEBULIZING KIT (RESPISENZ) 149 PCS NGT FR. 10 (SILLCONE)(SURGITECH) 150 PCS NGT FR. 10 (SILLCONE)(SURGITECH) 151 PCS NGT FR. 14 (SILLCONE)(SURGITECH) 152 PCS NGT FR. 16 (SILLCONE)(PARTNERS) 153 PCS NGT FR. 16 (SILLCONE)(PARTNERS) 154 PC NGT TUBE FR. 12 (PARTNERS) 155 PC NGT TUBE FR. 12 (PARTNERS) 10 30.00 NGT TUBE FR. 16 (PARTNERS) 10 30.00 NGT WITHERS 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 percenevery day of delay shall be imposed on the undelivered item/s Conforme: Very truly yours, JONALYN R, HIDALGO Signature over Printed Name of Supplier Signature over Printed Name of Authorized Total Amount in Words) OMALYN R, HIDALGO Signature over Printed Name of Supplier (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:	Plea	se furnish this Of	ffice the following articles subject to the terms a	nd conditions cor	ntained herein:		
Date of Delivery: Stock/ Property No. Unit Description Description Quantity Unit Cost Amount 144 PC NASAL OXYGEN CANNULA INFANT(PARTNERS) 100 48.00 145 PC NASAL OXYGEN CANNULA PEDIA (SURE-GUARD) 146 PCS NEBULIZING KIT (RESPISENZ) 5,700 55.00 54. 147 PC NEBULIZING KIT WITH MASK (PARTNERS) 250 105.00 24 148 PC NEEDLE HOLDER (SECHERON) 149 PCS NGT FR. 10 (SILICONE)(SURGITECH) 150 PCS NGT FR. 12 (SILICONE)(SURGITECH) 151 330.00 151 PCS NGT FR. 14 (SILICONE)(PARTNERS) 152 PCS NGT FR. 16 (SILICONE)(PARTNERS) 153 PCS NGT FR. 16 (SILICONE)(PARTNERS) 154 PC NGT TUBE FR. 16 (PARTNERS) 100 300 101 101 NGT TUBE FR. 16 (PARTNERS) 100 NGT UBE FR. 10 (PARTNERS) 100 NGT UBE FR. 10 (PARTNERS) 100 NGT UBE FR. 10 (Place of Deliver	ry : PHMSO, Ling	ayen, Pangasinan	Delivery Term		on receipt of NTP	
Property No. Unit Description Quantity Unit Cost Amor 144 PC NASAL OXYGEN CANNULA INFANT(PARTNERS) 100 48.00 144 PC NASAL OXYGEN CANNULA PEDIA (SURE-GUARD) 400 50.00 22 146 PCS NEBULIZING KIT (RESPISENZ) 5,700 95.00 54 147 PC NEBULIZING KIT WITH MASK (PARTNERS) 250 105.00 24 148 PC NEEDLE HOLDER (SECHERON) 20 140.00 149 PCS NGT FR. 10 (SILICONE)(SURGITECH) 15 330.00 15 150 PCS NGT FR. 14 (SILICONE)(SURGITECH) 15 330.00 15 151 PCS NGT FR. 14 (SILICONE)(PARTNERS) 15 330.00 15 152 PCS NGT FR. 16 (SILICONE)(PARTNERS) 90 330.00 15 153 PCS NGT FR. 16 (SILICONE)(PARTNERS) 90 330.00 15 154 PC NGT TUBE FR. 12 (PARTNERS) 10 30.00 15 155 PC NGT TUBE FR. 16 (PARTNERS) 20 30.00 15 156 PC NGT TUBE FR. 16 (PARTNERS) 20 30.00 15 157 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 percenevery day of delay shall be imposed on the undelivered item/s Conforme: Very truly yours, Conformer No.: Very truly yours, Conformer No.: Conformer No.: Approved per Sanggunian Resolution No.: Certified Correct:		y:	PO which shall be as follows:	Payment Term	Cheque 11 - 10	3. PO.N	
145 PC NASAL OXYGEN CANNULA PEDIA (SURE-GUARD) 400 50.00 2 146 PCS NEBULIZING KIT (RESPISENZ) 5,700 95.00 54 147 PC NEBULIZING KIT (RESPISENZ) 5,700 95.00 54 148 PC NEBULIZING KIT WITH MASK (PARTNERS) 250 105.00 2 148 PC NEEDLE HOLDER (SECHEROM) 20 140.00 140.00 150 150 PCS NGT FR. 10 (SILICONE)(SURGITECH) 15 330.00 150 PCS NGT FR. 14 (SILICONE)(SURGITECH) 15 330.00 151 PCS NGT FR. 14 (SILICONE)(PARTNERS) 15 330.00 152 PCS NGT FR. 18 (SILICONE)(PARTNERS) 90 330.00 152 PCS NGT FR. 18 (SILICONE)(PARTNERS) 90 330.00 155 PC NGT TUBE FR. 16 (PARTNERS) 10 30.00 155 PC NGT TUBE FR. 16 (PARTNERS) 90 30.00 155 PC NGT TUBE FR. 16 (PARTNERS) 90 30.00 155 PC NGT TUBE FR. 16 (PARTNERS) 20 30.00 155 PC NGT TUBE FR. 16		Unit	Description	Quantity	Unit Cost	Amount	
146 PCS NEBULIZING KIT (RESPISENZ) 5,700 95.00 54 147 PC NEBULIZING KIT (RESPISENZ) 5,700 95.00 54 148 PC NEBULIZING KIT WITH MASK (PARTNERS) 250 105.00 2 140.00 140.0	144	PC	NASAL OXYGEN CANNULA INFANT (PARTNERS)	100	48.00	4,800.00	
147 PC NEBULZING KIT WITH MASK (PARTNERS) 250 105.00 2 148 PC NEEDLE HOLDER (SECHERON) 20 140.00 149 PCS NGT FR. 10 (SILL/COME/SURGITECH) 15 330.00 150 PCS NGT FR. 10 (SILL/COME/SURGITECH) 15 330.00 151 PCS NGT FR. 12 (SILL/COME/SURGITECH) 15 330.00 152 PCS NGT FR. 16 (SILL/CONE/PARTNERS) 90 330.00 153 PCS NGT FR. 18 (SILL/CONE/PARTNERS) 90 330.00 154 PC NGT TUBE FR. 12 (PARTNERS) 10 30.00 155 PC NGT TUBE FR. 12 (PARTNERS) 90 30.00 156 PC NGT TUBE FR. 16 (PARTNERS) 90 30.00 (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 every day of delay shall be imposed on the undelivered item/s Conforme: Very truly yours, JONALYN R. HIDALGO Signature over Printed Name of Authorized tem/s Conforme: Over truly yours, JONALYN R. HIDALGO 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.:	145	PC	NASAL OXYGEN CANNULA PEDIA (SURE-GUAR	D) 400	50.00	20,000.00	
