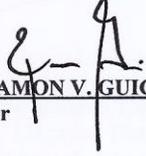
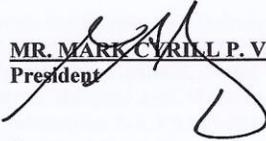


4. The **PROVINCIAL GOVERNMENT OF PANGASINAN** agrees to pay the above-mentioned sum in accordance with the terms of the Bidding.

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. 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 LINGAYEN, PANGASINAN

**BEFORE ME**, a Notary Public, for and in LINGAYEN, PANGASINAN, Pangasinan, Philippines, personally appeared the following with their respective proof of identity on JUL 18 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 : PASSPORT  
Licensed No. : P99007448  
Date Issued/Exp. Date: MAY 03, 2022 / MAY 02, 2032

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 – Bolinao Community Hospital, Bayambang District Hospital, Dasol Community Hospital, Lingayen District Hospital, Mangatarem District Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-06-3610; Solicitation No. PANG-2024-06-0706-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 18 day of JUL 2024, in LINGAYEN, PANGASINAN Pangasinan.

Doc. No. 51  
Page No. 6  
Book No. XII  
Series of 2024

  
Notary Public  
**ATTY. CLINTON CASILLAN**  
NOTARY PUBLIC FOR LINGAYEN, PANGASINAN  
UNTIL DECEMBER 31, 2024  
Issued at: LINGAYEN, PANGASINAN  
Issued on: JUL 18 2024  
TIN No. 1203867-017-00000  
MCLE COMPLIANCE NO. 1203867-017-00000  
IBP O.R. NO. 391628, 01/05/2024, PANGASINAN

## CONTRACT AGREEMENT

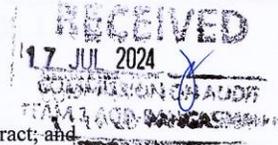
This AGREEMENT made this 18<sup>th</sup> day of July 2024 between the **PROVINCIAL GOVERNMENT OF PANGASINAN**, of the Philippines (hereinafter called the "Procuring Entity") of the one-part **CYDEN MEDICALE TRADING INC.** (hereinafter called the "Contractor/Supplier") of the other part;

WHEREAS, the Entity is desirous that the Contractor execute the **Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan (for use of various hospitals – Bolinao Community Hospital, Bayambang District Hospital, Dasol Community Hospital, Lingayen District Hospital, Mangatarem District Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-06-3610; Solicitation No. PANG-2024-06-0706-G**, and the Entity has accepted the Bid for **Fifty Million, One Hundred Forty-Seven Thousand, Seven Hundred Eleven and 90/100 Only (P50,147,711.90)** 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 **Fifty Million, One Hundred Forty-Seven Thousand, Seven Hundred Eleven and 90/100 Only (P50,147,711.90)** or such other sums as may be ascertained, **CYDEN MEDICALE TRADING INC.** agrees to the **Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan (for use of various hospitals – Bolinao Community Hospital, Bayambang District Hospital, Dasol Community Hospital, Lingayen District Hospital, Mangatarem District Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-06-3610; Solicitation No. PANG-2024-06-0706-G**, in accordance with his/her/its Bid.



**PURCHASE ORDER  
PROVINCE OF PANGASINAN**

LGU

| Supplier : <u>CYDEN MEDICALE TRADING INC.</u>  |      | P.O. No. : <u>00839</u>                                     |                  |           |               |
|--|------|---|------------------|-----------|---------------|
| Address : <u>URDANETA CITY, PANGASINAN</u>   |      | Date: <u>competitive bidding</u>                            |                  |           |               |
| TIN : <u>762-454-109-00000</u>   |      | Mode of Procurement: <u>2024-06-3610</u> <b>JUL 18 2024</b> |                  |           |               |
| PR No./s   |      |   |                  |           |               |
| Gentlemen:<br>Please furnish this Office the following articles subject to the terms and conditions contained herein:  |      |   |                  |           |               |
| Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>  |      | Delivery Term : <u>Cheque</u>                               |                  |           |               |
| Date of Delivery : _____   |      | Payment Term: _____   |                  |           |               |
| <i>with 7 C.D. upon receipt of NTP</i>   |      |   |                  |           |               |
| Stock/<br>Property No.   | Unit | Description   | Quantity         | Unit Cost | Amount        |
| 248  | AMP  | TRAMADOL 50MG/ML 2ML I.M/I.V (TRAMIDE)                      | 3,600            | 85.00     | 306,000.00    |
| 249  | CAP  | TRANEXAMIC ACID 500MG (NO BRAND)                            | 1,100            | 5.60      | 6,160.00      |
| 250  | AMP  | TRANEXAMIC ACID 500MG/5ML (HEMODEN)                         | 7,300            | 130.00    | 949,000.00    |
| 251  | TAB  | TRIMETAZIDINE 35MG (TERAZIDINE)                             | 16,500           | 13.33     | 219,945.00    |
| 252  | CAP  | URSODEOXYCHOLIC ACID 250MG (URSOKON)                        | 900              | 55.00     | 49,500.00     |
| 253  | AMP  | VERAPAMIL HYDROCHLORIDE 2MG/ML (NO BRAND)                   | 30               | 290.00    | 8,700.00      |
| 254  | TAB  | VITAMIN B COMPLEX (AMCOVIT-B)                               | 21,500           | 2.80      | 60,200.00     |
| 255  | AMP  | VITAMIN B1 + B6 + B12 IM/ IV (COMBENERV)                    | 2,000            | 50.00     | 100,000.00    |
| 256  | TAB  | ZINC 30MG (IMMUNOSAPH)                                      | 2,000            | 4.25      | 8,500.00      |
| 257  | BOT  | ZINC SULFATE 60ML SYRUP (IMMUNOSAPH)                        | 914              | 85.00     | 77,690.00     |
| 258  | BOT  | ZINC SULFATE ORAL DROPS 15ML (ZINLUM)                       | 132              | 65.00     | 8,580.00      |
| XXXXXXXXXXXX<br>FIFTY MILLION ONE HUNDRED FORTY-SEVEN THOUSAND SEVEN HUNDRED ELEVEN  |      |   |                  |           |               |
| (Total Amount in Words)  |      |   | PESOS AND 90/100 |           | 50,147,711.90 |
| <p>In case of failure to make the full delivery within the time specified hereon, 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>RECEIVED</b><br>COMMISSION ON AUDIT<br>PANGASINAN        |                  |           |               |
| Signature over Printed Name of Supplier  |      | Signature over Printed Name of Authorized Official          |                  |           |               |
| <u>ROSELIN O. PABUYAL</u>  |      | <u>HON. RAMON V. GUICO III</u>                              |                  |           |               |
| Date   |      | Designation   |                  |           |               |
| <u>JULY 18, 2024</u>   |      | Governor  |                  |           |               |
| (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)  |      |   |                  |           |               |
| Approved per Sanggunian Resolution No.: _____  |      |   |                  |           |               |
| Certified Correct: _____   |      |   |                  |           |               |
| Secretary to the Sanggunian  |      |   | Date             |           |               |

