



Republic of the Philippines
PROVINCE OF PANGASINAN

Office of the Governor
2F Capitol Compound, Lingayen, Pangasinan

Supplier: **CYDEN MEDICALE TRADING INC.**
Address: **URDANETA CITY, PANGASINAN**
TIN: **762-34-10000** PR No.: **2023-12-8174**

Hon. Ramon V. Guico III, DPM
Governor

NOTICE TO PROCEED

30 January 2024

MR. MARK CYRILL P. VICENTE
President
CYDEN MEDICALE TRADING INC.
No. 15 Roadside Camanang, Urdaneta City,
Pangasinan

Dear Mr. Vicente:

The attached Contract Agreement having been approved, notice is hereby given to **CYDEN MEDICALE TRADING INC.** that the work may commence on the **Supply and Delivery of Various Drugs and Medicines at Pangasinan Provincial Hospital, San Carlos City, Pangasinan; General Fund FY 2024 (PHMSO); PR No. 2023-12-8174; Solicitation No. PANG-2023-12-1604-G**, effective within seven (7) calendar days after the receipt of this notice.

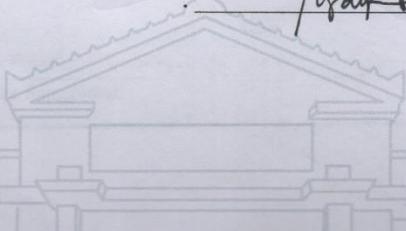
Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementing Schedule.

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 : 1/30/2024
Name of the Representative of the Bidder : ROSLYN D. PADUYOS
Authorized Signature : [Signature]





Republic of the Philippines
PROVINCE OF PANGASINAN
 Office of the Governor
 2F Capitol Compound, Lingayen, Pangasinan

Hon. Ramon V. Guico III, DPM
 Governor

NOTICE OF AWARD

26 January 2024

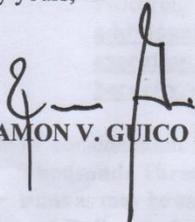
MR. MARK CYRILL P. VICENTE
 President
CYDEN MEDICALE TRADING INC.
 No. 15 Roadside Camanang, Urdaneta City,
 Pangasinan

Dear Mr. Vicente:

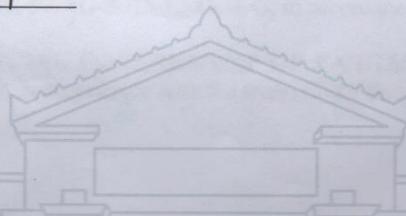
We are happy to notify you that your bid dated January 19,2024, for **Supply and Delivery of Various Drugs and Medicines at Pangasinan Provincial Hospital, San Carlos City, Pangasinan; General Fund FY 2024 (PHMSO); PR No. 2023-12-8174; Solicitation No. PANG-2023-12-1604-G**, is hereby awarded to you as the Bidder with Lowest Calculated and Responsive Bid at a contract price equivalent to **Seventy-Three Million, Five Hundred Fifty-Three Thousand, Three Hundred Thirty Pesos 77/100 Only (P73,553,330.77)**.

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: ROSLYN O. PACHAYDS
 Date 1/26/2024



HON. RAMON V. GUICO III
Governor

MR. MARK CYRILL P. VICENTE
President

For:

For:

PROVINCIAL GOVERNMENT
OF PANGASINAN

CYDEN MEDICALE TRADING INC.

ACKNOWLEDGEMENT

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

BEFORE ME, a Notary Public, for and in LINGAYEN, PANGASINAN, Pangasinan, Philippines, personally appeared the following with their respective proof of identity on JAN 29 2024 2023

HON. RAMON V. GUICO III
(Governor)

Proof of Identity : TIN
Licensed No. : 159-902-046-00000
Date Issued : September 8, 2019

MR. MARK CYRILL P. VICENTE
(Contractor)

Proof of Identity :
Licensed No. :
Date Issued/Exp. Date:

Known to me and to me known to be the same person who executed and signed the foregoing instrument and who acknowledged to me that the same are their true and voluntary acts and deeds and that of the agency/entity they respectively represent.

This instrument is a **CONTRACT AGREEMENT** for the **Supply and Delivery of Various Drugs and Medicines at Pangasinan Provincial Hospital, San Carlos City, Pangasinan; General Fund FY 2024 (PHMSO); PR No. 2023-12-8174; Solicitation No. PANG-2023-12-1604-G**, consisting of Two (2) pages including this page where the acknowledgement is written. Pages One and Two are signed on the corresponding spaces provided thereof by the Parties and their instrumental witnesses and sealed with my notarial seal.

WITNESS MY HAND AND SEAL this JAN 29 2024 day of _____, _____, in LINGAYEN, PANGASINAN, Pangasinan.

Doc. No. 306
Page No. 63
Book No. 14
Series of 2024

Notary Public
Until 31, December 20_____
ATTY. CLINTON CASTILLO CARAMAT
NOTARY PUBLIC FOR LINGAYEN, PANGASINAN
UNTIL DECEMBER 31, 2024 SEC 12-12-2022-I-007
Issued on: _____
ROLL OF ATTORNEY NO. 70971
PTR NO. 1203367, 01/02/2024, LINGAYEN, PANGASINAN
MCLE COMPLIANCE NO. VII-0013302-UNTIL 04/14/2025
IBP O.R. NO. 391628, 01/03/2024, PANGASINAN

This AGREEMENT made this 29th day of January 2024 between the PROVINCIAL GOVERNMENT OF PANGASINAN, of the Philippines (hereinafter called the "Procuring Entity") of the one part and CYDEN MEDICALE TRADING INC. (hereinafter called the "Contractor/Supplier") of the other part;

WHEREAS, the Entity is desirous that the Contractor execute the **Supply and Delivery of Various Drugs and Medicines at Pangasinan Provincial Hospital, San Carlos City, Pangasinan; General Fund FY 2024 (PHMSO); PR No. 2023-12-8174; Solicitation No. PANG-2023-12-1604-G**, and the Entity has accepted the Bid for **Seventy-Three Million, Five Hundred Fifty-Three Thousand, Three Hundred Thirty Pesos 77/100 Only (P73,553,330.77)** 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's 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 **Seventy-Three Million, Five Hundred Fifty-Three Thousand, Three Hundred Thirty Pesos 77/100 Only (P73,553,330.77)** or such other sums as may be ascertained, CYDEN MEDICALE TRADING INC. agrees to the **Supply and Delivery of Various Drugs and Medicines at Pangasinan Provincial Hospital, San Carlos City, Pangasinan; General Fund FY 2024 (PHMSO); PR No. 2023-12-8174; Solicitation No. PANG-2023-12-1604-G**, in accordance with his/her/its Bid.
4. The **PROVINCIAL GOVERNMENT OF PANGASINAN** agrees to pay the above-mentioned sum in accordance with the terms of the Bidding.