148 PC NEEDLE HOLDER (SECHERON) 20 140.00 149 PCS NGT FR. 10 (SILICONE)(SURGITECH) 15 330.00 150 PCS NGT FR. 12 (SILICONE)(SURGITECH) 15 330.00 151 PCS NGT FR. 12 (SILICONE)(SURGITECH) 15 330.00 152 PCS NGT FR. 16 (SILICONE)(PARTINERS) 15 330.00 153 PCS NGT FR. 16 (SILICONE)(PARTINERS) 90 330.00 154 PC NGT TUBE FR. 12 (PARTINERS) 10 30.00 155 PC NGT TUBE FR. 12 (PARTINERS) 90 30.00 156 PC NGT TUBE FR. 16 (PARTINERS) 90 30.00 157 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 day of delay shall be imposed on the undelivered item/s Conforme: Very truly yours, Covernor	146	PCS	NEBULIZING KIT (RESPISENZ)	5,700	95.00	541,500.00	
149 PCS NGT FR. 10 (SILICONE(SURGITECH) 15 330.00 150 PCS NGT FR. 12 (SILICONE(SURGITECH) 15 330.00 151 PCS NGT FR. 14 (SILICONE(SURGITECH) 15 330.00 152 PCS NGT FR. 16 (SILICONE(PARTINERS) 90 330.00 153 PCS NGT FR. 18 (SILICONE(PARTINERS) 60 330.00 154 PC NGT TUBE FR. 12 (PARTINERS) 10 30.00 155 PC NGT TUBE FR. 16 (PARTINERS) 90 30.00 156 PC NGT TUBE FR. 8 (PARTINERS) 90 30.00 157 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 every day of delay shall be imposed on the undelivered item/s Conforme: Very truly yours, JONALYN R. HIDALGO HON. RANGON V. GUICO III Signature over Printed Name of Supplier Signature over Printed Name of Authorized 12/30/2024 Date Obesignation (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.) Approved per Sanggunian Resolution No.:	147	PC 019 de	NEBULIZING KIT WITH MASK (PARTNERS)	250	105.00	96,250.00	
NGT FR. 12 (SILL/CONE)(SURGITECH) 150 PCS NGT FR. 12 (SILL/CONE)(SURGITECH) 151 PCS NGT FR. 14 (SILL/CONE)(PARTNERS) 152 PCS NGT FR. 16 (SILL/CONE)(PARTNERS) 153 PCS NGT FR. 16 (SILL/CONE)(PARTNERS) 154 PC NGT TUBE FR. 12 (PARTNERS) 155 PC NGT TUBE FR. 12 (PARTNERS) 156 PC NGT TUBE FR. 16 (PARTNERS) 156 PC NGT TUBE FR. 16 (PARTNERS) 156 PC NGT TUBE FR. 16 (PARTNERS) 150 PC NGT TUBE FR. 16 (PARTNERS) 156 PC NGT TUBE FR. 16 (PARTNERS) 157 PAGE 12 158 PC NGT TUBE FR. 16 (PARTNERS) 159 PO 30.00 156 PC NGT TUBE FR. 16 (PARTNERS) 150 NGT TUBE	148	PC	NEEDLE HOLDER (SECHERON)	20 2001	bid 2011 140.00	2,800.00	
NGT FR. 14 (SILICONEXPARTNERS) 152 PCS NGT FR. 16 (SILICONEXPARTNERS) 153 PCS NGT FR. 18 (SILICONEXPARTNERS) 154 PC NGT TUBE FR. 12 (PARTNERS) 155 PC NGT TUBE FR. 12 (PARTNERS) 10 30.00 30.00 156 PC NGT TUBE FR. 16 (PARTNERS) 10 30.00 30.00 Total Amount in Words) PAGE 12 Total Amount in Words) PAGE 12 Total Amount in Words) PAGE 12 Conforme: Very truly yours, Wery truly yours, Conforme: Signature over Printed Name of Supplier Signature over Printed Name of Authorized Total Amount in Words) Note that the supplier of RA 7160, this portion must be accomplished.) Approved per Sanggunian Resolution No.: Certified Correct:	149	PCS	NGT FR. 10 (SILICONE)(SURGITECH)	15	330.00	4,950.00	
152 PCS NGT FR. 16 (SILLCONE)(PARTNERS) 90 330.00 1153 PCS NGT FR. 18 (SILLCONE)(PARTNERS) 10 30.00 1154 PC NGT TUBE FR. 12 (PARTNERS) 90 30.00 1155 PC NGT TUBE FR. 16 (PARTNERS) 20 30.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 20 30.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 20 30.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 10 00.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 10 00.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 10 00.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 10 00.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 10 00.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 10 00.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 10 00.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 10 00.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 10 00.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 10 00.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 10 00.00 1156 PC NGT TUBE FR. 8 (PARTNERS) 10 00.00 1156 PC NGT TUBE FR. 16	150	PCS PCS	NGT FR. 12 (SILICONE)(SURGITECH)	15	330.00	4,950.00	
153 PCS NGT FR. 18 (SILICONE)(PARTNERS) 154 PC NGT TUBE FR. 12 (PARTNERS) 155 PC NGT TUBE FR. 16 (PARTNERS) 156 PC NGT TUBE FR. 8 (PARTNERS) 157 PG NGT TUBE FR. 8 (PARTNERS) 158 PC NGT TUBE FR. 8 (PARTNERS) 159 30.00 156 PC NGT TUBE FR. 8 (PARTNERS) 150 30.00 156 PC NGT TUBE FR. 8 (PARTNERS) 150 30.00 156 PC NGT TUBE FR. 8 (PARTNERS) 150 30.00 156 PC NGT TUBE FR. 8 (PARTNERS) 150 30.00 156 PC NGT TUBE FR. 8 (PARTNERS) 150 30.00 156 PC NGT TUBE FR. 8 (PARTNERS) 150 30.00 156 PC NGT TUBE FR. 8 (PARTNERS) 150 30.00 156 PC NGT TUBE FR. 8 (PARTNERS) 156 PC NGT TUBE FR. 8 (PARTNERS) 157 PAGE 12 158 PC NGT TUBE FR. 16 (PARTNERS) 158 PC NGT TUBE FR. 16	151	PCS	NGT FR. 14 (SILICONE)(PARTNERS)	m sctten (7) ca	330.00	4,950.00	
