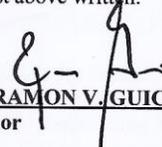


4. The **PROVINCIAL GOVERNMENT OF PANGASINAN** agrees to pay the above-mentioned sum in accordance with the terms of the Bidding.

IN WITNESS whereof the parties thereto have caused this Agreement to be executed in the day and year first above written.

  
**HON. RAMON V. GUICO III**  
Governor

  
**MR. BRENDIX V. MAMARIL**  
Authorized Representative

For:

For:

**PROVINCIAL GOVERNMENT  
OF PANGASINAN**

**GRUPO CLARIS MULTI-PURPOSE  
COOPERATIVE**

**ACKNOWLEDGEMENT**

Republic of the Philippines )  
Province of Pangasinan ) S.S.  
Municipality of \_\_\_\_\_ )

BEFORE ME, a Notary Public, for and in \_\_\_\_\_, Pangasinan, Philippines, personally appeared the following with their respective proof of identity on JUN 28 2024, 2024

**HON. RAMON V. GUICO III**  
(Governor)

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

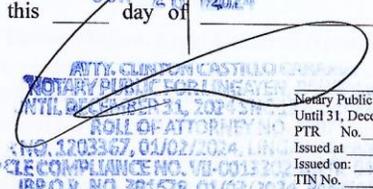
**MR. BRENDIX V. MAMARIL**  
(Contractor)

Proof of Identity : DRIVER'S LICENSE  
Date Issued : 02/15/2023  
Expiry date : 02/15/2033

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 Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan (for use of various hospitals – Bayambang District Hospital, Asingan Community Hospital, Umingan Community Hospital, Bolinao Community Hospital, Mangatarem District Hospital, Mapandan Community and Pozorrubio Community Hospital); Trust Fund; PR No. 2024-05-3197; Solicitation No. PANG-2024-05-0668-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 JUN 28 2024 day of \_\_\_\_\_, in LINGAYEN, PANGASINAN Pangasinan.

  
Notary Public  
Until 31, December 20\_\_\_\_  
PTR No. \_\_\_\_\_  
Issued at \_\_\_\_\_  
TIN No. \_\_\_\_\_

Doc. No. 510  
Page No. 108  
Book No. \_\_\_\_\_  
Series of 2024

## CONTRACT AGREEMENT

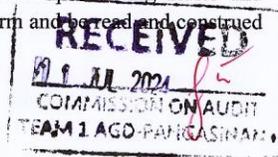
This AGREEMENT made this 28<sup>th</sup> day of June 2024 between the **PROVINCIAL GOVERNMENT OF PANGASINAN**, of the Philippines (hereinafter called the "Procuring Entity") of the one part and **GRUPO CLARIS MULTI-PURPOSE COOPERATIVE** (hereinafter called the "Contractor/Supplier") of the other part;

**WHEREAS**, the Entity is desirous that the Contractor execute the **Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan** (for use of various hospitals – Bayambang District Hospital, Asingan Community Hospital, Umingan Community Hospital, Bolinao Community Hospital, Mangatarem District Hospital, Mapandan Community and Pozorrubio Community Hospital); Trust Fund; PR No. 2024-05-3197; Solicitation No. PANG-2024-05-0668-G, and the Entity has accepted the Bid for **Eleven Million, Eight Hundred Ninety Thousand Pesos Only (P11,890,000.00)** by the Contractor for the execution and completion of such Works and to remedy any defects therein.

NOW, THIS AGREEMENT WITNESSETH AS FOLLOWS:

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

Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (e.g., Bidder' response to request for clarifications on the bid) , including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation.
  - iii. Performance Security;
  - iv. Notice of Award of Contract; and the Bidder's conforme thereto; and
  - v. Other contract documents that may be required by the existing laws and/or the Procuring Entity concerned in the PBD's. **Winning bidder agrees that the additional contract documents or information prescribed by the contract execution, such as the Notice to Proceed, Variation Orders, and warranty Security, shall likewise form part of the Contract.**
3. In consideration for the sum of **Eleven Million, Eight Hundred Ninety Thousand Pesos Only (P11,890,000.00)** or such other sums as may be ascertained, **GRUPO CLARIS MULTI-PURPOSE COOPERATIVE** agrees to the **Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan** (for use of various hospitals – Bayambang District Hospital, Asingan Community Hospital, Umingan Community Hospital, Bolinao Community Hospital, Mangatarem District Hospital, Mapandan Community and Pozorrubio Community Hospital); Trust Fund; PR No. 2024-05-3197; Solicitation No. PANG-2024-05-0668-G, in accordance with his/her/its Bid.



**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

Supplier : <u>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>	P.O. No. : <u>00704</u>
Address : <u>Pozorrubio, Pangasinan</u>	Date: <u>2024-05-28</u>
TIN : <u>409-434-730-00000</u>	Mode of Procurement: <u>competitive bidding</u>
	PR No./s <u>2024-05-3197</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>

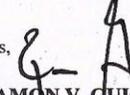
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
261	amp	TRAMADOL 50MG/ML (TRAMIDE)	2750	85.00	233,750.00
262	amp	TRANEXAMIC ACID 100MG/ML (TRANESAPH)	1060	129.00	136,740.00
263	cap	TRANEXAMIC ACID 500MG (TRANEXT)	800	5.60	4,480.00
264	tab	TRIMETAZINE 35MG (TRIMEBET)	3300	13.33	43,989.00
265	amp	VERAPAMIL	60	289.00	17,340.00
266	amp	VITAMIN B COMPLEX ampule (VITACORE)	650	50.00	32,500.00
267	tab	VITAMIN B COMPLEX tab (NEUROBEXOL)	4200	2.85	11,970.00
268	bts	ZINC SULFATE DROPS (ENERZINC)	220	65.00	14,300.00
269	bts	ZINC SULFATE SYRUP (IMMUNOSAPH 55)	594	85.00	50,490.00
XXXXX - XXXXX					

(Total Amount in Words) ELEVEN MILLION EIGHT HUNDRED NINETY THOUSAND PESOS ONLY P 11,890,000.00

In case of failure to make the full delivery within the stipulated period, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered quantity.