PURCHASE ORDER
PROVINCE OF PANGASINAN

LGU

Supplier : CYDEN MEDICALE TRADING INC.	P.O. No. : 00045
Address : URDANETA CITY, PANGASINAN	Date: 29 JAN 2024
TIN : 762-454-109-00000	Mode of Procurement: competitive bidding
	PR No./s 2023-12-8174

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

Place of Delivery : Provincial Governor's Office, Lingayen, Pangasinan	Delivery Term : w/in 7 C.D. upon receipt of NTP
Date of Delivery :	Payment Term: Cheque

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
287	tab	TAMSULOSIN HYDROCHLORIDE 200MG TABLET	400	32.00	12,800.00
288	tab	TELMISARTAN 40MG TABLET	300	13.50	4,050.00
289	amp	TETANUS ANTI-TOXIN 1500 IU	900	165.00	148,500.00
290	amp	TETANUS TOXOID 0.5ML AMP	700	120.00	84,000.00
291	amp	TRAMADOL 50MG/ML 2ML I.M/I.V AMP	9400	85.00	799,000.00
292	cap	TRANEXAMIC ACID 500MG CAPSULE	600	5.60	3,360.00
293	amp	TRANEXAMIC ACID 500MG/5ML AMP	3500	130.00	455,000.00
294	tab	TRIMETAZIDINE 35MG TABLET	7100	13.33	94,643.00
295	pcs	UNDERPADS	900	55.00	49,500.00
296	pcs	URINE BAG	1500	35.00	52,500.00
297	tab	URSODEOXYCHOLIC ACID 300MG TAB	500	55.00	27,500.00
298	tab	VALPROIC ACID 500MG TABLET	400	38.00	15,200.00
299	vial	VANCOMYCIN HYDROCHLORIDE 1G	600	1,400.00	840,000.00

(Total Amount in Words) **PAGE 23**

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: Roslyn O. Padua
Signature over Printed Name of Supplier

Very truly yours, Ramon V. Guico III
Signature over Printed Name of Authorized Official

1/29/2024
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 : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>00045</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date : <u>29 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement : <u>competitive bidding</u>
	PR No./s <u>2023-12-8174</u>

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

Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term : <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
274	tab	SPIRONOLACTONE 25MG TABLET	2000	28.40	56,800.00
275	tab	SPIRONOLACTONE 50MG TABLET	9000	27.00	243,000.00
276	pcs	STERILE SURGICAL GLOVES 6.5	5500	35.00	192,500.00
277	pcs	STERILE SURGICAL GLOVES 7.0	6000	35.00	210,000.00
278	pcs	STERILE SURGICAL GLOVES 7.5	6000	35.00	210,000.00
279	pcs	STERILE SURGICAL GLOVES 8.0	300	35.00	10,500.00
280	vial	STERILE WATER 50ML VIAL	1000	80.00	80,000.00
281	tab	SUCRALFATE 1G TABLET	3000	65.00	195,000.00
282	pcs	SUCTION CATHETER FR.8	120	30.00	3,600.00
283	pcs	SUCTION CATHETER FR16	1000	30.00	30,000.00
284	pcs	SUCTION POOLE DRAIN	600	515.00	309,000.00
285	pcs	SURGICAL TAPE / MICROPORE 1"X10YARDS	960	62.50	60,000.00
286	vial	SUXAMETHONIUM CHLORIDE 20MG VIAL	40	1,120.00	44,800.00

(Total Amount in Words) PAGE 22

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:

ROSLYN D. HADUYOS

Signature over Printed Name of Supplier

Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

1/29/2024

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 : CYDEN MEDICALE TRADING INC.	P.O. No. : 00045
Address : URDANETA CITY, PANGASINAN	Date : 29 JAN 2024
TIN : 762-454-109-00000	Mode of Procurement : competitive bidding
	PR No./s 2023-12-8174

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

Place of Delivery : Provincial Governor's Office, Lingayen, Pangasinan	Delivery Term : w/in 7 C.D. upon receipt of NTR
Date of Delivery :	Payment Term : Cheque

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
261	vial	SERO-TET 250 IU VIAL	60	2,000.00	120,000.00
262	bot	SEVOFLURANE 100% VOLATILE LIQUID FOR INHAL	72	19,500.00	1,404,000.00
263	pcs	SILICON FLAT DRAIN WITH SILICON BULD RESERVI	40	2,550.00	102,000.00
264	tube	SILVER SULFADIAZINE 20G CREAM	60	259.00	15,540.00
265	tab	SIMVASTATIN 10MG TABLET	500	5.00	2,500.00
266	tab	SIMVASTATIN 20MG TABLET	2000	4.00	8,000.00
267	tab	SIMVASTATIN 40MG TABLET	3000	6.00	18,000.00
268	tab	SODIUM BICARBONATE 650MG TABLET	1958	5.00	9,790.00
269	amp	SODIUM BICARBONATE 84MG/ML 20ML AMPULE	1200	240.00	288,000.00
270	bot	SODIUM CHLORIDE 0.9% 1L (GREEN)	46600	79.87	3,721,942.00
271	bot	SODIUM CHLORIDE 0.9% IRRIGATION 1L	5200	120.00	624,000.00
272	pcs	SOLU SET/SOLUTION SET	500	230.00	115,000.00
273	pcs	SPINAL NEEDLE G-25	700	175.00	122,500.00