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent very day of delay shall be imposed on the undelivered item/s Conforme: Very truly yours, JONALYN R. HIDALGO HON. RANION V. GUICO III Signature over Printed Name of Supplier Signature over Printed Name of Authorized Covernor 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:	152	PCS	NGT FR. 16 (SILICONE)(PARTNERS)	90	330.00	97ilo(1 29,700.00	
154 PC NGT TUBE FR. 12 (PARTNERS) 10 30.00 155 PC NGT TUBE FR. 16 (PARTNERS) 90 30.00 156 PC NGT TUBE FR. 8 (PARTNERS) 20 30.00 (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 every day of delay shall be imposed on the undelivered item/s Conforme: Very truly yours, Jonathy R. HIDALGO Signature over Printed Name of Supplier Signature over Printed Name of Authorized Covernor 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.:	153	PCS	NGT FR. 18 (SILICONE)(PARTNERS)	60	330.00	19,800.00	
155 PC NGT TUBE FR. 16 (PARTNERS) 156 PC NGT TUBE FR. 8 (PARTNERS) 20 30.00 (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 percentevery day of delay shall be imposed on the undelivered item/s Conforme: Very truly yours, HON. RAMON V. GUICO III Signature over Printed Name of Supplier Signature over Printed Name of Authorized Designation (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.) Approved per Sanggunian Resolution No.:		PC PC		10	30.00	300.00	
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent day of delay shall be imposed on the undelivered item/s Conforme: Very truly yours, HON. RAMON V. GUICO III Signature over Printed Name of Supplier Signature over Printed Name of Authorized Designation (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.) Approved per Sanggunian Resolution No.:	155	The second second second		90	30.00	2,700.00	
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent every day of delay shall be imposed on the undelivered item/s Conforme: Very truly yours, HON. RAMON V. GUICO III Signature over Printed Name of Supplier Signature over Printed Name of Authorized Governor Date One-tenth (1/10) of one percent item/s HON. RAMON V. GUICO III Signature over Printed Name of Authorized 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.:	magn_xoc	Hor pools s	D between arrived interneous hours and ex-	ne of the su	30.00	- Jin U 600.00	
Conforme: JONALYN R, HDALGO Signature over Printed Name of Supplier Signature over Printed Name of Supplier One of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.) Approved per Sanggunian Resolution No.: Certified Correct:	(Total Amoun	t in Words)				019	
Approved per Sanggunian Resolution No.: Certified Correct: Certi	the term, the te	lay shall be imposed in the state of the sta	Solution the undelivered item/s White YNR. HIDALGO Trinted Name of Supplier	Very truly yours HON. Signature over I	RAMON V. G	Д-: uico iii	
Driginal to the Supplied rest for payment the DV upon request for payment to the DV upon request for payment to the Supply and/or Property Division Unit for file to the Supply and/or Property Division Unit for file to the Supply and or Property Division Unit for file to the Supply and or Property Division Unit for file to the Supply and or Property Division Unit for file to the Supply and Order to the Supply an	(In c	case of Negotiate	d Purchase pursuant to Section 369 (a) of RA	7160, this portion	on must be accom	plished.)	
the DV upon request for payment copy 2. The retained by the Supply and/or Property Division Unit for file :termed by the Supply and/or Property Division Unit for file	Approved p	er Sanggunian I	Resolution No.:	olano vi vila		Contract	
	Certified					Copy 2	
Secretary to the Sanggunian Date Date		Secretar	ry to the Sanggunian	D	ate		

Supplier : _URD		ACEUTICAL DISTRIBUTORSHIP			01645
Address :	PANETA CITY, PAN 48-871-00000		P.O. No. : Date: Mode of Procurement: PR No./s Competitive bidding 2024-12-9200		
Gentlement:		Jew	опот за попо	јан ве ассепц	By This torm al
Pleas		fice the following articles subject to the terms a	and conditions con	ntained herein:	
Place of Deliver	PHMSO, Linga	yen, Pangasinan	Delivery Term	w/in 7 C.D. up	on receipt of NTP
Date of Delivery		PO which shall be as follows:	Payment Term	Cheque	3, P.O. No.
Stock/				5000 00	kana .