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

10839

|   |   |
|---|---|
| Supplier : <u>CYDEN MEDICALE TRADING INC.</u> | P.O. No. : _____                                |
| Address : <u>URDANETA CITY, PANGASINAN</u>    | Date: <u>JULY 18 2024</u>                       |
| TIN : <u>762-454-109-00000</u>                | Mode of Procurement: <u>competitive bidding</u> |
|   | PR No./s <u>2024-06-3610</u>                    |

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

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

| Stock/<br>Property No. | Unit | Description                                 | Quantity | Unit Cost | Amount       |
|------------------------|------|---|----------|-----------|--------------|
| 235                    | BOT  | SODIUM CHLORIDE 0.9% 1L GREEN (PHILRX)      | 21,200   | 79.80     | 1,691,760.00 |
| 236                    | BOT  | SODIUM CHLORIDE 0.9% 50ML GREEN (EURO-MED)  | 50       | 125.00    | 6,250.00     |
| 237                    | BOT  | SODIUM CHLORIDE 0.9% IRRIGATION 1L (PHILRX) | 1,840    | 120.00    | 220,800.00   |
| 238                    | TAB  | SPIRONOLACTONE 25MG TABLET (SPIRODEN-25)    | 200      | 27.00     | 5,400.00     |
| 239                    | VIAL | STERILE WATER 50ML VIAL (SITI)              | 13,500   | 80.00     | 1,080,000.00 |
| 240                    | TAB  | SUCRALFATE 1G (ISELPIN)                     | 200      | 65.00     | 13,000.00    |
| 241                    | TAB  | TAMSULOSIN HYDROCHLORIDE 200MG (TAMSAPH)    | 100      | 32.00     | 3,200.00     |
| 242                    | CAP  | TAMSULOSIN HYDROCHLORIDE 400MG (TAMYSIN)    | 200      | 12.00     | 2,400.00     |
| 243                    | TAB  | TELMISARTAN + HCTZ 40MG/12.5MG (NO BRAND)   | 2,000    | 42.85     | 85,700.00    |
| 244                    | TAB  | TELMISARTAN 40MG (TELMIGEN)                 | 5,000    | 13.50     | 67,500.00    |
| 245                    | AMP  | TETANUS ANTI-TOXIN 1500 IU ( SHARJVAX)      | 2,000    | 195.00    | 390,000.00   |
| 246                    | AMP  | TETANUS TOXOID 0.5ML (ABHAY-TOX)            | 4,000    | 120.00    | 480,000.00   |
| 247                    | CAP  | TRAMADOL 50MG (OPIODEX)                     | 1,575    | 6.50      | 10,237.50    |

PAGE 19

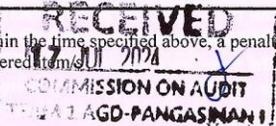
(Total Amount in Words)

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

Conforme:

Roselin D. Abonias  
Signature over Printed Name of Supplier

JULY 18, 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 : <b>CYDEN MEDICALE TRADING INC.</b> | P.O. No. : <b>00839</b>                          |
| Address : <b>URDANETA CITY, PANGASINAN</b>    | Date : <b>JUL 18 2024</b>                        |
| TIN : <b>762-454-109-00000</b>                | Mode of Procurement : <b>competitive bidding</b> |
|   | PR No./s : <b>2024-06-3610</b>                   |