(Total Amount in Words) **PAGE 21**

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: *[Signature]* Very truly yours, *[Signature]*
ROSLYN D. PAONIAS **HON. RAMON V. GUICO III**
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
 Date **1/29/2024** **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

Supplier : CYDEN MEDICALE TRADING INC.	P.O. No. : 00045
Address : URDANETA CITY, PANGASINAN	Date : 29 JAN 2024
TIN : 762-454-109-00000	Mode of Procurement: competitive bidding
	PR No./s 2023-12-8174

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

Place of Delivery : Pangasinan Provincial Hospital, San Carlos City, 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
248	amp	RANITIDINE HCL 25MG/ML AMPULE	4500	55.00	247,500.00
249	vial	REGULAR HUMAN INSULIN 100IU/ML VIAL 10ML	40	980.00	39,200.00
250	tab	ROSUVASTATIN 20MG TABLET	500	23.00	11,500.00
251	tab	ROSUVASTATIN CALCIUM 10MG	300	15.00	4,500.00
252	tab	SACUBITRIL+VALSARTAN	280	250.00	70,000.00
253	neb	SALBUTAMOL + IPRATROPIUM 1MG/200MCG / 2.5ML	13200	29.60	390,720.00
254	neb	SALBUTAMOL 1MG/ML (2.5MG/2.5ML) NEBULE 25'S	6100	16.50	100,650.00
255	bot	SALBUTAMOL 2MG SYRUP	44	50.00	2,200.00
256	bot	SALBUTAMOL 2MG/5ML SYRUP 60ML	56	50.00	2,800.00
257	pcs	SALBUTAMOL INHALER 200/C	60	400.00	24,000.00
258	bot	SALMETEROL+ FLUTICASONE 25 MCG/125 MCG	6	500.00	3,000.00
259	bot	SALMETEROL+ FLUTICASONE 25 MCG/250 MCG	114	500.00	57,000.00
260	tab	SAMBONG LEAF 500MG TABLET	1300	6.00	7,800.00

(Total Amount in Words) PAGE 20

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Conforme:

Roslyn D. Paduyos
ROSLYN D. PADUYOS
Signature over Printed Name of Supplier

Very truly yours,

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

1/29/2024
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 : CYDEN MEDICALE TRADING INC.	P.O. No. : 00045
Address : URDANETA CITY, PANGASINAN	Date : 29 JAN 2024
TIN : 762-454-109-00000	Mode of Procurement: competitive bidding
	PR No./s 2023-12-8174

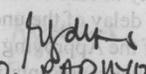
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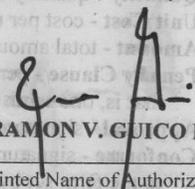
Place of Delivery : Pangasinan Provincial Hospital, San Carlos City, Pangasinan	Delivery Term : w/in 7 C.D. upon receipt of NTP
Date of Delivery :	Payment Term : Cheque

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
235	tab	POTASSIUM CHLORIDE 2meq VIAL	700	85.90	60,130.00
236	tab	POTASSIUM CHLORIDE 600MG TABLET	8000	68.00	544,000.00
237	tab	PREDNISON 10MG SUSP. 60ML	50	115.00	5,750.00
238	amp	PREDNISON 10MG TABLET	100	8.00	800.00
239	tab	PREDNISON 20MG TABLET	250	15.00	3,750.00
240	tab	PREDNISON 5MG TABLET	350	8.00	2,800.00
241	tab	PROLENE 0 30"-75CM 36MM CT-1	40	1,150.00	46,000.00
242	amp	PROLENE 4-0 18"	5	1,150.00	5,750.00
243	bot	PROLENE MESH 3"X6" POLYPROPYLENE	50	3,125.00	156,250.00
244	tab	PROPOFOL 10MG/ML 20ML VIAL	700	774.00	541,800.00
245	tab	PROPYLTHIOURACIL 50MG TABLET	100	18.75	1,875.00
246	vial	RABIES IMMUNOGLOBIN VIAL	100	1,700.00	170,000.00
247	vial	RABIES VACCINE FOR HUMAN 2.5 IU 1ML VIAL	300	2,400.00	720,000.00

(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:

ROSLYN D. PADUYOC
Signature over Printed Name of Supplier

Very truly yours,

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

1/29/2024
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

00045

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>28 JAN 2024</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date: <u>28 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2023-12-8174</u>

Gentlemen:
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Date of Delivery : _____	Payment Term : <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
222	bot	PARACETAMOL 100MG/ML DROPS 15ML	274	34.50	9,453.00
223	bot	PARACETAMOL 125MG/ML SUSP.	314	38.00	11,932.00
224	vial	PARACETAMOL 1G VIAL	100	450.00	45,000.00
225	bot	PARACETAMOL 250MG SUSP.	1194	38.00	45,372.00
226	amp	PARACETAMOL 300MG/ML AMPULE	8000	69.00	552,000.00
227	tab	PARACETAMOL 500MG TABLET	1000	2.00	2,000.00
228	cap	PHENYTOIN SODIUM 100MG CAPSULE	400	65.00	26,000.00
229	amp	PHENYTOIN SODIUM 50MG/ML AMPULE	1250	650.00	812,500.00
230	amp	PHYTOMENADIONE 10MG/ML AMPULE	1700	46.00	78,200.00
231	vial	PIPERACILLIN+TAZOBACTAM 2.25G VIAL	150	750.00	112,500.00
232	vial	PIPERACILLIN+TAZOBACTAM 4.5G VIAL	2797	850.00	2,377,450.00
233	pcs	PLASTER OF PARIS BANDAGE 4X5	200	302.90	60,580.00
234	amp	POTASSIUM CHLORIDE 2meq AMPULE	1500	85.90	128,850.00

(Total Amount in Words) PAGE 18

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Conforme:

ROSLYN O. PADUYOS

Signature over Printed Name of Supplier

Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

1/29/2024
Date

Governor

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

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Address : URDANETA CITY, PANGASINAN	Date: 29 JAN 2024
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Date of Delivery :	Payment Term: Cheque