Property No.	Unit	Description	Quantity	Unit Cost	Amount
157	PC	NON-REBREATHER MASK ADULT (RESPISENZ)	50	450.00	22,500.00
158	вох	NON-STERILE GLOVES LARGE (SURE-GUARD)	800	850.00	680.000.00
159	BOX	NON-STERILE GLOVES MEDIUM (SURE-GUARD)	500	850.00	425,000.00
160	BOX	(NOVOSYN) 1, 36's	24	22,140.00	531,360.00
161	вох	(NOVOSYN) 2, 36's	24	32,400.00	777,600.00
162	вох	(NOVOSYN) 3, 36's	18 24 OVI A	32,400.00	777,600.00
163	PCS	OXYGEN CANNULA (INFANT)(PARTNERS)	200	48.00	OF PHE NO.
164	PCS	OXYGEN CANNULA ADULT (PARTNERS)	200	62.00	9,600.00
165	PCS	OXYGEN CANNULA W/ FACEMASK - ADULT (SURE-GUARD)	450	95.00	12,400.00
166	PCS DIEG	OXYGEN CANNULA W/ FACEMASK - PEDIA (PARTNERS)	300	Torm - man Ta	42,750.00
167	PC	OXYGEN MASK ADULT (SURE-GUARD)	30,77	95.00	28,500.00
168	PCS	OXYGEN MASK INFANT/NEONATE (SURGITECH)	stock 600 stock	95.00	57,000.00
169	PCS	OXYGEN MASK PEDIA (PARTNERS)	150	95.00	14,250.00
111111111111111111111111111111111111111		PAGE 13	350	95.00	33,250.00
Total Amount					
(Total Amount	ailure to make th	ne full delivery within the time specified above	e, a penalty of or	ne-tenth (1/10) (of one percent for
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In case of favery day of dela	sidure to make the ay shall be imposed to the shall be	seed on the undelivered item/s shirthy ALYN R. HIDALGO r Printed Name of Supplier	Very truly yours HON. RA	AMON V. GO	Authorized Offici
In case of favery day of delavery day of delavery day of dela delay dela	sidure to make the ay shall be imposed to the state of th	seed on the undelivered item/s ship and the undelivered item/s s	Very truly yours HON. RA Signature over I	AMON V. GU Printed Name of Governor Designation	Authorized Offici
In case of favery day of delavery day of delavery day of dela delay dela	sidure to make the ay shall be imposed to the state of th	ALYN R. HDALGO Tr Printed Name of Supplier Date and Purchase pursuant to Section 369 (a) of RA	Very truly yours HON. RA Signature over I	AMON V. GU Printed Name of Governor Designation	Authorized Offici
In case of favery day of delavery day of delavery day of dela delay dela	sidure to make the ay shall be imposed to the state of Negotiate asset of Negotiate	schicken ALYN R. HDALGO Tr Printed Name of Supplier Add Purchase pursuant to Section 369 (a) of RAResolution No.:	Very truly yours HON. RA Signature over 1	Governor Designation Designation	Authorized Offici
In case of favery day of delated and the Conform Conform (average radial and the Conform (average radial and table) and table	sidure to make the ay shall be imposed to signature over asset of Negotiate over Sanggunian I	schicke ALYN R. HDALGO Tr Printed Name of Supplier Add Purchase pursuant to Section 369 (a) of RAResolution No.:	Very truly yours HON. RA Signature over 1	Governor Designation Designation Designation Designation Designation	Authorized Offici
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Address: 293-548-871-00000			Mode of Procurement: PR No./s Competitive oldring C / 2024-12-9200			
Gentlement: Pleas		office the following articles subject to the terms a	and conditions con	tained herein:	13. Unis form si	
Place of Deliver		ayen, Pangasinan I SHIQQUE SHI TO VILLE DIES 22	Delivery Term :	or or recombined to the enable of	oon receipt of NTP	
Date of Deliver	y:	PO which shall be as follows:	Payment Term:	Cheque	3. P.O. No.	
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount	
170	PCS	PATIENT GOWNS FOR X-RAY & CT (NO BRAND)	10.01/	450.00	4,500.00	
171	PCS	PEDIATRIC URINE COLLECTOR (PARTNERS)	1,000	7.50	7.500.00	
172	вох	PLASTER (3M) MICROPORE, 1 INCH	200	900.00	Le Profit months and the	
173	PCS	PLASTER OF PARIS 6X5 (LONGBONE)	170	302.90	180,000.00	
174	GALS	POVIDONE IODINE 10% SOLUTION (MAXI-AID)	100 10 44	1.750.00	51,493.00	
175	GALS	POVIDONE IODINE 7.5% CLEANSER (MAXI-AID)	24 A	1,750.00	77,000.00	
176	PCS	PULSE OXIMETER, ADULT (MEDICA)	ing Phichase R	s - concespond	30,000.00	
177	PC PC	PULSE OXIMETER, PEDIA (MEDICA)	95	2,100.00	199,500.00	
178	PC	SCALPEL HANDLE #3 (SECHERON)	10 Sev. 20 7) Cal	3,500.00	70,000.00	
vm 179	PC IS DISC	SILK 2-0, CUTTING (TUDOR)	10	590.00	5,900.00	
180	BXS	SILK 2-0, CUTTING, 12's (TUDOR)	600	235.00	141,000.00	
181	PC PC	and particular of energicolds to be applied by	stocker Operty	2,820.00	28,200.00	
182	BXS	SILK 2-0, ROUND (TUDOR)	nin96 noisiv	191.50	18,384.00	
(Total Amoun	The state of the	SILK 2-0, ROUND, 12's (TUDOR)	10 0 100 10	2,298.00	22,980.00	
in case of fa			e, a penalty of or	ie-tenth (1/10)	of one percent for	
every day of del	lay shall be imp	With Hiddle	Very truly yours HON. RA Signature over F	MON V. GU	ICO III f Authorized Offici	
very day of del (ii Conform lavorqqn 1946 nottuloese	Signature over the same of Negotiat	Wind Hold Name of Supplier 30 2029 Date Date	Very truly yours HON. RA Signature over F	MON V. GU Printed Name o Governor Designation	ICO III f Authorized Offici	
every day of del (In c Approved p	Signature over Sangunian de Correct:	osed on the undelivered item/s Color Printed Name of Supplier Aso/2029 Date The Purchase pursuant to Section 369 (a) of RAR Resolution No.:	Very truly yours HON. RA Signature over I	MON V. GU Printed Name of Governor Designation on must be accompany	ICO III f Authorized Offici	

Supplier : URD	DANETA CITY, PANG		P.O. No. :			
Address :	o deliver specifi	gency/entity, addressed to a supplior u	Date: competitive bidding Mode of Procurement: 2022-12-9200 C 2022 PR No./s			
-	48-871-00000	ms and conditions contained in the PO				
TIN :						
Gentlement:	a furnish this Offi	ce the following articles subject to the terms a	and and ditions are	stained benefit		
ricas	PHMSO, Lingave	Trau-	mammalavog is:	itained nerein:	L. LGU - n	
Place of Deliver		ss and this of the supplied was a second	Delivery Term	Cheque	on receipt of NTP	
Date of Delivery	<i>i</i> :	FO which shart be as follows:	Payment Term:		J. P.O. No.	