Conforme:   
Brendix V. Mamaril  
Signature over Printed Name of Supplier

**RECEIVED**  
11 JUL 2024  
COMMISSIONER  
TENDR AND BIDDING

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

06-28-2024  
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

00784

Supplier : <u>GROPO CLARIS MULTIPURPOSE COOPERATIVE</u> Address : <u>Pozorrubio, Pangasinan</u> <u>409-434-730-00000</u> TIN : _____	P.O. No. : _____ Date: <u>competitive bidding</u> Mode of Procurement: <u>2024-05-3197</u> PR No./s _____
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Gentlement: 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> Date of Delivery : _____	Delivery Term : <u>w/in 7 C.D. upon receipt of NTP</u> Payment Term: <u>Cheque</u>
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Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
248	tab	SIMVASTATIN 10MG TABLET (SIMVASYN)	200	5.00	1,000.00
249	tab	SIMVASTATIN 20MG TABLET (DIASTATIN)	1500	4.00	6,000.00
250	tab	SIMVASTATIN 40MG (DIASTATIN)	1900	6.00	11,400.00
251	tab	SIMVASTATIN 80MG TABLET (VISTATIN)	100	6.00	600.00
252	tab	SODIUM BICARBONATE (SUPRACID)	330	5.00	1,650.00
253	amp	SODIUM BICARBONATE 84MG/ML (SOLUNATE)	50	240.00	12,000.00
254	tab	SPIRONOLACTOSE 25MG (SPIROCARE 25)	500	27.00	13,500.00
255	vial	STERILE WATER 50 ML (EUROMED)	3000	80.00	240,000.00
256	tab	TAMSULOSIN (TAMSUSAPH 200)	120	32.00	3,840.00
257	tab	TELMISARTAN 40MG (TERASART)	300	13.50	4,050.00
258	tab	TELMISARTAN 80MG (TELMIGEN)	500	21.50	10,750.00
259	vial	TETANUS IMMUNOGLOBULIN (SEROTET)	20	2,000.00	40,000.00
260	amp	TETANUS TOXOID (ABHAY-TOX)	3200	120.00	384,000.00

(Total Amount in Words) PAGE 20

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

Conforme:



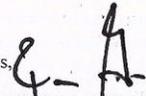
Brendix V. Mamaril

Signature over Printed Name of Supplier

06-28-2024  
Date

**RECEIVED**  
**11 JUL 2024**  
**COMMISSION ON AUDIT**  
**TEJAN LAGO-PANGASINAN**

truly yours,



HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

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

Approved per Sanggunian Resolution No.: \_\_\_\_\_

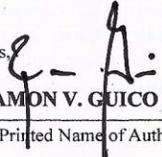
Certified Correct:

Secretary to the Sanggunian

Date

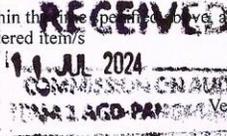
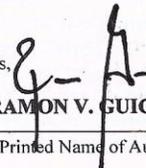
**PURCHASE ORDER  
PROVINCE OF PANGASINAN**

LGU

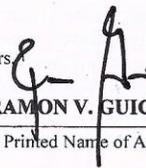
Supplier : <u>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>00734</u>			
Address : <u>Pozorrubio, Pangasinan</u>		Date: <u>competitive bidding</u>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>JUN 28 2024</u>			
		PR No./s <u>2024-05-3197</u>			
Gentlemen: Please furnish this 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
235	inhaler	SALBUTAMOL 100MG/DOSE X 200 DOSES MDI (SALBUMIN)	30	400.00	12,000.00
236	inhaler	SALBUTAMOL 100MG/DOSE X 400 DOSES AUTOHALER (SALBUMIN)	10	400.00	4,000.00
237	tab	SALBUTAMOL 2MG TABLET (VENTOMAX)	300	1.00	300.00
238	bts	SALBUTAMOL 2MG/5ML SYRUP,60ML (VN2)	110	50.00	5,500.00
239	tab	SALBUTAMOL 4MG (MR) (VENTOMAX)	100	2.00	200.00
240	tab	SALBUTAMOL 4MG MR TABLET (VENTOMAX)	100	2.00	200.00
241	nebule	SALBUTAMOL 5MG/ML 10ML MULTIDOSE (HIVENT)	200	16.50	3,300.00
242	nebule	SALBUTAMOL 5MG/ML 20ML MULTIDOSE (HIVENT)	100	16.50	1,650.00
243	tab	SALBUTAMOL 8MG (MR)	100	2.00	200.00
244	bts	SALBUTAMOL RESP SOL 5MG/ML 10ML (VENTAR)	10	400.00	4,000.00
245	bts	SALBUTAMOL RESP SOL 5MG/ML 20ML (VENTAR)	10	400.00	4,000.00
246	cap	SAMBONG (URISAM)	300	6.00	1,800.00
247	bts	SEVOFLURANE (SITIVORANE)	3	19,500.00	58,500.00
(Total Amount in Words)		PAGE 48			
<p align="center"><b>RECEIVED</b> JUN 28 2024 COMMISSION ON AUDIT PANGASINAN</p>					
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered portion.</p>					
Conforme: 		Very truly yours, 			
Brendix V. Mamaril		HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
06-28-2024		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