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
209	amp	NOREPINEPHRINE 4ML AMPULE	3000	998.00	2,994,000.00
210	pcs	NOVOSYN 3/0 HR26 70CM	36	615.00	22,140.00
211	pcs	NOVOSYN QUICK UNDY 36"-90CM 3METRIC CUTTING	720	615.00	442,800.00
212	bot	NYSTATIN 12ML SUSP.	60	220.00	13,200.00
213	cap	OMEPRAZOLE 20MG CAPSULE	1500	6.50	9,750.00
214	cap	OMEPRAZOLE 40MG CAPSULE	1700	17.80	30,260.00
215	vial	OMEPRAZOLE 40MG VIAL	19500	120.00	2,340,000.00
216	sach	ORAL REHYDRATION SALTS SACHETS	300	16.00	4,800.00
217	vial	OXACILLIN 500MG VIAL	300	119.86	35,958.00
218	pcs	OXYGEN CANNULA NEONATE	200	95.00	19,000.00
219	pcs	OXYGEN MASK - ADULT	700	95.00	66,500.00
220	pcs	OXYGEN MASK - PEDIA	150	95.00	14,250.00
221	amp	OXYTOCIN 10IU/ML 1ML AMPULE	5450	120.00	654,000.00

(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 item/s

Conforme:

Roslyn D. Padua
ROSLYN D. PADUA

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

11/29/2024
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 : CYDEN MEDICALE TRADING INC.	P.O. No. : 00045
Address : URDANETA CITY, PANGASINAN	Date : 29 JAN 2024
TIN : 762-454-109-00000	Mode of Procurement : competitive bidding
	PR No./s 2023-12-8174

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

Place of Delivery : Pangasinan Provincial Hospital, San Carlos City, 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
196	tab	MONTELUKAST SODIUM 10MG TABLET	300	26.15	7,845.00
197	amp	MORPHINE SULFATE 10MG/ML 1ML AMPULE	50	187.50	9,375.00
198	bot	MULTIVITAMINS + DEXTROSE 500ML	20	900.00	18,000.00
199	pcs	MUPIROCIN 2% 5G	200	220.00	44,000.00
200	amp	NALBUPHINE HYDROCHLORIDE 10MG/ML AMPULE	600	250.00	150,000.00
201	pcs	NASAL OXYGEN CANNULA - ADULT	2100	62.00	130,200.00
202	pcs	NASAL OXYGEN CANNULA - INFANT	50	95.00	4,750.00
203	pcs	NASAL OXYGEN CANNULA - PEDIA	100	65.00	6,500.00
204	pcs	NEBULIZING KIT	1000	75.00	75,000.00
205	amp	NICARDIPINE HCL 10MG/ML AMPULE	3100	660.00	2,046,000.00
206	cap	NIFEDIPINE 10MG CAPSULE	900	7.00	6,300.00
207	cap	NITROFURANTOIN 100MG CAPSULE	100	12.00	1,200.00
208	pcs	NON-REBREATHER MASK ADULT	56	450.00	25,200.00

(Total Amount in Words) PAGE 16

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

Conforme: Roslyn O. Paounos Very truly yours, HON. RAMON V. GUICO III
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
 Date 1/29/2024 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

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>00045</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date : <u>29 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement : <u>competitive bidding</u>
	PR No./s <u>2023-12-8174</u>

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

Place of Delivery : <u>Pangasinan Provincial Hospital, San Carlos City, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term : <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
183	pcs	MERSILK 2-0 30"-75CM 25MM SH	70	235.00	16,450.00
184	tab	METFORMIN HCL 500MG FC TABLET	6000	7.58	45,480.00
185	tab	METFORMIN HCL 850MG TABLET	300	8.00	2,400.00
186	tab	METHYLDOPA 250MG TABLET	1400	19.00	26,600.00
187	amp	METHYLERGOMETRINE MALEATE 200MCG/ML AMPULE	400	64.00	25,600.00
188	tab	METHYLPREDNISOLONE 16MG TABLET	300	25.20	7,560.00
189	amp	METOCLOPRAMIDE HCL 10MG/ML AMPULE	5400	30.24	163,296.00
190	tab	METOPROLOL 50MG TABLET	1600	4.00	6,400.00
191	vial	METRONIDAZOLE 100ML VIAL	5700	65.00	370,500.00
192	bot	METRONIDAZOLE 125MG/ML SUSP.	55	57.00	3,135.00
193	tab	METRONIDAZOLE 500MG TABLET	1300	3.54	4,602.00
194	pcs	MICROSET/INFUSION SET	500	50.00	25,000.00
195	amp	MIDAZOLAM 5MG/1ML AMPULE	1600	350.00	560,000.00

(Total Amount in Words) PAGE 15

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

Conforme:

Very truly yours,

ROSILYN D. PANGLOS

HON. RAMON V. GUICO III

Signature over Printed Name of Supplier

Signature over Printed Name of Authorized Official

1/29/2024
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 : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>00045</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date : <u>29 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement : <u>competitive bidding</u>
	PR No./s : <u>2023-12-8174</u>

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

Place of Delivery : <u>Pangasinan Provincial Hospital, San Carlos City, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term : <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
170	tab	LEVOCETIRIZINE 5MG TABLET	200	50.00	10,000.00
171	vial	LEVOFLOXACIN 500MG VIALS	680	580.00	394,400.00
172	vial	LIDOCAINE HCL 2% 50ML VIAL	500	78.40	39,200.00
173	tab	LORATADINE 10MG TABLET	100	5.00	500.00
174	tab	LOSARTAN POTASSIUM 100MG TABLET	1000	12.00	12,000.00
175	tab	LOSARTAN POTASSIUM 50MG TABLET	8500	8.00	68,000.00
176	pcs	MACROSET/INFUSION SET	6500	45.00	292,500.00
177	vial	MAGNESIUM SULFATE 250MG/ML 20ML VIAL	1200	95.00	114,000.00
178	bot	MANNITOL 500ML	1900	250.00	475,000.00
179	cap	MEFENAMIC ACID 500MG CAPSULE	25500	5.50	140,250.00
180	vial	MEROPENEM 1G VIAL	1200	850.00	1,020,000.00
181	pcs	MERSILK 2-0 13-24"-60CM NON NEEDLE	500	235.00	117,500.00
182	pcs	MERSILK 2-0 18"-45CM 26MM NEEDLE	260	191.50	49,790.00