Stock/	Unit	Description	Quantity	Unit Cost	Amount	
Property No.	BXS	and transference of the second	Quantity	Cint Cost	Amount	
184		SILK 2-0, STRANDS (TUDOR)	15 OV	2,820.00	14,100.00	
185	PC	SILK 3-0, CUTTING (TUDOR)	600	235.00	141,000.00	
100	BXS	SILK 3-0, CUTTING, 12's (TUDOR)	10	2,820.00	28,200.00	
186	ogh Procuremen	SILK 3-0, ROUND (TUDOR)	96	191.50	18,384.00	
187	BXS DETELLOGS	SILK 3-0, ROUND, 12's (TUDOR)	ino Joe 10 amil	2,298.00	22,980.00	
188	PC	SILK 4-0, CUTTING (TUDOR)	312 M A	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	oritecha biag o	SOLUTION SET (SURE-GUARD)	91,500	230.00	345,000.00	
193	PCS	SPECIMEN BOTTLE (RED COVER)(PARTNERS)	2,200	10.00	doug-	
194	PC Provided St	SPINAL NEEDLE G.25 (B.BRAUN)	40	roperty No	22,000.00	
195	BXS	SPINAL NEEDLE G.25, 25'S (B.BRAUN)	STREET, STREET, ST.	175.00	7,000.00	
(Total Amount	t in Words)	PAGE 15	192 311 10 1113111	4,375.00	65,625.00	
(Total Amount	ili words)	Street a fund Altocom mos aspendins	on to noneros	56 1900 - Bon	TELESCE CI	
Conform	ay shall be imposed to the control of the control o	full delivery within the time specified aboved on the undelivered item/s Well YNR HIDALGO	Very truly yours	AMON V. GU	15. Amound 15. Penald 15. Penald 15. Penald 17. iii oon	
	Signature over	Printed Name of Supplier Stab Std bills 21	Signature over I	Printed Name of	Authorized Offic	
	e Sunggunian B			Governor		
	12/		hase, the Secret local-Sanggunia	ad said was	C. In case of no Number use	
	manuggun?	lary to the Sunggunian shall gard of		Governor Designation	C. In case of no Number are certified con	
	e Sanggunian R VI all centify th			ad said was	C. In case of no Number con certified con	
e fact in the	li viti <u>nso II.a (2)</u>		local Sanggunia	Designation	certified cor	
e fact in the	li viti <u>nso II.a (2)</u>	Date Purchase pursuant to Section 369 (a) of RA	local Sanggunia	Designation	cerbned cor	
(ln ca	ase of Negotiated per Sanggunian Re	Date Purchase pursuant to Section 369 (a) of RA esolution No.:	A 7160, this portion	Designation must be acco	certified cor	
(ln ca	ase of Negotiated her Sanggunian Re	Date Purchase pursuant to Section 369 (a) of RA esolution No.:	Å 7160, this portion	Designation must be acco	certified cor	
(ln ca	ase of Negotiated per Sanggunian Re	Date Purchase pursuant to Section 369 (a) of RA esolution No.:	Å 7160, this portion	Designation must be acco	mplished.)	

Supplier: URDANETA CITY, PANGASINAN Address:			P.O. No. : U1 0 4 5 Date: Date: 3.0 DEC 2024			
	48-871-00000	ms and conditions contained in the PO.	Mode of Procurement: PR No./s 2024-12-9200			
TIN:						
Gentlement: Pleas	se furnish this Off	ice the following articles subject to the terms a	and conditions con	ntained herein:	15. This form st	
Place of Deliver	PHMSO, Lingay	ren, Pangasinan	l n n m - /	w/ln 7 C.D. uj	oon receipt of NTP	
Date of Delivery		PO which shall be as follows:	Delivery Term Payment Term	Cheque	3. EO. No.	
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 benefit	STAINLESS CANIESTER WITH COVER 10CM (NO BRAND)	00 10010			
201	PC	STAINLESS CANIESTER WITH COVER 20CM (NO BRAND)	48 10 OV A	1,000.00	5,000.00	
202	PC	STERILE BURN SHEET, 60 X 90 (NO BRAND)	ing Pinchase i	priogramma - contespond	10,000.00	
203	PC	STERILE DRESSING, 10X12 (TEGADERM)	bh 10 30 1q - 7	710.00	21,300.00	
204	PC	STERILE DRESSING, 10X30 (TEGADERM)	20 20 20	150.00	3,000.00	
205	PC III Ling 9	STERILE DRESSING, 4X4 (TEGADERM)	la local de la laci	150.00	3,000.00	
206	PC	THE STATE OF STREET	20	150.00	3,000.00	
207	PC PC	STERILE GOWN (DISPOSABLE) (NO BRAND)	chad 300 places	320.00	96,000.00	
208	PC solid s.	STRAIGHT CATHETER FR. 14 (DR. KELLY)	tic 10 noisiv	45.00	450.00	
		STRAIGHT CATHETER FR. 16 (KENXIN) PAGE 16	10	45.00	450.00	
(Total Amoun	t in Words)	PAGE 10	Service Management	NATURAL PROPERTY.	NISPONE CT	
Let approved the letter of the	Signature over	LYNR. HIDALGO Printed Name of Supplier	Very truly yours HON. RA	AMON V. GU	TICO III Authorized Officia	
(In c	ase of Negotiated	Purchase pursuant to Section 369 (a) of RA	7160 this portion	.00110(7103)	Tog Defilited Coff	
(III C	ace of fregoriated	denase parsuant to section 305 (a) of RA	7100, this portio	on must be acco	inplished.)	