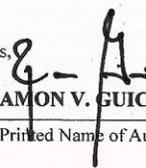
Supplier : <u>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>00784</u>			
Address : <u>Pozorrubio, Pangasinan</u>		Date: <u>competitive bidding</u>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>2024-05-3197</u>			
PR No./s					
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>		Delivery Term : <u>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
222	tab	PREDNISON 20MG TABLET (PREND)	200	15.00	3,000.00
223	tab	PREDNISON 5MG TABLET (SYSTOCOR)	200	8.00	1,600.00
224	amp	Profolol 10mg/ml 20ml (PROFMAX)	4	773.00	3,092.00
225	tab	RANITIDINE 300MG (RANITEIN 300)	500	3.30	1,650.00
226	amp	RANITIDINE 50MG (RANITEIN)	3100	55.00	170,500.00
227	vial	REGULAR INSULIN (SCLIN R)	16	980.00	15,680.00
228	pc	SALBU+IPRA 21MCG +120 SALBU X 200 DOSES, 10ML MDI (SALBUMIN)	10	400.00	4,000.00
229	nebule	SALBUTAMOL 1MG/ML, 2.5ML UNIT DOSE (HIVENT)	2800	16.50	46,200.00
230	tab	SALBUTAMOL 8MG MIR TABLET (HIVENT)	100	2.00	200.00
231	nebule	SALBUTAMOL + IPRATROPIUM (HIVENT Plus)	5400	29.60	159,840.00
232	pcs	SALBUTAMOL + IPRATROPIUM INHALATION MDI 21MCG+120MCGX200DOSES X 10ML (SALBUMIN)	10	500.00	5,000.00
233	pcs	SALBUTAMOL 100MCG INHALATION: MDI/DOSES X200 DOSES (SALBUMIN)	1	400.00	400.00
234	pcs	SALBUTAMOL 100MCG INHALATION: MDI/DOSES X400 DOSES (SALBUMIN)	1	400.00	400.00
(Total Amount in Words)		PAGE 18			
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s</p>					
Conforme: 		 Very truly yours,	 <b>HON. RAMON V. GUICO III</b>		
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
Date: <u>06-28-2024</u>		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 : GRUPO CLARIS MULTIPURPOSE COOPERATIVE		P.O. No. : 00784			
Address : Pozorrubio, Pangasinan		Date: 11 JUL 2024			
TIN : 409-434-730-00000		Mode of Procurement: competitive bidding			
		PR No./s 2024-05-3197			
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
209	bts	PARACETAMOL 125MG/ML (PARASETH)	350	38.00	13,300.00
210	bts	PARACETAMOL 250MG/ML (NOVAMOL 250)	330	38.00	12,540.00
211	amp	PARACETAMOL 300MG ampule (AMADOL)	3100	69.00	213,900.00
212	tab	PARACETAMOL 300MG TABLET (TEMPRA)	200	2.00	400.00
213	tab	PARACETAMOL 500MG (PARASETH)	7900	2.00	15,800.00
214	amp	PHYTOMENADIONE (PHYTOBAS)	830	46.00	38,180.00
215	vial	PIPERACILLIN+TAZOBACTAM 4.5G (PIPZO)	1000	850.00	850,000.00
216	tab	POTASSIUM CHLORIDE (KALIUSAPHRIDE)	1800	68.00	122,400.00
217	tab	POTASSIUM CITRATE 1080MG (KELCITRA)	550	30.00	16,500.00
218	vial	Potassium Cl 2meq 20ml (KALIMEX)	200	85.90	17,180.00
219	tab	PREDNISONE 10MG (CORT)	750	8.00	6,000.00
220	bts	PREDNISONE 10MG /5ML, 60ML SUSPENSION (IMPI)	130	115.00	14,950.00
221	tab	PREDNISONE 20MG (PREND)	100	15.00	1,500.00
<b>(Total Amount in Words)</b>		PAGE 17			
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered amount.</p>					
Conforme: 		<p style="font-size: 2em; font-weight: bold; color: red;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold; color: red;">11 JUL 2024</p> <p style="font-size: 0.8em; font-weight: bold; color: red;">PROVINCE OF PANGASINAN</p>			
Brendix V. Mamaril		Very truly yours, 			
Signature over Printed Name of Supplier		HON. RAMON V. GUICO III			
		Signature over Printed Name of Authorized Official			
06-28-2024		<b>Governor</b>			
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		

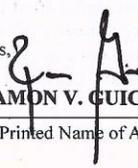
**PURCHASE ORDER  
PROVINCE OF PANGASINAN**

LGU

Supplier : <u>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>00704</u>			
Address : <u>Pozorrubio, Pangasinan</u>		Date: <u>06-28-2024</u>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-05-3197</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
196	bts	Multivitamins Drops (MULTILEM)	10	51.60	516.00
197	bts	Multivitamins Syrup 60ml (MYREVIT)	40	50.00	2,000.00
198	amp	NICARDIPINE (AGYNAPIN)	150	660.00	99,000.00
199	cap	NIFEDIPINE (CALCIGARD)	300	7.00	2,100.00
200	cap	NITROFURANTOIN 100 MG CAPSULE (HARFURIN)	100	12.00	1,200.00
201	cap	NITROFURANTOIN 50MG CAPSULE (HARFURIN)	200	12.00	2,400.00
202	amp	NOREPINEPHRINE (ADRENAPIN)	100	998.00	99,800.00
203	bts	NYSTATIN DROPS (Z-NYST)	5	219.00	1,095.00
204	cap	OMEPRAZOLE 40MG (OMEPRASAPH)	500	17.80	8,900.00
205	vial	OMEPRAZOLE IV (OMCARE)	3900	120.00	468,000.00
206	sachet	ORS (AMBILYTE)	3400	16.00	54,400.00
207	amp	OXYTOCIN (AMBTOCYN)	1500	120.00	180,000.00
208	bts	PARACETAMOL 100MG/ML (PARASETH)	330	34.50	11,385.00
(Total Amount in Words)		PAGE 16			
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s</p>					
Conforme: 				Very truly yours, 	
Brendix V. Mamaril		COMMISSION ON AUDIT PANGASINAN		HON. RAMON V. GUICO III	
Signature over Printed Name of Supplier				Signature over Printed Name of Authorized Official	
<u>06-28-2024</u>				Governor	
Date				Designation	
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:					
Secretary to the Sanggunian			Date		

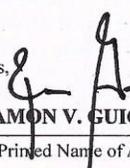
**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**

LGU

Supplier : <u>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>00784</u>			
Address : <u>Pozorrubio, Pangasinan</u>		Date: <u>JUN 28 2024</u>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-05-3197</u>			
Gentlement: 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
183	tab	METFORMIN 500MG (METFORED)	3800	7.58	28,804.00
184	tab	METFORMIN HYDROCHLORIDE 850MG TABLET (RITEMED)	300	8.00	2,400.00
185	tab	METHYLDOPA 250MG (DOPAMAIN)	120	19.00	2,280.00
186	tab	METHYLPREDNISONE 16MG (METHYDEN)	100	25.20	2,520.00
187	amp	METOCLOPRAMIDE (PLAZIMIDE)	1750	30.24	52,920.00
188	bts	METOCLOPRAMIDE SYR (MOTILLEX)	5	25.00	125.00
189	tab	METOPROLOL 100MG (PROMETIN 100)	200	12.50	2,500.00
190	tab	METOPROLOL 50MG (PROLOL)	1000	4.00	4,000.00
191	vial	METRONIDAZOLE 125/5ML (METROZOLE)	1000	65.00	65,000.00
192	tab	MONTelukAST 5MG (NOVAKAST 5)	100	12.00	1,200.00
193	tab	MONTelukAST 10MG (MOCAST 10)	600	26.15	15,690.00
194	cap	MULTIVITAMINS (MULTILEM)	300	4.90	1,470.00
195	caps	Multivitamins + Fe capsule (HANIZYN)	400	3.95	1,580.00
<b>(Total Amount in Words)</b>		<b>PAGE 15</b>			
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered items.</p>					
Conforme: 		  <b>HON. RAMON V. GUICO III</b>			
Brendix V. Mamaril		Very truly yours,			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>06-28-2024</u>		<b>Governor</b>			
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		