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

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

| Stock/Property No. | Unit | Description   | Quantity | Unit Cost | Amount       |
|--------------------|------|---|----------|-----------|--------------|
| 222                | TAB  | RANITIDINE HCL 300MG (RANITEIN)                     | 500      | 3.15      | 1,575.00     |
| 223                | VIAL | REGULAR HUMAN INSULIN 100IU/ML VIAL 10ML (SCILIN R) | 100      | 980.00    | 98,000.00    |
| 224                | TAB  | RIFAXIMIN 200MG (NORMIX)                            | 3,000    | 155.00    | 465,000.00   |
| 225                | TAB  | ROSUVASTATIN (AS CALCIUM) 20MG (ROSUFAR-20)         | 1,400    | 23.00     | 32,200.00    |
| 226                | NEB  | SALBUTAMOL + IPRATROPIUM (HIVENT PLUS)              | 36,000   | 29.60     | 1,065,600.00 |
| 227                | NEB  | SALBUTAMOL 1MG/ML (SALBUSAPH)                       | 25,000   | 16.50     | 412,500.00   |
| 228                | BOT  | SALMETEROL+ FLUTICASONONE 25MCG/250MCG (KOVENT-SF)  | 50       | 500.00    | 25,000.00    |
| 229                | TAB  | SAMBONG LEAF 500MG (MIA FORTE)                      | 3,000    | 6.00      | 18,000.00    |
| 230                | BOT  | SEVOFLURANE 100% (SEVOFRAN)                         | 6        | 19,500.00 | 117,000.00   |
| 231                | PC   | SILVER SULFADIAZINE 20G (ACCEDIAZINE)               | 286      | 259.00    | 74,074.00    |
| 232                | TAB  | SIMVASTATIN 40MG (ZIMVAST)                          | 2,500    | 6.00      | 15,000.00    |
| 233                | TAB  | SODIUM BICARBONATE 650MG (SUPRACID)                 | 500      | 5.00      | 2,500.00     |
| 234                | AMP  | SODIUM BICARBONATE 84MG/ML 20ML (BICARBISAPH)       | 100      | 240.00    | 24,000.00    |

(Total Amount in Words) PAGE 18



**MISSION ON AUDIT**  
**TEAM 1 AGD-PANGASINAN**

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, \_\_\_\_\_

**ROSELYN D. PANTONJA** **HON. RAMON V. GUICO III**  
Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official

\_\_\_\_\_  
Date **July 18, 2024** **Governor**  
Designation

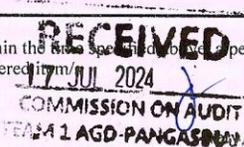
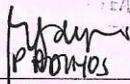
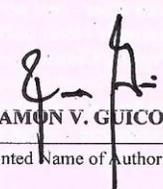
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

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>00839</u>  |               |           |              |
|--|------|--|---------------|-----------|--------------|
| Address : <u>URDANETA CITY, PANGASINAN</u>   |      | Date: <u>17 JUL 2024</u>   |               |           |              |
| TIN : <u>762-454-109-00000</u>   |      | Mode of Procurement: <u>competitive bidding</u>  |               |           |              |
|  |      | PR No./s <u>2024-06-3610</u>   |               |           |              |
| Gentlemen:<br>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>within 7 C.D. upon receipt of NTP</u>   |               |           |              |
| Date of Delivery : _____   |      | Payment Term: <u>Cheque</u>  |               |           |              |
| Stock/<br>Property No.   | Unit | Description  | Quantity      | Unit Cost | Amount       |
| 209  | AMP  | PHENYTOIN SODIUM 50MG/ML (SAPHENYTOIN)   | 410           | 650.00    | 266,500.00   |
| 210  | AMP  | PHYTOMENADIONE 10MG/ML (AMBIVIT K)   | 900           | 46.00     | 41,400.00    |
| 211  | VIAL | PIPERACILLIN+TAZOBACTAM 4.5G(PHILTAM)  | 3,900         | 850.00    | 3,315,000.00 |
| 212  | VIAL | POTASSIUM CHLORIDE 2meq 20ML (NO BRAND)  | 300           | 85.90     | 25,770.00    |
| 213  | AMP  | POTASSIUM CHLORIDE 2meq (KALIMEX)  | 1,100         | 85.90     | 94,490.00    |
| 214  | TAB  | POTASSIUM CHLORIDE 600MG (KALIUSAPHRIDE)   | 6,500         | 68.00     | 442,000.00   |
| 215  | TAB  | POTASSIUM CITRATE 1080MG (ALKALINSE)   | 5,100         | 30.00     | 153,000.00   |
| 216  | TAB  | PREDNISON 10MG (PRENISAPH-10)  | 40            | 8.00      | 320.00       |
| 217  | TAB  | PREDNISON 5MG (SYSTOCOR)   | 100           | 8.00      | 800.00       |
| 218  | AMP  | PROPOFOL 10MG/ML 20ML (TROYPOFOL)  | 145           | 774.00    | 112,230.00   |
| 219  | TAB  | PROPRANOLOL 10 MG (ORANOL)   | 50            | 16.00     | 800.00       |
| 220  | TAB  | PROPYLTHIOURACIL 50MG (RHEA)   | 300           | 18.75     | 5,625.00     |
| 221  | AMP  | RANITIDINE HCL 25MG/ML (ZENTEK)  | 2,700         | 55.00     | 148,500.00   |
| PAGE 17  |      |  |               |           |              |
| <b>(Total Amount in Words)</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:  |      |   |               |           |              |
| <br><u>ROSWIN D. P. RAMOS</u><br>Signature over Printed Name of Supplier  |      | <br><u>HON. RAMON V. GUICO III</u><br>Signature over Printed Name of Authorized Official |               |           |              |
| <u>JULY 18, 2024</u><br>Date   |      | <u>Governor</u><br>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:   |      |  |               |           |              |
| _____<br>Secretary to the Sanggunian   |      |  | _____<br>Date |           |              |