(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:

ROSLYN D. PADUYOS

Signature over Printed Name of Supplier

Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

Date

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

Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

Date

PURCHASE ORDER
PROVINCE OF PANGASINAN
 LGU

Supplier : CYDEN MEDICALE TRADING INC.	P.O. No. : 00045
Address : URDANETA CITY, PANGASINAN	Date: 29 JAN 2024
TIN : 762-454-109-00000	Mode of Procurement: competitive bidding
	PR No./s 2023-12-8174

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

Place of Delivery : Pangasinan Provincial Hospital, San Carlos City, 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
157	amp	ISOXSUPRINE HYDROCHLORIDE 5MG/ML AMPULE	300	260.00	78,000.00
158	pcs	IV CANNULA W/O INJECTION VALVE 26G	3000	120.00	360,000.00
159	pcs	IV CANNULA WITH INJECTION VALVE 18G	3700	95.00	351,500.00
160	pcs	IV CANNULA WITH INJECTION VALVE 22G	6600	95.00	627,000.00
161	pcs	IV CANNULA WITH INJECTION VALVE 24G	3600	95.00	342,000.00
162	pcs	IV CANNULA WITH INJECTION VALVE 26G	200	120.00	24,000.00
163	vial	KETAMINE HCL 50MG/ML 10ML VIAL	40	2,397.00	95,880.00
164	amp	KETOROLAC 30MG INJECTION	4000	46.50	186,000.00
165	bot	LACTATED RINGERS SOLUTION 1L (BLUE)	21000	85.00	1,785,000.00
166	bot	LACTULOSE 3.33G/5ML SOLUTION 120ML	1032	269.00	277,608.00
167	tab	LAGUNDI 300MG TABLET	1500	6.49	9,735.00
168	tab	LAGUNDI 600MG TABLET	6000	6.49	38,940.00
169	tab	LEVETIRACETAM 500MG TABLET	400	34.00	13,600.00

(Total Amount in Words) PAGE 13

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

Conforme:

Roslyn D. Laduyos
ROSLYN D. LADUYOS
 Signature over Printed Name of Supplier

Very truly yours,

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

11/21/2024
 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 : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>29 00045</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date : <u>29 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement : <u>competitive bidding</u>
	PR No./s <u>2023-12-8174</u>

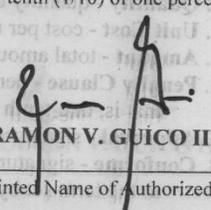
Gentlemen:
Please furnish this Office the following articles subject to the terms and conditions contained herein:

Place of Delivery : <u>Pangasinan Provincial Hospital, San Carlos City, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term : <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
144	amp	HYDRALAZINE HYDROCHLORIDE 20MG AMPULE	1200	232.00	278,400.00
145	vial	HYDROCORTISONE SODIUM 100MG VIALS	3334	95.00	316,730.00
146	vial	HYDROCORTISONE SODIUM 250MG VIALS	5480	165.00	904,200.00
147	bag	HYDROXYETHYL STARCH 60MG	420	1,525.00	640,500.00
148	amp	HYOSCINE N-BUTYL BROMIDE 20MG/ML AMPULE	1200	35.00	42,000.00
149	tab	IBUPROFEN 400 MG TABLET	400	3.10	1,240.00
150	pcs	INSULIN SYRINGE 1/2CC	1000	16.00	16,000.00
151	pcs	INSULIN SYRINGE 1CC	4000	16.00	64,000.00
152	tab	IRBESARTAN 150MG TABLET	300	17.32	5,196.00
153	amp	IRON SUCROSE 20MG/ML AMPULE	130	600.00	78,000.00
154	tab	ISOSORBIDE DINATRATE 5MG TABLET	340	37.00	12,580.00
155	tab	ISOSORBIDE MONONITRATE 60MG TABLET	1410	29.00	40,890.00
156	tab	ISOXSUPRINE HCL 10MG TABLET	200	13.00	2,600.00

(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: _____ Very truly yours, 

HON. RAMON V. GUICO III

Signature over Printed Name of Supplier: ROSLYN D. PHOUYOS Signature over Printed Name of Authorized Official: _____

Date: 1/29/2024 **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

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>00045</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date: <u>29 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2023-12-8174</u>

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

Place of Delivery : <u>Pangasinan Provincial Hospital, San Carlos City, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
131	tab	FINASTERIDE 5MG TABLET	400	36.00	14,400.00
132	cap	FLUCONAZOLE 150MG CAPSULE	150	240.00	36,000.00
133	pcs	FOLEY CATHETER F.12	20	75.00	1,500.00
134	pcs	FOLEY CATHETER F.16	1000	75.00	75,000.00
135	pcs	FOLEY CATHETER FR. 8	20	75.00	1,500.00
136	pcs	FOLEY CATHETER Fr.10	20	75.00	1,500.00
137	amp	FUROSEMIDE 10MG/ML AMPULE	6245	30.00	187,350.00
138	tab	FUROSEMIDE 40MG TABLET	700	4.00	2,800.00
139	bot	GEL FOAM	40	3,100.00	124,000.00
140	amp	GENTAMICIN 40MG/ML AMPULE	2500	18.00	45,000.00
141	tab	GLICLAZIDE 80MG TABLET	4400	18.00	79,200.00
142	cap	HEPARIN CAP	1000	45.00	45,000.00
143	vial	HUMAN ALBUMIN 20% VIAL	800	3,984.00	3,187,200.00

PAGE 11

(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:

ROSALYN O. PATUYAS
 Signature over Printed Name of Supplier

Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

1/29/2024
 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 : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>00045</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date : <u>29 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2023-12-8174</u>