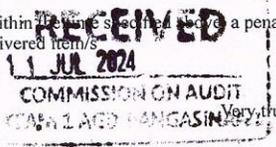
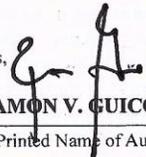
**PURCHASE ORDER  
PROVINCE OF PANGASINAN**

LGU

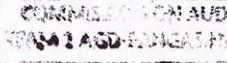
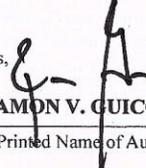
Supplier : <u>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>00784</u>			
Address : <u>Pozorrubio, Pangasinan</u>		Date: <u>May 28 2024</u>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-05-3197</u>			
Gentlemen: Please furnish this 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
170	spray	LIDOCAINE (XYLOCAINE)	5	2,861.62	14,308.10
171	vial	LODICAINE 20MG/ML 50ML (DOCILE)	400	78.80	31,520.00
172	tab	Loratadine 10mg tablet (LORATAMED)	100	5.00	500.00
173	tab	LOSARTAN 100MG (LOSAAR 100)	2000	12.00	24,000.00
174	tab	LOSARTAN 50MG (LOSAAR 50)	8700	8.00	69,600.00
175	tab	LOSARTAN 50MG+HYDROCHLOROTHIAZIDE (THIAXTAN)	500	15.00	7,500.00
176	vial	MAGNESIUM SULFATE (EUROMED)	300	95.00	28,500.00
177	amp	MECOBALAMIN AMP (MECOBALZONE)	100	299.00	29,900.00
178	cap	MEFENAMIC ACID 250MG (ANALMIN)	1200	2.50	3,000.00
179	bts	MEFENAMIC ACID 50 mg syr (INFAMIX)	10	17.43	174.30
180	cap	MEFENAMIC ACID 500MG (MEFED)	9000	5.50	49,500.00
181	vial	MEROPENEM 500MG (MEROSAPH 500)	100	550.00	55,000.00
182	vial	MEROPENEM 1G (MEROSAPH 1000)	100	850.00	85,000.00
(Total Amount in Words)			PAGE 14		
<p align="center"><b>RECEIVED</b> MAY 28 2024</p> <p align="center">COMMISSION ON AUDIT CASA 1 AGO-PANGASINAN</p> <p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered items.</p>					
Conforme:		Very truly yours,			
					
Brendix V. Mamaril		HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>06-28-2024</u>		Governor			
Date		Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct:					
Secretary to the Sanggunian			Date		

**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**

LGU

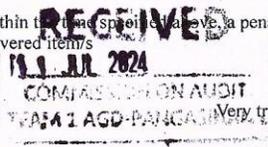
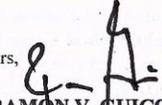
Supplier : <u>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : _____			
Address : <u>Pozorrubio, Pangasinan</u>		Date : _____			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-05-3197</u>			
Gentlemen: Please furnish this Office the following 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
157	tab	HYOSINE N BUTYL BROMIDE (HYOSWELL)	100	6.25	625.00
158	tab	IRBESARTAN 150MG (IRBEQ 150)	100	17.32	1,732.00
159	amp	IRON SUCROSE (SUCROSAPH)	50	600.00	30,000.00
160	tab	ISDN 5MG (SORBANCE 5)	300	29.00	8,700.00
161	tab	ISMN 10MG	300	16.00	4,800.00
162	tab	ISMN 30MG (NITROFIX SR)	300	16.00	4,800.00
163	tab	ISOXSUPRINE 10MG (TRISOXS)	1000	13.00	13,000.00
164	amp	ISOXSUPRINE amp (DUVADRINE)	15	260.00	3,900.00
165	amp	KETOROLAC (KETOROBAS)	2650	46.50	123,225.00
166	bot	LACTULOSE (EASELAC)	210	269.00	56,490.00
167	tab	Lagundi 300mg tablet (OPLEMED)	100	6.49	649.00
168	tab	LAGUNDI 600MG (ASFLEM)	1400	6.49	9,086.00
169	bts	LAGUNDI 300MG/5ML 60ML (OPLEMED)	555	120.00	66,600.00
(Total Amount in Words) <b>PAGE 13</b>					
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.</p>					
Conforme: 					
Brendix V. Mamaril		Very truly yours, 			
Signature over Printed Name of Supplier		HON. RAMON V. GUICO III			
Date		Signature over Printed Name of Authorized Official			
06-28-2024		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>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>00734</u>			
Address : <u>Pozorrubio, Pangasinan</u>		Date: <u>JUN 28 2024</u>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-05-3197</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
144	tab	GLICLAZIDE 30MG (GLYCINORM 30)	900	6.64	5,976.00
145	tab	GLICLAZIDE 30MG (MR)(ACLIC MR)	100	6.64	664.00
146	tab	GLICLAZIDE 80MG (GLYCINORM 80)	2500	18.00	45,000.00
147	amp	HALOPERIDOL (HALDOL)	10	1,900.00	19,000.00
148	vial	HUMAN ALBUMIN (ALBIOMIN)	20	3,984.00	79,680.00
149	amp	HYDRALAZINE (SAPHARIN)	480	232.00	111,360.00
150	tab	HYDROCHLOROTHIAZIDE 12.5MG TABLET (DIUCARE)	200	19.00	3,800.00
151	tab	HYDROCHLOROTHIAZIDE 25MG TABLET (DIUCARE)	200	25.00	5,000.00
152	tab	HYDROCHLOROTHIAZIDE 50MG TABLET (DIUCARE)	200	19.00	3,800.00
153	vial	HYDROCORTISONE 100MG (HYDROCORTIBAS)	1600	95.00	152,000.00
154	vial	HYDROCORTISONE 250MG (HYDROCORTIBAS)	500	165.00	82,500.00
155	bts	HYOSCINE N BUTYLBROMIDE 5MG/5ML (HYOSPAN)	30	63.00	1,890.00
156	amp	HYOSINE N BUTYL BROMIDE amp (HYOSAPH)	2000	35.00	70,000.00
(Total Amount in Words) <span style="float: right;">PAGE 12</span>					
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered amount.</p>					
Conforme: 		  Very truly yours, 			
Brendix V. Mamarij		HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
Date <u>06-28-2024</u>		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>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>00784</u>			
Address : <u>Pozorrubio, Pangasinan.</u>		Date: <u>JUN 20 2024</u>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-05-3197</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
131	tab	FERROUS SULFATE (COM-FEMIC)	1000	1.80	1,800.00
132	tab	FERROUS SULFATE + FOLIC ACID (FEROLITAB)	300	5.00	1,500.00
133	cap	FINASTERIDE (SAPHTERIDE 5)	100	12.00	1,200.00
134	inhaler	FLUTICASONE+SALMETEROL 250 MCG + 50MCG CG+ INHALATION DPI WITH DISPENSER DOSES (SEROFLO)	6	500.00	3,000.00
135	inhaler	FLUTICASONE+SALMETROL 100MCG, 28DOSES W/DISP. (FORAIR)	31	500.00	15,500.00
136	inhaler	FLUTICASONE+SALMETROL 100MCG, 60DOSES W/DISP.(FORAIR)	16	500.00	8,000.00
137	inhaler	FLUTICASONE+SALMETROL 200MCG, 28DOSES W/DISP. (SEROFLO)	11	500.00	5,500.00
138	inhaler	FLUTICASONE+SALMETROL 250MCG, 60DOSES W/DISP. (SEROFLO)	16	500.00	8,000.00
139	inhaler	FLUTICASONE+SALMETROL 500MCG, 28DOSES W/DISP. (FORAIR)	10	500.00	5,000.00
140	inhaler	FLUTICASONE+SALMETROL 500MCG, 60DOSES W/DISP. (FORAIR)	16	500.00	8,000.00
141	amp	FUROSEMIDE 10MG/ML (LAZICARE)	3500	30.00	105,000.00
142	tab	Furosemide 30mg tablet (FUSEDEX)	100	4.00	400.00
143	amp	GENTAMICIN 40MG/ML (GENTACARE)	1550	18.00	27,900.00
<b>(Total Amount in Words)</b>		<b>PAGE 11</b>			
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered items.</p>					
Conforme: 					
Brendix V. Mamaril		Very truly yours, 			
Signature over Printed Name of Supplier		<b>HON. RAMON V. GUICO III</b>			
Date <u>06-28-2024</u>		Signature over Printed Name of Authorized Official			
		<b>Governor</b>			
		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**