**PURCHASE ORDER  
PROVINCE OF PANGASINAN**

LGU

00839

| Supplier : <u>CYDEN MEDICALE TRADING INC.</u>   |      | P.O. No. : _____                                   |               |           |              |
|---|------|--|---------------|-----------|--------------|
| Address : <u>URDANETA CITY, PANGASINAN</u>  |      | Date: <u>July 18, 2024</u> competitive bidding     |               |           |              |
| TIN : <u>762-454-109-00000</u>  |      | Mode of Procurement: <u>2024-06-3610</u>           |               |           |              |
| PR No./s _____  |      |  |               |           |              |
| Gentlement:<br>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>   |      | w/in 7 C.D. upon receipt of NTP                    |               |           |              |
| Date of Delivery : _____  |      | Delivery Term : <u>Cheque</u>                      |               |           |              |
| Payment Term : _____  |      |  |               |           |              |
| Stock/<br>Property No.  | Unit | Description  | Quantity      | Unit Cost | Amount       |
| 196   | BOT  | NYSTATIN 30ML SUSP (NYSTRIN)                       | 5             | 220.00    | 1,100.00     |
| 197   | CAP  | OMEPRAZOLE 20MG (ML-GACID)                         | 1,300         | 6.50      | 8,450.00     |
| 198   | CAP  | OMEPRAZOLE 40MG (INHIBITA)                         | 7,800         | 17.80     | 138,840.00   |
| 199   | VIAL | OMEPRAZOLE 40MG (OMEDEN)                           | 16,500        | 120.00    | 1,980,000.00 |
| 200   | PCS  | ORAL GLUCOSE TOLERANCE TEST 75 (NO BRAND)          | 10            | 324.00    | 3,240.00     |
| 201   | SACH | ORAL REHYDRATION SALTS (AMBILYTE)                  | 600           | 16.00     | 9,600.00     |
| 202   | VIAL | OXACILLIN 500MG (OXAVIN)                           | 700           | 119.86    | 83,902.00    |
| 203   | AMP  | OXYTOCIN 10IU/ML 1ML (AMBTCYN)                     | 5,300         | 120.00    | 636,000.00   |
| 204   | TAB  | PANTOPRAZOLE 40MG (ULCEBURG)                       | 300           | 22.00     | 6,600.00     |
| 205   | VIAL | PARACETAMOL 1G (PARANOVA)                          | 1,000         | 450.00    | 450,000.00   |
| 206   | AMP  | PARACETAMOL 300MG/2ML (PARACY)                     | 18,500        | 69.00     | 1,276,500.00 |
| 207   | TAB  | PARACETAMOL 500MG (ACETAMOL)                       | 2,000         | 2.00      | 4,000.00     |
| 208   | TAB  | PHENOBARBITAL 30MG (RHEA)                          | 5             | 12.00     | 60.00        |
| PAGE 16   |      |  |               |           |              |
| (Total Amount in Words)   |      |  |               |           |              |
| <p align="center"><b>RECEIVED</b></p> <p align="center">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> <p align="center">July 18, 2024</p> <p align="center"><b>COMMISSION ON AUDIT</b></p> <p align="center">TEAM 1 AGD-PANGASINAN</p> |      |  |               |           |              |
| Conforme:   |      | Very truly yours,                                  |               |           |              |
| <u>Roslwin D. Panozas</u>   |      | <u>HON. RAMON V. GUICO III</u>                     |               |           |              |
| Signature over Printed Name of Supplier   |      | Signature over Printed Name of Authorized Official |               |           |              |
| <u>July 18, 2024</u>  |      | <u>Governor</u>                                    |               |           |              |
| Date  |      | Designation  |               |           |              |
| (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)   |      |  |               |           |              |
| Approved per Sanggunian Resolution No.: _____   |      |  |               |           |              |
| Certified Correct:  |      |  |               |           |              |
| _____<br>Secretary to the Sanggunian  |      |  | _____<br>Date |           |              |

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

|   |   |
|---|---|
| Supplier : <u>CYDEN MEDICALE TRADING INC.</u> | P.O. No. : <u>00839</u>                         |
| Address : <u>URDANETA CITY, PANGASINAN</u>    | Date: <u>JUL 18 2024</u>                        |
| TIN : <u>762-454-109-00000</u>                | Mode of Procurement: <u>competitive bidding</u> |
|   | PR No./s <u>2024-06-3610</u>                    |

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

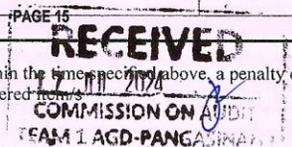
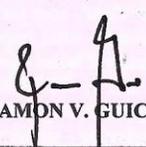
|   |   |
|---|---|
| Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u> | Delivery Term : <u>win / C.D. upon receipt of NTP</u> |
| Date of Delivery : _____  | Payment Term: <u>Cheque</u>                           |

| Stock/<br>Property No. | Unit | Description                               | Quantity | Unit Cost | Amount       |
|------------------------|------|---|----------|-----------|--------------|
| 183                    | AMP  | MIDAZOLAM 5MG/1ML (DORMICUM)              | 520      | 350.00    | 182,000.00   |
| 184                    | TAB  | MONTELUKAST SODIUM 10MG (NOVAKAST)        | 600      | 26.15     | 15,690.00    |
| 185                    | TAB  | MONTELUKAST SODIUM 5MG (NOVAKAST)         | 300      | 12.00     | 3,600.00     |
| 186                    | AMP  | MORPHINE SULFATE 10MG/ML 1ML (NO BRAND)   | 50       | 187.50    | 9,375.00     |
| 187                    | CAP  | MULTIVITAMINS + IRON (HANIZYN)            | 1,400    | 3.95      | 5,530.00     |
| 188                    | BOT  | MULTIVITAMINS 15ML (MULTILEM)             | 90       | 51.60     | 4,644.00     |
| 189                    | BOT  | MULTIVITAMINS 60ML (MULTILEM)             | 72       | 40.00     | 2,880.00     |
| 190                    | CAP  | MULTIVITAMINS (MYREVIT)                   | 3,800    | 4.90      | 18,620.00    |
| 191                    | PC   | MUPIROCIN 2% 5G OINTMENT (ACCEBACT)       | 722      | 220.00    | 158,840.00   |
| 192                    | AMP  | NALBUPHINE HYDROCHLORIDE 10MG/ML (NUBAIN) | 270      | 250.00    | 67,500.00    |
| 193                    | AMP  | NICARDIPINE HCL 10MG/ML (NICARDUZ)        | 1,000    | 660.00    | 660,000.00   |
| 194                    | CAP  | NIFEDIPINE 10MG (CALCIGARD)               | 500      | 7.00      | 3,500.00     |
| 195                    | AMP  | NOREPINEPHRINE 4ML (NOREPHILZ)            | 1,500    | 998.00    | 1,497,000.00 |