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

Place of Delivery : <u>Pangasinan Provincial Hospital, San Carlos City, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
118	bot	EPERISONE HCL 50MG TABLET	600	35.02	21,012.00
119	bot	EPHEDRINE SULFATE 50MG/ML 1ML AMPULE	400	215.00	86,000.00
120	bot	EPIDURAL SET G18	120	1,900.00	228,000.00
121	amp	EPINEPHRINE 1MG/ML 1.M/LV AMPULE	2950	80.00	236,000.00
122	tab	EPOETIN ALFA 4000IU/0.5ML	870	950.00	826,500.00
123	bot	ERYTHROMYCIN 5MG OINTMENT	90	270.00	24,300.00
124	amp	EURO-ION IN D5 WATER 500ML VIOLET	10000	84.68	846,800.00
125	tab	EUROSOL D5 WATER 1L ORANGE	1500	84.00	126,000.00
126	bot	FENOFIBRATE 200MG CAPSULE	800	14.00	11,200.00
127	cap	FENTANYL CITRATE 50MCG/ML AMPULE	250	374.00	93,500.00
128	amp	FERROUS SULFATE 15ML DROPS	144	29.50	4,248.00
129	pcs	FERROUS SULFATE 60ML SYRUP	144	38.00	5,472.00
130	pcs	FERROUS SULFATE+FOLIC ACID 60MG/250MCG TAB	13500	5.00	67,500.00

(Total Amount in Words) PAGE 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 item/s

Conforme:

ROSLYN D. PADUYOS

Signature over Printed Name of Supplier

Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

1/29/2024
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 : CYDEN MEDICALE TRADING INC.	P.O. No. : 00045
Address : URDANETA CITY, PANGASINAN	Date: 29 JAN 2024
TIN : 762-454-109-00000	Mode of Procurement: competitive bidding
	PR No./s 2023-12-8174

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

Place of Delivery : Pangasinan Provincial Hospital, San Carlos City, Pangasinan	Delivery Term : w/in 7 C.D. upon receipt of NTP
Date of Delivery :	Payment Term: Cheque

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
105	pcs	ELASTIC BANDAGE - 6X5 FLESH	370	85.00	31,450.00
106	tab	ENALAPRIL MALAEATE 5MG TABLET	1000	13.50	13,500.00
107	pcs	ENDOTRACHEAL /ET TUBE 2.0 UNCUFFED	40	149.00	5,960.00
108	pcs	ENDOTRACHEAL /ET TUBE 2.5 UNCUFFED	40	149.00	5,960.00
109	pcs	ENDOTRACHEAL /ET TUBE 3.0 UNCUFFED	40	149.00	5,960.00
110	pcs	ENDOTRACHEAL /ET TUBE 3.5 UNCUFFED	40	149.00	5,960.00
111	pcs	ENDOTRACHEAL /ET TUBE 4.5 UNCUFFED	25	149.00	3,725.00
112	pcs	ENDOTRACHEAL /ET TUBE 5.0 CUFFED	20	149.00	2,980.00
113	pcs	ENDOTRACHEAL /ET TUBE 5.5 CUFFED	50	149.00	7,450.00
114	pcs	ENDOTRACHEAL /ET TUBE 7.0 CUFFED	30	149.00	4,470.00
115	pcs	ENDOTRACHEAL /ET TUBE 7.5 CUFFED	100	149.00	14,900.00
116	pfs	ENOXAPARIN SODIUM PRE FILLED SYRINGE 0.4	1650	794.00	1,310,100.00
117	pfs	ENOXAPARIN SODIUM PRE FILLED SYRINGE 0.6	125	780.00	97,500.00

PAGE 9

(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:

Roslyn C. Paluyos
ROSLYN C. PALUYOS

Signature over Printed Name of Supplier

Very truly yours,

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

Signature over Printed Name of Authorized Official

Governor

Designation

Date

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

Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

Date

PURCHASE ORDER
PROVINCE OF PANGASINAN

LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>00045</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date : <u>29 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement : <u>competitive bidding</u>
	PR No./s <u>2023-12-8174</u>

Gentlemen:

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

Place of Delivery : <u>Pangasinan Provincial Hospital, San Carlos City, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term : <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
92	amp	DIGOXIN 250MCG AMPULE	1050	310.00	325,500.00
93	tab	DIGOXIN 250MCG TABLET	300	5.00	1,500.00
94	cap	DIPHENHYDRAMINE 50MG CAPSULE	200	3.48	696.00
95	amp	DIPHENHYDRAMINE HCL 50MG/ML AMPULE	2700	98.00	264,600.00
96	pcs	DISPOSABLE SYRINGE 10CC 100'S	37000	14.50	536,500.00
97	pcs	DISPOSABLE SYRINGE 1CC 100'S	14000	13.50	189,000.00
98	pcs	DISPOSABLE SYRINGE 20CC 50'S	3600	33.50	120,600.00
99	pcs	DISPOSABLE SYRINGE 3CC 100'S	35000	10.50	367,500.00
100	pcs	DISPOSABLE SYRINGE 5CC 100'S	80000	11.50	920,000.00
101	amp	DOBUTAMINE HYDROCHLORIDE 5ML AMPULE	1650	680.00	1,122,000.00
102	amp	DOPAMINE HYDROCHLORIDE 40MG/ML AMPULE	3140	155.00	486,700.00
103	pcs	DOUBLE LUMEN FR.12	30	4,800.00	144,000.00
104	cap	DOXYCYCLINE 100MG CAPSULE	500	2.56	1,280.00

(Total Amount in Words) PAGE 8

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

Conforme: ROSLYN C. FACAYOS Very truly yours, HON. RAMON V. GUICO III
Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official

1/29/2024 Governor
Date Designation

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

Approved per Sanggunian Resolution No.: _____
Certified Correct: _____
Secretary to the Sanggunian Date

PURCHASE ORDER
PROVINCE OF PANGASINAN
 LGU

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>00045</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date: <u>29 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2023-12-8174</u>