<b>Supplier :</b> GRUPO CLARIS MULTIPURPOSE COOPERATIVE <b>Address :</b> Pozorrubio, Pangasinan <b>TIN :</b> 409-434-730-00000	<b>P.O. No. :</b> 00784 <b>Date :</b> <b>Mode of Procurement:</b> competitive bidding <b>PR No./s</b> 2024-05-3197
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Gentlemen:  
 Please furnish this Office the following articles subject to the terms and conditions contained herein:

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

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
118	cap	DIPHENHYDRAMINE 50MG (HISTAMOX)	100	3.48	348.00
119	amp	DOBUTAMINE (DOBUBAX)	220	490.00	107,800.00
120	tab	DOMPERIDONE (MERIDON)	700	5.69	3,983.00
121	bts	DOMPERIDONE SYRUP (ACCEHOME)	30	90.00	2,700.00
122	bot	DOPAMINE PREMIXED (DOPTREX)	210	550.00	115,500.00
123	tab	DOXYCLINE 100mg (DOTHIX)	100	2.56	256.00
124	tab	ENALAPRIL 10MG TABLET (SCHEEPRIL-10)	200	13.50	2,700.00
125	tab	ENALAPRIL 5MG TABLET (SCHEEPRIL-5)	200	7.40	1,480.00
126	amp	ENOXAPARIN (LOMOH)	100	794.00	79,400.00
127	vial	Equine Rabies Immunoglobulin (ERIG)(EQUIRAB)	100	1,700.00	170,000.00
128	tube	ERYTHROMYCIN OINMENT (OPTRYL)	322	270.00	86,940.00
129	pfs	ERYTHROPOEITIN ALPHA (EPOKINE)	50	950.00	47,500.00
130	cap	FENOFIBRATE 200mg (FENOCARE)	250	14.00	3,500.00

(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 items.

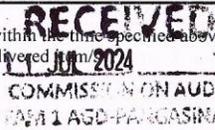
Conforme:

Brendrick V. Mamaril

Signature over Printed Name of Supplier

06-28-2024

Date



Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

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

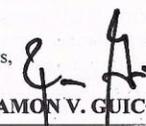
Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

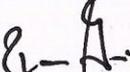
Date

**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

Supplier : <u>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : _____			
Address : <u>Pozorrubio, Pangasinan</u>		Date: _____			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-05-3197</u>			
Gentlemen: Please furnish this Office the following articles subject to the terms and conditions contained herein:					
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Date of Delivery : _____		Payment Term: <u>Cheque</u>			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
105	tab	COTRIMOXAZOLE 400MG (KATHREX)	300	3.00	900.00
106	bts	COTRIMOXAZOLE 400MG,30ML SUSP (DIAZOLE)	50	120.00	6,000.00
107	bts	COTRIMOXAZOLE 400MG,60ML SUSP (DIAZOLE)	180	120.00	21,600.00
108	tab	COTRIMOXAZOLE 800MG TABLET (KATHREX)	300	7.80	2,340.00
109	carpule	DENTAL ANESTHESIA (LICOCAINA)	10	34.56	345.60
110	amp	DEXAMETHASONE (DEXAMAX)	800	70.00	56,000.00
111	tab	DEXAMETHASONE 500MCG (IMPODEX)	300	7.50	2,250.00
112	bts	Dicycloverine 10mg/5ml syrup (DIACIEL)	20	34.26	685.20
113	tab	DIGOXIN 250MCG (DIXIN)	500	5.00	2,500.00
114	amp	DIGOXIN 250mg amp (DIXIN)	30	310.00	9,300.00
115	amp	DIGOXIN 500MCG/2ML (TARGOXIN)	230	317.74	73,080.20
116	amp	DIPHENHYDRAMINE (RABAPHEN)	920	98.00	90,160.00
117	bts	DIPHENHYDRAMINE 12.5MG/5ML (DIAHIST)	250	40.00	10,000.00
<b>(Total Amount in Words)</b>		PAGE 9			
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undererent.</p>					
Conforme: 					
Brendix V. Mamari		truly yours, 			
Signature over Printed Name of Supplier		HON. RAMON V. GUICO III			
06-28-2024		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>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>00784</u>			
Address : <u>Pozorrubio, Pangasinan</u>		Date: <u>2024-05-28</u>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-05-3197</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
92	bts	CO-AMOXICLAV 250MG, 60ML SUSP (CO-AMOXED)	60	310.00	18,600.00
93	tab	CO-AMOXICLAV 250MG, TABLET (COMXICLAV)	200	17.50	3,500.00
94	bts	CO-AMOXICLAV 457MG/5ML (70ML) (NATRAVOX)	50	300.00	15,000.00
95	bts	CO-AMOXICLAV 400MG, 100ML SUSP (NATRAVOX)	50	340.00	17,000.00
96	bts	CO-AMOXICLAV 400MG, 30ML SUSP (NATRAVOX)	50	340.00	17,000.00
97	bts	CO-AMOXICLAV 400MG, 70ML SUSP (NATRAVOX)	100	340.00	34,000.00
98	tab	CO-AMOXICLAV 500MG, TAB (RANICLAV)	1000	32.62	32,620.00
99	tab	CO-AMOXICLAV 875MG TABLET (ALCLAV)	200	110.00	22,000.00
100	tab	COLCHICINE (VONWELT)	300	3.56	1,068.00
101	bts	COTRIMOXAZOLE 200MG, 100ML SUSP (COTRIMAXOL)	50	34.00	1,700.00
102	bts	COTRIMOXAZOLE 200MG, 30ML SUSP (COTRIMAXOL)	150	34.00	5,100.00
103	bts	COTRIMOXAZOLE 200MG, 60ML SUSP (COTRIMAXOL)	50	34.00	1,700.00
104	bts	COTRIMOXAZOLE 200MG, 70ML SUSP (COTRIMAXOL)	50	34.00	1,700.00
PAGE 8					
(Total Amount in Words)					
<p>In case of failure to make the full delivery within the time specified, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item.</p>					
<p>Conforme:</p> <p style="text-align: center;"> Brendix V. Mamari</p> <p style="text-align: center;">Signature over Printed Name of Supplier</p>		<p style="text-align: center;"><b>RECEIVED</b> 11 JUL 2024</p> <p>Very truly yours,</p> <p style="text-align: center;"> <b>HON. RAMON V. QUICO III</b></p> <p style="text-align: center;">Signature over Printed Name of Authorized Official</p> <p style="text-align: center;"><b>Governor</b></p> <p style="text-align: center;">Designation</p>			
<p><u>06-28-2024</u></p> <p>Date</p>					
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct: _____					
<p>Secretary to the Sanggunian</p>			<p>Date</p>		