(Total Amount in Words) \_\_\_\_\_

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

Conforme: \_\_\_\_\_  
Signature over Printed Name of Supplier

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

Date: JUL 18, 2024

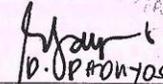
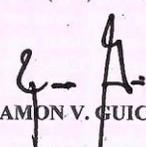
(In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)

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

Certified Correct: \_\_\_\_\_

Secretary to the Sanggunian \_\_\_\_\_ Date \_\_\_\_\_

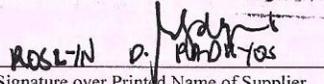
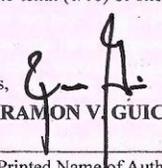
**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
LGU

| Supplier : <u>CYDEN MEDICALE TRADING INC.</u>  |      | P.O. No. : <u>00839</u>  |               |           |            |
|--|------|--|---------------|-----------|------------|
| Address : <u>URDANETA CITY, PANGASINAN</u>   |      | Date: _____  |               |           |            |
| TIN : <u>762-454-109-00000</u>   |      | Mode of Procurement: <u>competitive bidding</u>  |               |           |            |
|  |      | PR No./s <u>2024-06-3610</u>   |               |           |            |
| Gentlemen:<br>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>within 7 C.D. upon receipt of NTP</u>   |               |           |            |
| Date of Delivery : _____   |      | Payment Term: <u>Cheque</u>  |               |           |            |
| Stock/<br>Property No.   | Unit | Description  | Quantity      | Unit Cost | Amount     |
| 170  | CAP  | MEFENAMIC ACID 500MG (MECID)   | 29,500        | 5.50      | 162,250.00 |
| 171  | VIAL | MEROPENEM 1G (MERROX)  | 15            | 850.00    | 12,750.00  |
| 172  | TAB  | METFORMIN HCL 500MG FC (GLYCEMET)  | 5,000         | 7.58      | 37,900.00  |
| 173  | TAB  | METHYLDOPA 250MG (NO BRAND)  | 920           | 19.00     | 17,480.00  |
| 174  | AMP  | METHYLERGOMETRINE MALEATE 200MCG/ML (ERGOMET)  | 400           | 64.00     | 25,600.00  |
| 175  | TAB  | METOCLOPRAMIDE HCL 10MG (METO)   | 200           | 5.69      | 1,138.00   |
| 176  | AMP  | METOCLOPRAMIDE HCL 10MG/ML (METODEN)   | 3,450         | 30.24     | 104,328.00 |
| 177  | BOT  | METOCLOPRAMIDE HCL 5MG/ML 60ML SYRUP (NO BRAND)  | 50            | 25.25     | 1,262.50   |
| 178  | TAB  | METOPROLOL 100MG (LOPREXO)   | 200           | 12.50     | 2,500.00   |
| 179  | TAB  | METOPROLOL 50MG (LOPREXO)  | 200           | 4.00      | 800.00     |
| 180  | VIAL | METRONIDAZOLE 100ML (SITI-ZOLE)  | 5,080         | 65.00     | 330,200.00 |
| 181  | BOT  | METRONIDAZOLE 125MG/ML SUSP (AMBIDAZOL)  | 120           | 57.00     | 6,840.00   |
| 182  | TAB  | METRONIDAZOLE 500MG (METROZOLE)  | 1,500         | 3.54      | 5,310.00   |
| PAGE 14  |      |  |               |           |            |
| (Total Amount in Words)  |      |  |               |           |            |
| <p style="font-size: 24px; font-weight: bold; color: red;">RECEIVED</p> <p style="font-size: 12px; font-weight: bold;">COMMISSION ON AUDIT</p> <p style="font-size: 12px; font-weight: bold;">1 AGO-PANGASINAN</p> <p style="font-size: 12px;">JULY 18, 2024</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,  |               |           |            |
| <br><u>ROSLYN D. OPANOYOS</u><br>Signature over Printed Name of Supplier  |      | <br><u>HON. RAMON V. GUICO III</u><br>Signature over Printed Name of Authorized Official |               |           |            |
| <u>JULY 18, 2024</u><br>Date   |      | <b>Governor</b><br>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:   |      |  |               |           |            |
| _____<br>Secretary to the Sanggunian   |      |  | _____<br>Date |           |            |