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

Place of Delivery : <u>Pangasinan Provincial Hospital, San Carlos City, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery :	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
79	tab	COTRIMOXAZOLE 960MG TABLET	500	7.80	3,900.00
80	pcs	CTT FR.28	15	746.398	11,195.97
81	pcs	CTT FR.32	30	755.00	22,650.00
82	amp	DEXAMETHASONE 4MG/2ML AMPULE	2000	70.00	140,000.00
83	bot	DEXTROSE 10% IN WATER 500ML TURQUOISE	820	94.62	77,588.40
84	bot	DEXTROSE 5% IN 0.3% SODIUM CHLORIDE 500ML SKYBLUE	9600	84.68	812,928.00
85	bot	DEXTROSE 5% IN LACTATED RINGERS SOLUTION PIN	27200	88.00	2,393,600.00
86	bot	DEXTROSE 5% IN LACTATED RINGERS SOLUTION PIN	3350	80.38	269,273.00
87	bot	DEXTROSE 5% IN WATER RED 1L	550	84.00	46,200.00
88	bot	DEXTROSE 5% IN WATER RED 500ML	1960	88.00	172,480.00
89	bot	DEXTROSE 50% SOLUTION 50ML	3700	78.40	290,080.00
90	amp	DIAZEPAM 5MG/ML AMPULE	1550	185.00	286,750.00
91	amp	DICLOFENAC 25MG/3ML AMP	700	68.00	47,600.00

(Total Amount in Words) **PAGE 7**

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

Conforme:

[Signature]
ROSLIN D. PADUYAS

Signature over Printed Name of Supplier

Very truly yours,

[Signature]
HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

1/29/2024
 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 : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>00045</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date : <u>29 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement : <u>competitive bidding</u>
	PR No./s <u>2023-12-8174</u>

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

Place of Delivery : <u>Pangasinan Provincial Hospital, San Carlos City, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term : <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
66	cap	CLINDAMYCIN 300MG CAPSULE	1300	37.00	48,100.00
67	amp	CLINDAMYCIN 300MG/2ML AMPULE	3100	295.00	914,500.00
68	amp	CLINDAMYCIN 600MG/4ML AMPULE	5100	390.00	1,989,000.00
69	amp	CLONIDINE HYDROCHLORIDE 150MCG/ML AMPULE	2500	227.70	569,250.00
70	tab	CLONIDINE HYDROCHLORIDE 75MCG TABLET	700	42.00	29,400.00
71	tab	CLOPIDOGREL 75MG TABLET	5000	18.50	92,500.00
72	bot	CO-AMOXICLAV 156.25MG SUSPENSION 60ML	50	250.00	12,500.00
73	tab	CO-AMOXICLAV 1G TAB	22	110.00	2,420.00
74	bot	CO-AMOXICLAV 250MG/62.5 MG PER 5ML 60ML SUSPENSION 1'S	100	310.00	31,000.00
75	bot	CO-AMOXICLAV 457MG/5ML SUSP. 70ML	100	340.00	34,000.00
76	tab	CO-AMOXICLAV 625MG TABLET	1500	32.62	48,930.00
77	bot	COTRIMOXAZOLE 200/40MG SUSPENSION 60ML	5	34.00	170.00
78	bot	COTRIMOXAZOLE 400MG SUSP.	100	120.00	12,000.00

(Total Amount in Words) PAGE 6

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

Conforme:

ROSLYN D. PAONLOS

Signature over Printed Name of Supplier

Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

1/29/2024

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 : CYDEN MEDICALE TRADING INC.	P.O. No. : 00045
Address : URDANETA CITY, PANGASINAN	Date : 29 JAN 2024
TIN : 762-454-109-00000	Mode of Procurement: competitive bidding
	PR No./s 2023-12-8174

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

Place of Delivery : Pangasinan Provincial Hospital, San Carlos City, 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
53	vial	CEFUROXIME 750MG VIAL	12000	88.30	1,059,600.00
54	cap	CELECOXIB 200MG CAPSULE	17400	19.00	330,600.00
55	tab	CETIRIZINE 10MG TABLET	3300	4.50	14,850.00
56	bot	CETIRIZINE 2.5MG/ML DROPS 10ML	144	70.00	10,080.00
57	bot	CETIRIZINE 5MG SUSP. 60ML	244	114.00	27,816.00
58	amp	CHLORPHENAMINE MALEATE 10MG/ML AMPULE	1100	36.00	39,600.00
59	bot	CHLORPHENAMINE MALEATE 2.5MG/5ML SUSP.	100	33.00	3,300.00
60	tab	CHLORPHENAMINE MALEATE 4MG TABLET	500	3.00	1,500.00
61	tab	CILOSTAZOL 50MG TABLET	300	12.00	3,600.00
62	vial	CIPROFLOXACIN 200MG/ML VIAL	1000	240.00	240,000.00
63	tab	CIPROFLOXACIN 500MG TABLET	3300	6.90	22,770.00
64	bot	CLARITHROMYCIN 125MG SUSP.	110	250.00	27,500.00
65	tab	CLARITHROMYCIN 500MG TABLET	980	42.90	42,042.00

(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:

Roslyn D. Paolinos
ROSLYN D. PAOLINOS

Signature over Printed Name of Supplier

Very truly yours,

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

Signature over Printed Name of Authorized Official

1/29/2024
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 : CYDEN MEDICALE TRADING INC.	P.O. No. : 00045
Address : URDANETA CITY, PANGASINAN	Date: 29 JAN 2024
TIN : 762-454-109-00000	Mode of Procurement: competitive bidding
	PR No./s 2023-12-8174

Gentlemen:
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Place of Delivery : Pangasinan Provincial Hospital, San Carlos City, 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
40	tab	BUTAMIRATE CITRATE 50MG TABLET	2600	30.00	78,000.00
41	tab	CALCIUM CARBONATE 500MG TABLET	6500	5.12	33,280.00
42	amp	CALCIUM GLUCONATE 10ML AMPULE	300	105.00	31,500.00
43	tab	CAPTAPRIL 25MG TABLET	1100	2.95	3,245.00
44	amp	CARBOPROST 250MG AMP	2862	980.00	2,804,760.00
45	tab	CARVEDILOL 6.25MG TABLET	6500	13.00	84,500.00
46	cap	CEFALEXIN 500MG CAPSULE	40100	5.50	220,550.00
47	vial	CEFOTAXIME SODIUM 1G VIAL	550	210.00	115,500.00
48	vial	CEFOXITIN SODIUM 1G VIAL	900	800.00	720,000.00
49	vial	CEFTAZIDIME PENTAHYDRATE 1G VIAL	1500	210.00	315,000.00
50	vial	CEFTAZIDIME PENTAHYDRATE 1G VIAL+DILUENT 1'S	1500	228.45	342,675.00
51	vial	CEFTRIAXONE NA VIAL 1G	10000	88.30	883,000.00
52	tab	CEFUROXIME 500MG TABLET	7700	40.25	309,925.00