**PURCHASE ORDER  
PROVINCE OF PANGASINAN**

LGU

00784

<b>Supplier :</b> GRUPO CLARIS MULTIPURPOSE COOPERATIVE	<b>P.O. No. :</b> _____
<b>Address :</b> Pozorrubio, Pangasinan	<b>Date :</b> JUN 28 2024
<b>TIN :</b> 409-434-730-00000	<b>Mode of Procurement:</b> competitive bidding
	<b>PR No./s</b> 2024-05-3197

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

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

Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
79	tab	CLARITHROMYCIN 500MG TABLET (RAHMACIN)	600	42.90	25,740.00
80	amp	CLINDAMYCIN 300MG ampule (CORSIN 300)	1000	295.00	295,000.00
81	cap	CLINDAMYCIN 300MG (CLINDAGOLD)	2100	37.00	77,700.00
82	amp	CLONIDINE 150MCG/ML (YUCORDIN)	50	227.70	11,385.00
83	tab	CLONIDINE 75MCG (CLONISAPH-75)	300	42.00	12,600.00
84	tab	CLOPIDOGREL 75MG (PIDOGREL)	1100	18.50	20,350.00
85	bts	CLOXACILLIN 125mg susp (DIALOX)	15	55.00	825.00
86	cap	CLOXACILLIN 250mg (CLOXID)	100	25.00	2,500.00
87	cap	CLOXACILLIN 500MG (NOCLOXOL)	1700	11.00	18,700.00
88	tab	CO-AMOXICLAV 625MG (RANICLAV)	2500	32.62	81,550.00
89	bts	CO-AMOXICLAV 125mg susp 60ml (NATRAVOX)	80	250.00	20,000.00
90	bts	CO-AMOXICLAV 125MG, 30ML SUSP (NATRAVOX)	50	250.00	12,500.00
91	bts	CO-AMOXICLAV 200MG,70 ML SUSP (NATRAVOX)	120	283.50	34,020.00

(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 portion.

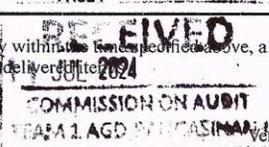
Conforme:



Brendix V. Mamaril

Signature over Printed Name of Supplier

06-28-2024  
Date



Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

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

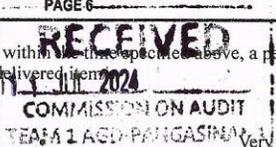
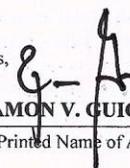
Approved per Sanggunian Resolution No.: \_\_\_\_\_

Certified Correct:

Secretary to the Sanggunian

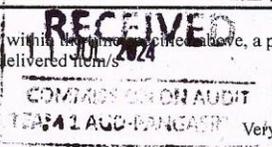
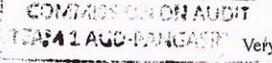
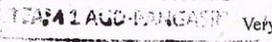
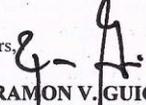
Date

**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

Supplier : <u>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>00784-3</u>			
Address : <u>Pozorrubio, Pangasinan</u>		Date : <u>JUN 20 2024</u>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement : <u>competitive bidding</u>			
		PR No./s <u>2024-05-3197</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
66	cap	CELECOXIB (SAPHECOX)	6300	19.00	119,700.00
67	tab	CETIRIZINE (CETIRED)	500	4.50	2,250.00
68	bts	CETIRIZINE 10mg DROPS (REAX)	20	70.00	1,400.00
69	bts	CETIRIZINE 5MG/5ML 60ML (CETRISET)	300	114.00	34,200.00
70	bts	CHLORPHENAMINE 2.5MG/5ML SYRUP, 60ML (RIPHEN)	130	33.00	4,290.00
71	tab	CHLORPHENAMINE 4MG TABLET (ALLERMAX)	900	3.00	2,700.00
72	amp	CHLORPHENAMINE MALEATE 10MG (DM)	40	36.00	1,440.00
73	tab	CINNARIZINE 25mg (CINNAREX)	200	2.20	440.00
74	tab	CIPROFLOXACIN 250MG TABLET	300	3.90	1,170.00
75	tab	CIPROFLOXACIN 500MG TABLET (CIPROFED)	1400	6.90	9,660.00
76	bts	CLARITHROMYCIN 125MG/5ML POWDER FOR SUSP.60ML	100	250.00	25,000.00
77	tab	CLARITHROMYCIN 250MG TABLET (CLARITHROCID)	500	90.25	45,125.00
78	tab	CLARITHROMYCIN 500MG MR TABLET (KLARITHIX)	100	45.20	4,520.00
(Total Amount in Words) <span style="float: right;">PAGE 6</span>					
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item.</p>					
Conforme:					
 Brendix V. Mamaril Signature over Printed Name of Supplier		Very truly yours,  <b>HON. RAMON V. GUICO III</b> Signature over Printed Name of Authorized Official			
<u>06-28-2024</u> Date		<b>Governor</b> 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		