**PURCHASE ORDER  
PROVINCE OF PANGASINAN**

LGU

| Supplier : CYDEN MEDICALE TRADING INC.   |      | P.O. No. : 00839  |          |           |            |
|--|------|---|----------|-----------|------------|
| Address : URDANETA CITY, PANGASINAN  |      | Date: competitive bidding   |          |           |            |
| TIN : 762-454-109-00000  |      | Mode of Procurement: 2024-06-3610   |          |           |            |
| PR No./s   |      |   |          |           |            |
| Gentlement:<br>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 : with 7 C.D. upon receipt of RTP   |          |           |            |
| Date of Delivery :   |      | Payment Term : Cheque   |          |           |            |
| Stock/<br>Property No.   | Unit | Description   | Quantity | Unit Cost | Amount     |
| 144  | TAB  | ISOSORBIDE MONONITRATE 30MG (NO BRAND)  | 900      | 16.00     | 14,400.00  |
| 145  | TAB  | ISOXSUPRINE HYDROCHLORIDE 10MG (ISOPRINE)   | 850      | 13.00     | 11,050.00  |
| 146  | AMP  | ISOXSUPRINE HYDROCHLORIDE 5MG/ML (ISOXULIDE)  | 30       | 260.00    | 7,800.00   |
| 147  | VIAL | KETAMINE HCL 50MG/ML 10ML (KETOTROY)  | 10       | 2,397.00  | 23,970.00  |
| 148  | AMP  | KETOROLAC 30MG INJECTION (KETOPANE)   | 7,000    | 46.50     | 325,500.00 |
| 149  | BOT  | LACTATED RINGERS SOLUTION 1L (EURO-MED)   | 9,880    | 85.00     | 839,800.00 |
| 150  | BOT  | LACTULOSE 3.33G/5ML SOLUTION 120ML (LUZLAX)   | 760      | 269.00    | 204,440.00 |
| 151  | PCS  | LAGUNDI 300MG (OFPLEMED)  | 2,000    | 6.49      | 12,980.00  |
| 152  | BOT  | LAGUNDI 300MG/5ML 60ML SYRUP (OFPLEMED)   | 150      | 67.50     | 10,125.00  |
| 153  | TAB  | LAGUNDI 600MG (OFPLEMED)  | 2,000    | 6.49      | 12,980.00  |
| 154  | CAP  | LANSOPRAZOLE 30MG (LANSOMEDIX)  | 500      | 7.00      | 3,500.00   |
| 155  | VIAL | LEVETIRACETAM 100MG/ML (NO BRAND)   | 500      | 132.00    | 66,000.00  |
| 156  | TAB  | LEVETIRACETAM 500MG (LEVEXAM)   | 300      | 34.00     | 10,200.00  |
| PAGE 12  |      |   |          |           |            |
| (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> <p align="center"><b>RECEIVED</b><br/>JUL 18 2024<br/>COMMISSION ON AUDIT<br/>PANGASINAN</p> |      |   |          |           |            |
| Conforme:  |      | Very truly yours,   |          |           |            |
| <br>Signature over Printed Name of Supplier   |      | <br>HON. RAMON V. GUICO III<br>Signature over Printed Name of Authorized Official |          |           |            |
| JULY 18, 2024<br>Date  |      | Governor<br>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 : <b>CYDEN MEDICALE TRADING INC.</b> | P.O. No. : <b>00839</b>                         |
| Address : <b>URDANETA CITY, PANGASINAN</b>    | Date: <b>JUL 18 2024</b>                        |
| TIN : <b>762-454-109-00000</b>                | Mode of Procurement: <b>competitive bidding</b> |
|   | PR No./s <b>2024-06-3810</b>                    |

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

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

| Stock/<br>Property No. | Unit | Description                               | Quantity | Unit Cost | Amount       |
|------------------------|------|---|----------|-----------|--------------|
| 131                    | TAB  | GLICLAZIDE 80MG (KEBET)                   | 6,500    | 18.00     | 117,000.00   |
| 132                    | AMP  | HALOPERIDOL 5MG/ML (HALDOL)               | 10       | 1,900.00  | 19,000.00    |
| 133                    | VIAL | HUMAN ALBUMIN 20% VIAL (SEROALBUMIN)      | 50       | 3,984.00  | 199,200.00   |
| 134                    | AMP  | HYDRALAZINE HYDROCHLORIDE 20MG (SAPHARIN) | 630      | 232.00    | 146,160.00   |
| 135                    | VIAL | HYDROCORTISONE SODIUM 100MG (CORTIS 100)  | 17,000   | 95.00     | 1,615,000.00 |
| 136                    | VIAL | HYDROCORTISONE SODIUM 250MG (STERICORT)   | 3,200    | 165.00    | 528,000.00   |
| 137                    | PC   | HYDROXYETHYL STARCH 60MG (SANBEHEST)      | 20       | 900.00    | 18,000.00    |
| 138                    | TAB  | HYOSCINE N-BUTYL BROMIDE 10MG (HYOPHIL)   | 1,800    | 6.25      | 11,250.00    |
| 139                    | AMP  | HYOSCINE N-BUTYL BROMIDE 20MG/ML (HYODEN) | 3,100    | 35.00     | 108,500.00   |
| 140                    | BOT  | IBUPROFEN 200 MG/5ML SUSP. (PENFRO)       | 20       | 66.15     | 1,323.00     |
| 141                    | TAB  | IBUPROFEN 400 MG (FEVRAL)                 | 1,400    | 3.10      | 4,340.00     |
| 142                    | TAB  | ISOSORBIDE DINATRATE 10MG (EVAPRINE)      | 200      | 28.80     | 5,760.00     |
| 143                    | TAB  | ISOSORBIDE DINATRATE 5MG (SORBANCE)       | 500      | 29.00     | 14,500.00    |

Total Amount in Words) \_\_\_\_\_ PAGE 11

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 portion.