(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: *Roslyn D. Paonyos* Very truly yours, *Ramon V. Guico III*
ROSLYN D. PAONYOS **HON. RAMON V. GUICO III**
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official

Governor
 Designation

1/29/2024
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 : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>00045</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date: <u>29 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2023-12-8174</u>

Gentlemen:
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Date of Delivery : _____	Payment Term: <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
27	amp	ATRACURIUM BESILATE 10MG AMPULE	150	230.00	34,500.00
28	amp	ATROPINE (AS SULFATE) 1MG/ML SOLUTION FOR INJECTION AMP 10'S	500	120.00	60,000.00
29	tab	AZITHROMYCIN 500MG TABLET	3000	58.00	174,000.00
30	tab	BACLOFEN 10MG TABLET 5	300	20.81	6,243.00
31	tab	BETAHISTINE HYDROCHLORIDE 16MG TABLET	800	28.90	23,120.00
32	tab	BETAHISTINE HYDROCHLORIDE 24MG TABLET	1900	54.12	102,828.00
33	tab	BETAHISTINE HYDROCHLORIDE 8MG TABLET	500	60.00	30,000.00
34	supp	BISACODYL 10MG SUPPOSITORY	4500	90.00	405,000.00
35	tab	BISACODYL 5MG TABLET	200	3.00	600.00
36	pcs	BLOOD TRANSFUSION SET	1400	165.00	231,000.00
37	neb	BUDESONIDE NEBULES	6500	78.40	509,600.00
38	amp	BUPIVACAINE HEAVY 500MG AMPULE	1100	1,225.00	1,347,500.00
39	amp	BUPIVACAINE ISOBARIC 5% AMPULE	140	1,225.00	171,500.00
(Total Amount in Words)					

PAGE 3

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

Conforme: Roslyn D. Paduyos
Signature over Printed Name of Supplier

Very truly yours, HON. RAMON V. GUICO III
Signature over Printed Name of Authorized Official

1/29/2024
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 : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>00045</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date : <u>29 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2023-12-8174</u>

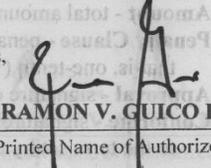
Gentlemen:
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Place of Delivery : <u>Pangasinan Provincial Hospital, San Carlos City, Pangasinan</u>	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u>
Date of Delivery : _____	Payment Term : <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
14	tab	AMLODIPINE 5MG TABLET	5000	2.70	13,500.00
15	bot	AMOXICILLIN 100MG/ML DROPS 10ML	100	29.00	2,900.00
16	bot	AMOXICILLIN 125MG/5ML SUSP. 60ML	100	34.50	3,450.00
17	cap	AMOXICILLIN 250MG CAPSULE	500	3.66	1,830.00
18	bot	AMOXICILLIN 250MG/5ML SUSP	100	49.00	4,900.00
19	cap	AMOXICILLIN 500MG CAPSULE	1100	3.60	3,960.00
20	vial	AMPICILLIN SODIUM 1G VIAL	2500	36.00	90,000.00
21	vial	AMPICILLIN SODIUM 250MG VIAL	5400	37.00	199,800.00
22	vial	AMPICILLIN+SULBACTAM 500MG/250MG VIAL	3600	120.00	432,000.00
23	bot	ASCOF FORTE SYRUP 600MG/60ML	50	350.00	17,500.00
24	bot	ASEPTO SYRINGE IRRIGATION	100	60.00	6,000.00
25	tab	ASPIRIN 80MG TABLET	4700	2.20	10,340.00
26	tab	ATORVASTATIN CALCIUM 40MG TABLET	3600	28.00	100,800.00

(Total Amount in Words) PAGE 2

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

Conforme: _____ Very truly yours, 
ROSLYN D. PAOMAYOS **HON. RAMON V. GUICO III**
 Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official
 Date 1/29/2024 **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

Supplier : <u>CYDEN MEDICALE TRADING INC.</u>	P.O. No. : <u>000459</u>
Address : <u>URDANETA CITY, PANGASINAN</u>	Date: <u>29 JAN 2024</u>
TIN : <u>762-454-109-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2023-12-8174</u>

Gentlemen:
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Date of Delivery : _____	Payment Term : <u>Cheque</u>

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	amp	ACETYLCYSTEINE 100MG/ML AMP	120	161.00	19,320.00
2	vial	ACICLOVIR 250MG VIAL	50	977.00	48,850.00
3	tab	ACICLOVIR 400MG TABLET	100	35.00	3,500.00
4	tab	ALLOPURINOL 100MG TABLET	600	5.00	3,000.00
5	tab	ALLOPURINOL 300MG TABLET	500	9.25	4,625.00
6	bot	ALUMINUM MAGNESIUM 120ML SUSP.	50	41.50	2,075.00
7	tab	ALUMINUM MAGNESIUM 200MG/100MG TABLET	1400	3.40	4,760.00
8	bot	ALUMINUM MAGNESIUM 60ML SUSP.	120	38.00	4,560.00
9	vial	AMIKACIN 50MG VIAL	900	89.00	80,100.00
10	bot	AMINO ACID+SORBITOL IV 500ML	720	900.00	648,000.00
11	amp	AMINOPHYLLINE 25MG/ML AMPULE	5	58.00	290.00
12	amp	AMIODARONE HCl 50MG/ML 3ML AMPULE	80	448.00	35,840.00
13	tab	AMLODIPINE 10MG TABLET	9500	4.70	44,650.00

(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 items

Conforme:

Very truly yours,

ROSLYN D. PAOUYOS

HON. RAMON V. GUICO III

Signature over Printed Name of Supplier

Signature over Printed Name of Authorized Official

1/29/2024
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