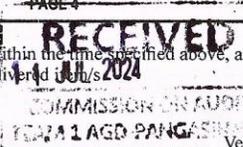
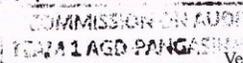
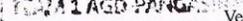
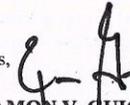
**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**

LGU

Supplier : <u>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>00784</u>			
Address : <u>Pozorrubio, Pangasinan</u>		Date : <u>JUN 28 2024</u>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-05-3197</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
53	cap	CEFALEXIN 500MG (EXEL)	6800	5.50	37,400.00
54	cap	CEFALEXIN 250mg (DIACEF)	100	3.50	350.00
55	bts	CEFIXIME 100mg susp (CEFOLIN PLUS)	20	288.00	5,760.00
56	tab	CEFIXIME 200MG (SUPRAPHIL 200)	100	120.00	12,000.00
57	bts	CEFIXIME 20mg susp (CEPHALOSPORIN)	10	192.31	1,923.10
58	vial	CEFOTAXIME 1G (SEFOX)	300	210.00	63,000.00
59	vial	CEFOXITIN 1G (ACIFOX)	100	800.00	80,000.00
60	vial	CEFTAZIDIME 1G (CEFTEBAS)	150	228.45	34,267.50
61	vial	CEFTRIAZONE 1G (CEFTRIABBAS)	8500	88.30	750,550.00
62	bts	CEFUROXIME 125mg/60ml susp (SQCEF 125)	20	165.00	3,300.00
63	bts	CEFUROXIME 250MG/5ML (SQCEF)	40	165.00	6,600.00
64	tab	CEFUROXIME 500MG (CEFURED)	2700	40.25	108,675.00
65	vial	CEFUROXIME 750MG (EROXIME)	6720	88.50	594,720.00
PAGE 5					
(Total Amount in Words)					
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.</p>					
Conforme: 		  			
Brendix V. Mamaril		Very truly yours, 			
Signature over Printed Name of Supplier		HON. RAMON V. GUICO III			
Date		Signature over Printed Name of Authorized Official			
06-28-2024		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>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>60784</u>			
Address : <u>Pozorrubio, Pangasinan</u>		Date: <u>JUN-28-2024</u>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-05-3197</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
40	tab	BETHAHISTINE 16MG (BETZINE)	1600	28.90	46,240.00
41	supp	BISACODYL 10MG (DULCOLAX)	260	90.00	23,400.00
42	tab	BISACODYL 5MG (DULCOLAX)	130	3.00	390.00
43	nebule	BUDESONIDE (RESPISAPH)	700	78.40	54,880.00
44	amp	BUPIVACAINE 5MG/ML (BUPIRIGHT)	110	800.00	88,000.00
45	tab	BUTAMIRATE CITRATE (SAPHMIRATE -T50)	300	30.00	9,000.00
46	tab	CALCIUM CARBONATE (AMBICAL)	300	5.12	1,536.00
47	amp	CALCIUM GLUCONATE 10% SOLUTION (EUROMED)	130	105.00	13,650.00
48	amp	CARBOPROST 250MCG AMPULE (EVAPROST)	10	980.00	9,800.00
49	tab	CARVEDILOL 6.25MG (CARVIDA)	800	13.00	10,400.00
50	bts	CEFALEXIN 100mg drops (DIACEF)	15	39.00	585.00
51	bts	CEFALEXIN 125mg susp (DIACEF)	20	40.00	800.00
52	bts	CEFALEXIN 250MG/5ML (DIACEF)	320	46.00	14,720.00
(Total Amount in Words) <span style="float: right;">PAGE 4</span>					
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered items.</p>					
Conforme: 		  			
Brendix V. Mamaril		Very truly yours, 			
Signature over Printed Name of Supplier		HON. RAMON V. GUICO III			
Date <u>06-28-2024</u>		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 : GRUPO CLARIS MULTIPURPOSE COOPERATIVE	P.O. No. : <u>00704</u>
Address : Pozorrubio, Pangasinan	Date : <u>JUN 28 2024</u>
TIN : 409-434-730-00000	Mode of Procurement : <u>competitive bidding</u>
	PR No./s : <u>2024-05-3197</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
27	tab	ASCORBIC ACID (REDVIT-C)	1300	6.25	8,125.00
28	tab	ASPIRIN 100MG ENTERIC COATED TABLET (BESPRIN)	300	10.00	3,000.00
29	tab	ASPIRIN 80MG ENTERIC COATED TABLET (SCHEEPRIN)	800	2.31	1,848.00
30	tab	ATORVASTATIN 40MG (CALIPTROL)	1000	28.00	28,000.00
31	amp	ATRACURIUM (ATRIUM)	3	230.00	690.00
32	amp	ATROPINE (TROPIN)	350	120.00	42,000.00
33	amp	ATS 1500 IU (ANTITET)	4500	195.00	877,500.00
34	tab	AZITHROMYCIN 500MG (AZCORE)	900	58.00	52,200.00
35	bts	AZITHROMYCIN SUSP (AZYTHREX)	10	300.00	3,000.00
36	vial	BENZYL PENICILLIN 1M (BIOPHEN)	250	38.50	9,625.00
37	vial	BENZYL PENICILLIN 5M (HARBIPHN)	100	38.50	3,850.00
38	tabs	BETAHISTINE 8MG TABLET (VERTISAPH 8)	400	60.00	24,000.00
39	tube	BETAMETHASONE (VALERI)	5	105.00	525.00

(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 amount.