Approved p	er Sanggunian R	esolution No.:	olnos rol mile	ne odret	Orland	
Certified	Correct:		on request for y the Supply an vitted to COAA			
	Secretary	to the Sanggunian	D	ate of 1990		
			V000	s lattodhe	F (00)	

Supplier: _URDANETA_CITY, PANGASINAN Address:			P.O. No. : 01645 645			
293-54	48-871-00000	ms and conditions contained in the PO.	Mode of Procurement: PR No./s 2024-12-9200			
Gentlement:		The state of the s	Olished as folio	nall be accom	B. This forms	
		office the following articles subject to the terms a	and conditions cor	ntained herein:	n - (15), F = 1	
Place of Deliver	v :	ayen, Pangasinan	Delivery Term	A COLUMN TO STATE OF THE STATE	on receipt of NTP	
Date of Delivery		PO which shall be as follows:	Payment Term:	Cheque	3. P.O. No.	
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	000 Amount	
209	PC	STRAIGHT CATHETER FR. 18 (SIMPLEX)	10	45.00	450.00	
210	PC	SUCTION CATHETER FR. 10 (PARTNERS)	15 May 1	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)	00 0 80	30.00		
214	PC '	SUCTION CATHETER FR. 18 (SURE-GUARD)	30	30.00	2,400.00	
215	PC	SUCTION CATHETER FR. 20 (NO BRAND)	ing Porchase I	photissmon a	900.00	
216	PC	SUCTION CATHETER FR. 5 (PARTNERS)	y - place of de	30.00	300.00	
217	PC	SUCTION CATHETER FR. 6 (NO BRAND)	30 (7) cal	30.00	119b 900.00	
218	PC	SUCTION CATHETER FR. 8 (PARTNERS)	30	30.00	600.00	
219	PCS	SUCTION SET (SIMPLEX)	00	30.00	900.00	
220	PCS	a possession of the goodstoop and the radmine.	1,000	515.00	515,000.00	
221	BXS	SUCTION TIP F-8 (PARTNERS)	1,000	30.00	30,000.00	
THE PARTY OF	THE PERSON NAMED IN	SURGICAL BLADE NO. 10 (PARTNERS) PAGE 17	ment on he su	875.00	8,750.00	
(Total Amoun	t in Words)	TAGE II	COLUMN TO THE PARTY OF THE PART	T 18159 1750	(.313	
Conform Involgen 13th Conform Involgen 13th involgen 13th	Signature ov	12/30/2024	Very truly yours	AMON V. GU	ICO III Authorized Officia	
(In c	ease of Negotiat	ed Purchase pursuant to Section 369 (a) of RA	A 7160, this portion	on must be acco	omplished.)	
Approved p	per Sanggunian	Resolution No.:	TOTALOU TOT LISTER	वार्ट गांव शांत अप	Original	
	d Correct:	Resolution No.: Diversity Diversity for file within five (5) days enter conformity by the conformity		To die Sup the DV up retained b. to be subn	Origina l Copv 2 Copv 3	

Supplier:	Non		LGU . INSTRUCTIONS		01645		
Address: 232-548-871-00000 TIN: Gentlement: Please furnish this Office the following articles subject to the terms and conditions contained herein: Please furnish this Office the following articles subject to the terms and conditions contained herein: Please of Delivery: Date of Delivery: Stock/ Property No. Unit Description Quantity Unit Cost Amount Property No. Unit Open receipt of NTP Decque Payment Term: Payment Term: Date of Delivery: Date Open Transpare, Pengasinan Delivery Term: Payment Term: Wint T.U.L. upon receipt of NTP Decque Wint T.U.L. upon receipt of NTP Decque Wint T.U.L. upon receipt of NTP Decque Delivery Term: Payment Term: Payment Term: Payment Term: Date Open Transpare, Pengasinan Delivery Term: Payment Term: Wint T.U.L. upon receipt of NTP Decque Wint Cost Amount Unit Cost Am	Supplier : _URF		TOLOTICAL DISTRIBUTORSHIP	P.O. No. :			
TIN: Please furnish this Office the following articles subject to the terms and conditions contained herein: Please furnish this Office the following articles subject to the terms and conditions contained herein: Please of Delivery: Date of Delivery: 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 4.375.00 225 BXS SURGICAL BLADE NO. 16 (PARTNERS) 5 875.00 4.375.00 226 BXS SURGICAL BLADE NO. 20 (PARTNERS) 5 875.00 4.375.00 227 PC SURGICAL BURSHS SCRUB WITH POWDONE (PRETA LD) 50 120.00 6.000.00 228 ROLL SURGICAL GLOVES SIZE 5.5 100'S (SURE-GUARD) 100 1.750.00 175.000.00 229 BXS SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,500.00 220 PAIR SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 221 PCS SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 222 PCS SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 223 PAIR SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 224 BXS SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 225 PCS SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 226 PCS SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 227 PCS SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 228 PAIR SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 229 PX SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 230 PX SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 240 PX SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 250 PX SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 251 PX SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 252 PX SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 253 PX SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 55.00 1,700.00 254 PX SURGICAL GLOVES SIZE 7.5 (SURGICAL GLOVES SIZE 7.5 (SURGICAL GLOVES SIZE 7.5 (SURGICAL GLOVES SIZE 7.5 (SURGICAL G	Address :	ANETA OILI, FA	geney entity, addressed to a supplication	Date: d bozu i	ionm/documen	titive hidding	
Gentlement: Please furnish this Office the following articles subject to the terms and conditions contained herein: Phase of Delivery: Date of Delivery: 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. 12 (PARTNERS) 5 875.00 4.375.00 225 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 BLADE NO. 22 (PARTNERS) 5 875.00 4.375.00 228 ROLL SURGICAL GAUZE ROLL (PARTNERS) 5 875.00 4.375.00 229 BXS SURGICAL GAUZE ROLL (PARTNERS) 5 875.00 4.375.00 220 221 BXS SURGICAL GAUZE ROLL (PARTNERS) 5 875.00 4.375.00 222 BXS SURGICAL GAUZE ROLL (PARTNERS) 5 875.00 4.375.00 4.375.00 228 BXS SURGICAL GAUZE ROLL (PARTNERS) 5 875.00 4.375.00 4.375.00 229 BXS SURGICAL GAUZE ROLL (PARTNERS) 5 875.00 4.375.00 5 800.00	293-54	48-871-00000	ms and conditions contained in the PO.	Mode of Procurement:			
Please furnish this Office the following articles subject to the terms and conditions contained herein: Place of Delivery:	TIN:			PR No./s	2004	J2-9200	
Delivery : Delivery : Delivery : Delivery Term : Cheque		se furnish this O	office the following articles subject to the terms a	and conditions con	ntained herein:		
Date of Delivery : Payment Term: Cheque	Place of Deliver	PHMSO, Ling	ayen, Pangasinan	Delivery Torre	. W/in / C.D. uj	oon receipt of NTP	
Stock/			PO which shall be as tollows:	dt of hamilage	Cheque	3. P.O. No.	