**RECEIVED**  
 JUL 18 2024  
 COMMISSION ON AUDIT  
 11 AGD-PANGASINAN

Conforme: \_\_\_\_\_ truly yours,  
**HON. RAMON V. GUICO III**  
 Signature over Printed Name of Authorized Official  
**Governor**  
 Designation

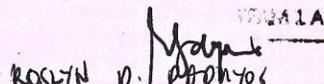
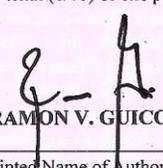
Signature over Printed Name of Supplier: \_\_\_\_\_  
 Date: **JULY 18, 2024**

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

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

Certified Correct: \_\_\_\_\_  
 Secretary to the Sanggunian \_\_\_\_\_  
 Date \_\_\_\_\_

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

| Supplier : <u>CYDEN MEDICALE TRADING INC.</u>   |      | P.O. No. : <u>00033</u>  |               |           |            |
|---|------|--|---------------|-----------|------------|
| Address : <u>URDANETA CITY, PANGASINAN</u>  |      | Date : <u>JUL 18 2024</u>  |               |           |            |
| TIN : <u>762-454-109-00000</u>  |      | Mode of Procurement : <u>competitive bidding</u>   |               |           |            |
|   |      | PR No./s <u>2024-06-3610</u>   |               |           |            |
| Gentlement:<br>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/<br>Property No.  | Unit | Description  | Quantity      | Unit Cost | Amount     |
| 118   | CAP  | FENOFIBRATE 200MG (FENOBRIT)   | 1,800         | 14.00     | 25,200.00  |
| 119   | AMP  | FENTANYL CITRATE 50MCG/ML (TROFENTYL)  | 780           | 374.00    | 291,720.00 |
| 120   | BOT  | FERROUS SULFATE 15ML (FERLUM)  | 40            | 29.50     | 1,180.00   |
| 121   | TAB  | FERROUS SULFATE 325MG (FERRICORE)  | 16,500        | 1.80      | 29,700.00  |
| 122   | BOT  | FERROUS SULFATE 60ML (FERLUM)  | 100           | 38.00     | 3,800.00   |
| 123   | TAB  | FERROUS SULFATE+FOLIC ACID 300MG/250MCG (AMERICON)   | 4,700         | 5.00      | 23,500.00  |
| 124   | TAB  | FINASTERIDE 5MG TABLET (FINASIA)   | 150           | 36.00     | 5,400.00   |
| 125   | CAP  | FOLIC ACID 5MG (INFACARE)  | 300           | 5.00      | 1,500.00   |
| 126   | AMP  | FUROSEMIDE 10MG/ML (LAZIMED)   | 9,000         | 30.00     | 270,000.00 |
| 127   | TAB  | FUROSEMIDE 40MG (PISAMOR)  | 400           | 4.00      | 1,600.00   |
| 128   | CAP  | GABAPENTIN 100MG (GABALION)  | 100           | 41.25     | 4,125.00   |
| 129   | CAP  | GABAPENTIN 300MG (GABAVEX)   | 100           | 25.00     | 2,500.00   |
| 130   | AMP  | GENTAMICIN SULFATE 80MG/2ML (GENTACARE)  | 3,500         | 18.00     | 63,000.00  |
| (Total Amount in Words) <u>PAGE 10</u>  |      |  |               |           |            |
| <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 portion.</p> <p style="text-align: center;"><b>RECEIVED</b><br/> <b>COMMISSION ON AUDIT</b><br/> <b>PROV. LGU - PANGASINAN</b><br/> <b>JUL 18 2024</b></p> |      |  |               |           |            |
| Conforme:   |      | truly yours,   |               |           |            |
| <br><u>Roslyn D. Aron</u><br>Signature over Printed Name of Supplier   |      | <br><u>HON. RAMON V. GUICO III</u><br>Signature over Printed Name of Authorized Official |               |           |            |
| <u>JULY 18, 2024</u><br>Date  |      | <u>Governor</u><br>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:  |      |  |               |           |            |
| _____<br>Secretary to the Sanggunian  |      |  | _____<br>Date |           |            |

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

| Supplier : CYDEN MEDICALE TRADING INC.  |      | P.O. No. : <u>00839</u>                                |               |           |            |
|---|------|--|---------------|-----------|------------|
| Address : URDANETA CITY, PANGASINAN   |      | Date : <u>JUL 18 2024</u>                              |               |           |            |
| TIN : <u>762-454-109-00000</u>  |      | Mode of Procurement : <u>competitive bidding</u>       |               |           |            |
|   |      | PR No./s : <u>2024-06-3610</u>                         |               |           |            |
| Gentlemen:<br>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>with 7 C.D. upon receipt of NTP</u> |               |           |            |
| Date of Delivery : _____  |      | Payment Term : <u>Cheque</u>                           |               |           |            |
| Stock/<br>Property No.  | Unit | Description  | Quantity      | Unit Cost | Amount     |
| 105   | VIAL | DOBUTAMINE 12.5MG/ML (DOBUMEAN)                        | 150           | 680.00    | 102,000.00 |
| 106   | TAB  | DOMPERIDONE 10MG (EMETIL)                              | 5,450         | 5.69      | 31,010.50  |
| 107   | BOT  | DOMPERIDONE 1MG/ML 60ML SUSP (ACCEHOME)                | 160           | 90.00     | 14,400.00  |
| 108   | AMP  | DOPAMINE HYDROCHLORIDE 40MG/ML (DOPTREX)               | 400           | 155.00    | 62,000.00  |
| 109   | CAP  | DOXYCYCLINE 100MG (DOTHIX)                             | 300           | 2.56      | 768.00     |
| 110   | TAB  | ENALAPRIL MALAEATE 5MG (SCHEEPRIL)                     | 200           | 13.50     | 2,700.00   |
| 111   | PFS  | ENOXAPARIN 0.4 (SITI)                                  | 920           | 794.00    | 730,480.00 |
| 112   | PFS  | ENOXAPARIN 0.6 (SITI)                                  | 150           | 780.00    | 117,000.00 |
| 113   | AMP  | EPHEDRINE SULFATE 50MG/ML 1ML (NO BRAND)               | 380           | 215.00    | 81,700.00  |
| 114   | AMP  | EPINEPHRINE 1MG/ML I.M.I.V (EPIMEDS)                   | 3,540         | 80.00     | 283,200.00 |
| 115   | TAB  | ERYTHROMYCIN 500MG (OPTRYL)                            | 50            | 6.48      | 324.00     |
| 116   | BOT  | EUROJON IN DEXTROSE 5% WATER 500ML VIOLET (EURO-MED)   | 1,180         | 84.68     | 99,922.40  |
| 117   | BOT  | EUROSOL DEXTROSE 5% WATER 1L ORANGE (EURO-MED)         | 360           | 84.62     | 30,463.20  |
| PAGE 9  |      |  |               |           |            |
| <b>(Total Amount in Words)</b>  |      |  |               |           |            |
| <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/s.</p> <p style="text-align: center;"><b>RECEIVED</b><br/> <b>17 JUL 2024</b><br/> <b>COMMISSION ON AUDIT</b><br/> <b>PROV. GOV. OFFICE</b><br/> <b>URDANETA CITY, PANGASINAN</b></p> |      |  |               |           |            |
| Conforme:   |      | truly yours,   |               |           |            |
| <u>ROSALYN O. PADON-ROS</u>   |      | <u>HON. RAMON V. GUICO III</u>                         |               |           |            |
| Signature over Printed Name of Supplier   |      | Signature over Printed Name of Authorized Official     |               |           |            |
| <u>JULY 18, 2024</u>  |      | <u>Governor</u>  |               |           |            |
| Date  |      | Designation  |               |           |            |
| (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)   |      |  |               |           |            |
| Approved per Sanggunian Resolution No. : _____  |      |  |               |           |            |
| Certified Correct:  |      |  |               |           |            |
| _____<br>Secretary to the Sanggunian  |      |  | _____<br>Date |           |            |