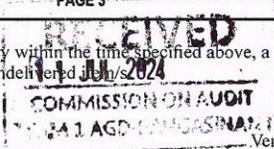
Conforme:

Brendix V. Mamaril

Signature over Printed Name of Supplier

06-28-2024

Date



Very truly yours,

HON. RAMON V. GUICO III

Signature over Printed Name of Authorized Official

Governor

Designation

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

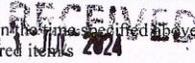
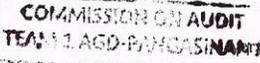
Approved per Sanggunian Resolution No.: \_\_\_\_\_

Certified Correct:

Secretary to the Sanggunian

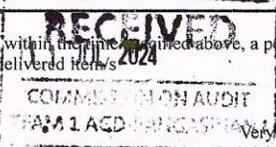
Date

**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
**LGU**

Supplier : <u>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>007-84</u>			
Address : <u>Pozorrubio, Pangasinan</u>		Date : <u>JUN 20 2024</u>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement : <u>competitive bidding</u>			
		PR No./s : <u>2024-05-3197</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
14	tab	AMLODIPINE 10MG (LODIPEX 10)	3600	5.00	18,000.00
15	tab	AMLODIPINE BESILATE 5MG (DIPEXINE 5)	6400	3.05	19,520.00
16	bts	AMOXICILLIN 100MG/ML, 10ML DROPS (MOXYLOR)	160	29.00	4,640.00
17	bts	AMOXICILLIN 125 MG/5ML 60ML SUSPENSION (MOXYLOR)	160	34.50	5,520.00
18	cap	AMOXICILLIN 250MG CAPSULE (MOXYLOR)	1500	3.66	5,490.00
19	bts	AMOXICILLIN 250MG/5ML 60ML SUSPENSION (VAROLOX)	110	49.00	5,390.00
20	cap	AMOXICILLIN 500MG (MOXETH)	2600	3.66	9,516.00
21	vial	AMPICILLIN 1G (CORPILYN)	2100	36.00	75,600.00
22	vial	AMPICILLIN 250MG (GOPEN 250)	1500	37.00	55,500.00
23	vial	AMPICILLIN 500MG (SUMPILIN)	2800	31.00	86,800.00
24	vial	AMPICILLIN+SULBACTAM 750MG (SACRIVA 750)	800	120.00	96,000.00
25	vial	ANTI RABIES VACCINE ( VAXIRAB)	200	2,400.00	480,000.00
26	bts	ASCORBIC 60ML SYRUP (REGICEE)	110	33.00	3,630.00
PAGE 2					
(Total Amount in Words) _____					
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered items.</p>					
Conforme: 		 			
Brendix V. Mamaril		HON. RAMON Y. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>06-28-2024</u>		Governor			
Date		Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct: _____					
Secretary to the Sanggunian			Date		

**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**

LGU

Supplier : <u>GRUPO CLARIS MULTIPURPOSE COOPERATIVE</u>		P.O. No. : <u>00704</u>			
Address : <u>Pozorrubio, Pangasinan</u>		Date: <u>5-28-24</u> <span style="color: red;">JUN 28 2024</span>			
TIN : <u>409-434-730-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-05-3197</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
1	sachet	ACETYLCYSTEINE 600MG (ACETYPHIL)	2700	33.00	89,100.00
2	tab	ACETYLSALISYLIC 80MG (SCHEEPRIN)	300	2.31	693.00
3	powder	ACTIVATED CHARCOAL (N/A)	10	140.00	1,400.00
4	amp	ADENOSINE (TACHYBAN)	55	1,805.00	99,275.00
5	amp	ADRENALINE (EPIX)	190	80.00	15,200.00
6	bts	ALUMINUM MAGNESIUM 200MG SUSPENSION 120ML (MEDALEM)	300	41.50	12,450.00
7	bts	ALUMINUM MAGNESIUM 200MG SUSPENSION 60ML (MEDALEM)	20	38.00	760.00
8	amp	ALUMINUM+MAGNESIUM HYDROXIDE (GEL MACID)	100	41.50	4,150.00
9	vial	AMIKACIN 250MG/ML (COCINE)	100	97.00	9,700.00
10	amp	AMINO ACID +SOLBITOL (CHIAMIN)	50	900.00	45,000.00
11	vial	AMINO ACID +SOLBITOL (AMBISOR)	50	900.00	45,000.00
12	amp	AMINOPHYLLINE 250NG/10ML (AMINOSOL)	110	58.00	6,380.00
13	amp	AMIODARONE 50MG/ML (EURYTHMIC)	60	448.00	26,880.00
(Total Amount in Words) <span style="float: right;">PAGE 1</span>					
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered items.</p>					
Conforme: 		 Very truly yours, 			
Brendix V. Mamaril		HON. RAMON V. GUICO III			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
<u>06-28-2024</u>		Governor			
Date		Designation			
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)					
Approved per Sanggunian Resolution No.: _____					
Certified Correct: _____					
Secretary to the Sanggunian			Date		



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**

01 July 2024

**MR. BRENDIX V. MAMARIL**  
Authorized Representative  
**GRUPO CLARIS MULTI-PURPOSE COOPERATIVE**  
114 Penoy Street,  
Pozorrubio, Pangasinan

**Dear Mr. Mamaril:**

The attached Contract Agreement having been approved, notice is hereby given to **GRUPO CLARIS MULTI-PURPOSE COOPERATIVE** that the work may commence on the **Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan (for use of various hospitals – Bayambang District Hospital, Asingan Community Hospital, Umingan Community Hospital, Bolinao Community Hospital, Mangatarem District Hospital, Mapandan Community and Pozorrubio Community Hospital); Trust Fund; PR No. 2024-05-3197; Solicitation No. PANG-2024-05-0668-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 : 07-01-2024  
Name of the Representative of the Bidder : Brendix V. Mamaril  
Authorized Signature :



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

Hon. Ramon V. Guico III, DPM  
*Governor*

**NOTICE OF AWARD**

27 June 2024

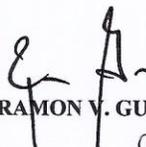
**MR. BRENDIX V. MAMARIL**  
Authorized Representative  
**GRUPO CLARIS MULTI-PURPOSE COOPERATIVE**  
114 Penoy Street,  
Pozorrubio, Pangasinan

**Dear Mr. Mamaril:**

We are happy to notify you that your bid dated June 19, 2024 for the execution of **Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan (for use of various hospitals – Bayambang District Hospital, Asingan Community Hospital, Umingan Community Hospital, Bolinao Community Hospital, Mangatarem District Hospital, Mapandan Community and Pozorrubio Community Hospital); Trust Fund; PR No. 2024-05-3197; Solicitation No. PANG-2024-05-0668-G**, is hereby awarded to you as the Bidder with Lowest Calculated and Responsive Bid at a contract price equivalent **Eleven Million, Eight Hundred Ninety Thousand Pesos Only (P11,890,000.00)**.

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: Brendix V. Mamaril  
Date 06-27-2024