Property No. Unit Description Quantity Unit Cost Amount				Tayment Term			
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224 BXS SURGICAL BLADE NO. 15 (PARTNERS) 10 875.00 8,760.00	223	BXS	The state of the s	The state of the s			
228 BXS SURGICAL BLADE NO. 20 (PARTNERS) 5 875.00 4,375.00	224	BXS	CONTRACTOR OF THE PROPERTY OF	10			
226 BXS SURGICAL BLADE NO. 22 (PARTNERS) 5 875.00 4,375.00	225	BXS	The state of the s	anation of the	loud our to say	D - STREET THE	
227	226	BXS	2 - A STREET OF THE PROPERTY O		1.11	Substitute of the substitute o	
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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 (SURE-GUARD) 1,800 35.00 63,000.00 (Total Amount in Words) PAGE 18 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. Conforme: Very truly yours. Covernor Date Covernor Designation (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.) Approved per Sanggunian Resolution No.:	228			ing Purchase I	nuodsenion - s	6,000.00	
PAIR SURGICAL GLOVES SIZE 7 (SURE-GUARD) 1,800 35.00 63,000.00 231 BOX SURGICAL GLOVES SIZE 7 (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 (SURE-GUARD) 1,800 35.00 63,000.00 [Total Amount in Words) PAGE 18 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. Conforme: Very truly yours. Conforme: Very truly yours. ONALYH R. HIDALGO Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 120 1,750.00 210,000.00 Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 120 1,750.00 210,000.00 Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 35.00 63,000.00 Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 35.00 63,000.00 Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 35.00 63,000.00 Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 35.00 63,000.00 Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 35.00 63,000.00 Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 35.00 63,000.00 Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 35.00 Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 35.00 Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 35.00 Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 35.00 Total Amount in Words) FAGE 18 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 35.00 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,800 35.00 FOR THE SURGICAL GLOVES SIZE 7.5 (SURE-GUARD) 1,	229	of statedatine		y - place of de	1,900.00	152,000.00	
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SURGICAL GLOVES SIZE 7.5 (100°S (SURE-GUARD) 120 1,750.00 210,000.00 (Total Amount in Words) PAGE 18 In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s Conforme: Very truly yours, HON. RAMON V. GUICO III Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official Designation (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.) Approved per Sanggunian Resolution No.:	he Supply	DECAMBED DA	_ G-40	10,000	17.00	170,000.00	
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.) Certified Correct:	The state of	4 18	Company of the Compan	1,800	G v 35.00	63,000.00	
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Conforme: JOHALYN R. HIDALGO HON. RAMON V. GUICO III Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official	(Total Amoun	t in Words)	PAGE 18			(1010 .	
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.: Inamypo 101 Jeans 100 Min Juniary Clayrogan 100 Jeans 100	every day of del	ay shall be imp	sold on the undelivered item/s and about sold on the undelivered item/s and about sold on the undelivered item/s and about sold on the undelivered item/s and and a sold of the undelivered item/s and and a sold of the undelivered item/s and a sold of the undelivered item.	Very truly your HON. R. Signature over	s, AMON V. GU	Д. псо ш	
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Approved per Sangunian Resolution No.: Original the DV upon request for payment (app 2 - retained by the Supply and or Property Division/Unit for file Copp 3 - to be submitted to COA within five (5) days after conformity by the			Date		Designation	ncertified con	
the DV upon request for payment Copy 2 - retained by the Supply and/or Property Division/Unit for file :to be submitted to COA within five (5) days after conformity by the			Wollot as pounding	A 7160, this porti	on must be acco	omplished.)	
Copp. 2 - retained by the Supply and/or Property Division/Unit for file : to be submitted to COA within five (5) days after conformity by the			Incomes as one t o each to each of the one of the control of the c	TOT TOURS TO	In VO adu	mingino	
Copy 3 - to be submitted to COA within five (5) days after conformity by the	Certified	d Correct:					
	-	Secreta	ary to the Sanggunian	Г	Date Mague		

Supplier: NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP Address: URDANETA CITY, PANGASINAN		P.O. No.: 01645 Date: Mode of Progurement: Competitive disting EC 2				
TIN: 293-5	48-871-00000	O Tam at pathings coumbing bus sur	Mode of Procurement: PR No./s 2024-12-9200			
Gentlement:	se furnish this Offic	ce the following articles subject to the terms a	onor sa bonsino	ntained herein:	B. Instorm	
	y: PHMSO, Lingay	en, Pangasinan	Delivery Term	Cheque	n receipt of NTP	
Date of Delivery Stock/	/:		Payment Term	10010-1011-101	1 + 0/4 2 - 1	
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 PC	SURIGAL TOWEL (UNIMEX)	m 10 = 50 m - 1	200.00	10,000.00	
239	PACK	SUTURE NEEDLE 6 X 14 9 (UNIVERSAL)	30 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 (7) 10	340.00	3,400.00	
243	PC	SUTURE REMOVAL SCISSORS (NO BRAND)	20	550.00	11,000.00	
244	BXS	SYRINGE - 50CC (TERUMO)	no bottee bedi	1,440.00	14,400.00	
245	BXS	THERMAL PAPER TYPE V, 10's (SONY)	T150000 18	19,500.00	351,000.00	
246	PC	THERMAL SCANNER (NO BRAND)	20	900.00	18,000.00	
247	PC PC	THERMOMETER DIGITAL (PARTNERS)	mer 001 The su	150.00	15,000.00	
(Total Amount	in Words)	PAGE 19	100	(.0.)	Ja .	
	ilure to make the	full delivery within the time specified above	a a populty of or	ob 19110 - Hough	(2.4) ATRICAGO AN	
In case of fa	e: JONALYN Signature over I	full delivery within the time specified above do not the undelivered item/s Authorized R. HIDALGO Printed Name of Supplier 30/2024 Date	Very truly yours HON. Signature over F	RAMON V. GU	A Unit	
In case of fa every day of dela transport of the term, Conform New approval transport of the term Conform Con	e: JONALYN Signature over I	R. HIDALGO Printed Name of Supplier Date Purchase pursuant to Section 369 (a) of RA	Very truly yours HON. Signature over F	RAMON V. GU Printed Name of Au Governor Designation	A United Official Case of Manager	
In case of fa wery day of dela tree the term, Conform Near approval Resolution In the fact in the	e: JONALYN Signature over I	R. HIDALGO Printed Name of Supplier Date Purchase pursuant to Section 369 (a) of RA	Very truly yours HON. Signature over F	RAMON V. GU Printed Name of Au Governor Designation	A United Official Case of Manager	
In case of fa every day of dela (128 (128 (128 (128 (128 (128 (128 (128	e: JONALYN Signature over I 12/ use of Negotiated er Sanggunian Re Correct:	Purchase pursuant to Section 369 (a) of RA solution No.:	Very truly yours HON. Signature over F	RAMON V. GU Printell Name of Au Governor Designation on must be accompleted	Leng Line Penal Communication of the Communication	

Supplier: _URDANETA CITY, PANGASINAN Address:			P.O. No.: Date: Mode of Procurement: PR No./s Competitive to find the Competitive to Procurement: PR No./s		
Gentlement: Pleas		fice the following articles subject to the terms	and conditions cor	ntained herein:	B. This torm si
Place of Deliver		yen, Pangasinan	Delivery Term		on receipt of NIP
Date of Deliver		PO which shall be as follows:	Payment Term:	Cheque	3. P.O. No.
Stock/			1 2 2 2 2 2 2		- ana
Property No.	Unit	Description	Quantity	Unit Cost	Amount
248	UNIT	THERMOMETER GUN (NO BRAND)	5 01/	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	D - MRIT SECOND
252	GAL	ULTRASOUND GEL (UNIMEX)	5		1,600.00
253	BXS	ULTRASOUND GEL (1 BOX OF 2GALS) (UNIMEX)	10 01 4	1,800.00 3,600.00	9,000.00
254	PC	URINAL (STAINLESS) (NO BRAND)	ing Pittehase R	s - portespond	36,000.00
255	PCS	URINE BAG, ADULT (PARTNERS)	10	1,700.00	17,000.00
256	PC	URINE BAG, PEDIA (PARTNERS)	1,900	35.00	66,500.00
257	BXS	(VICRYL) 1 PLUS, 36's	600	7.50	4,500.00
258	BXS	Franklin Bullings	36	32,400.00	1,166,400.00
259	BXS	(VICRYL) 2-0 PLUS, 36's	20	32,400.00	648,000.00
260	BTS	(VICRYL) 3-0 PLUS, 36's	20	32,400.00	648,000.00
411111111111111111111111111111111111111	are the second and	VISIPAQUE 50ML (NO BRAND)	20	7,238.07	144,761.40
(Total Amoun	t in Words)	PAGE 20			(.019
every day of del (t) (t) (t) (t) (t) (t) (t) (t) (t) (t)	lay shall be impo	Shirk. ALYN R. HIDALGO T. Printed Name of Supplier	Very truly yours HON. RA Signature over I	AMON V. GU	Tanon All All All All All All All All All Al
(In c	case of Negotiate	d Purchase pursuant to Section 369 (a) of RA	A 7160, this portion	on must be acco	emplished.)
Approved p	er Sanggunian F	Resolution No.:	phy for confer	que entre entre	· Original
	d Correct:	one to the terms of the PC) and as attach payment	plict for confer- non-request for p withe Supply an nitted to COA w		Origina i. Copi 2 Copi 3

LGU ,

Supplier: NORTH CARE PHARMACEUTICAL DISTRIBUTORSHIP Address: URDANETA CITY, PANGASINAN 293-548-871-00000			P.O. No.: 01 5 4 5 Date: Mode of Procurement: PR No./s 2024-12-9200			
Gentlement: Pleas	e furnish this Off	ice the following articles subject to the terms a	and conditions con	ntained herein:	B. This form si	
Place of Deliver	v : PHMSO, Linga	yen, Pangasinan	Delivery Term	. w/in 7 C.D. u	pon receipt of NTP	
Date of Delivery		PO which shall be as follows:	Payment Term	Chagua	3. P.O. No.	
Stock/				0000		
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	вох	WEE DAG (DADTHEDO)	14 m		10,500.00	
264	PACK		ng to 972 m - 1	10 ml 202 10 200	108,000.00	
ement in		structing, repeat order, shopping, and n				
				rdance with R		
			ing Purchase F			
date of		livery and definite date/s of delivery; if	y - place of de	ate of Deliver	7. Place/D	
		lendar days after the receipt of the PO	in seven (7) car	very shall men	deli	
		OB destination FOB shipping point	ery serm i.e., h	rileb - mraT v	8. Deliver	
yna ii any,		quired when the delivered goods shall b	ar porred beni	1 Term - spec		
he Supply .		number of the goods to be purchased	Control of the control	near ninz se	Such	
tideline in		coemism of or energy sin to familiar		roperty No		
gox, ream.		polies/eoodsproperty being procured (nit of measure	n - finU . I I	
(Total Amount	in Words)	TWENTY-THREE MILLION THREE HUNDRED NINETEE		HUNDRED SIXTY-	P 23.319.468.10	
every day of dela	JONALY	Steff 10 chieb to cub viewe in the service of the s	Very truly yours HON. I	RAMON V. G	Tuthorized Officia	
(In ca	ase of Negotiated	d Purchase pursuant to Section 369 (a) of RA	A 7160, this porti	on must be acco	emplished.)	
Approved p	er Sanggunian R	esolution No.:	and the same		- Analysis (A	
Certified			on request for your supply an inted to COA v			
-	Secretar	y to the Sanggunian	D	Pate Tigue		
		y to the bungguman				