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

00839

| Supplier : <u>CYDEN MEDICALE TRADING INC.</u>   |       | P.O. No. : _____   |          |           |            |
|---|-------|--|----------|-----------|------------|
| Address : <u>URDANETA CITY, PANGASINAN</u>  |       | Date: <u>JUL 18 2024</u>   |          |           |            |
| TIN : <u>762-454-109-00000</u>  |       | Mode of Procurement: <u>competitive bidding</u>  |          |           |            |
|   |       | PR No./s <u>2024-06-3610</u>   |          |           |            |
| Gentlemen:<br>Please furnish this Office the following articles subject to the terms and conditions contained herein:   |       |  |          |           |            |
| Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>   |       | Delivery Term : <u>win / C.D. upon receipt of NTP</u>  |          |           |            |
| Date of Delivery : _____  |       | Payment Term: <u>Cheque</u>  |          |           |            |
| Stock/<br>Property No.  | Unit  | Description  | Quantity | Unit Cost | Amount     |
| 92  | BOT   | DEXTROSE 5% IN WATER 1L RED (EURO-MED)   | 460      | 84.00     | 38,640.00  |
| 93  | BOT   | DEXTROSE 5% IN WATER 500ML RED (EURO-MED)  | 1,780    | 88.00     | 156,640.00 |
| 94  | VIALS | DEXTROSE 50% SOLUTION 50ML (EURO-MED)  | 360      | 78.40     | 28,224.00  |
| 95  | AMP   | DIAZEPAM 5MG/ML (VALIUM)   | 1,650    | 185.00    | 305,250.00 |
| 96  | AMP   | DICLOFENAC 25MG/3ML (NOVAFENAC)  | 20       | 68.00     | 1,360.00   |
| 97  | TAB   | DICLOFENAC 50MG (PHILFLAM)   | 1,400    | 1.00      | 1,400.00   |
| 98  | TAB   | DICYCLOVERINE 10MG (DICYRINE)  | 30       | 1.75      | 52.50      |
| 99  | BOT   | DICYCLOVERINE 10MG/60ML SUSP (MYRENTYL)  | 100      | 34.26     | 3,426.00   |
| 100   | AMP   | DIGOXIN 250MCG (DIXIN)   | 550      | 310.00    | 170,500.00 |
| 101   | TAB   | DIGOXIN 250MCG (DIGOSAPH)  | 600      | 5.00      | 3,000.00   |
| 102   | BOT   | DIPHENHYDRAMINE 12.5MG/5ML 60ML (ALLERIGHT)  | 100      | 40.00     | 4,000.00   |
| 103   | CAP   | DIPHENHYDRAMINE 50MG (HISTAMOX)  | 1,400    | 3.48      | 4,872.00   |
| 104   | AMP   | DIPHENHYDRAMINE 50MG/ML (DOPTREX)  | 1,100    | 98.00     | 107,800.00 |
| <b>(Total Amount in Words)</b>  |       | PAGE 8   |          |           |            |
| <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 items.</p> |       |  |          |           |            |
| Conforme:   |       | <p style="text-align: center;"><b>RECEIVED</b><br/> <b>17 JUL 2024</b><br/> <b>COMMISSION ON AUDIT</b><br/> <b>TEAM 1 AGD-PANGASINAN</b></p>     |          |           |            |
| <p style="text-align: center;"><u>ROSLYN D. BAWAYOC</u><br/> Signature over Printed Name of Supplier</p>  |       | <p style="text-align: center;">Very truly yours,<br/> <u>HON. RAMON V. GUICO III</u><br/> Signature over Printed Name of Authorized Official</p> |          |           |            |
| <p style="text-align: center;"><u>JULY 19, 2024</u><br/> Date</p>   |       | <p style="text-align: center;"><b>Governor</b><br/> Designation</p>  |          |           |            |
| (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)   |       |  |          |           |            |
| Approved per Sanggunian Resolution No.: _____   |       |  |          |           |            |
| Certified Correct: _____  |       |  |          |           |            |
| Secretary to the Sanggunian   |       |  | Date     |           |            |

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

| Supplier : <u>CYDEN MEDICALE TRADING INC.</u>   |      | P.O. No. : <u>00839</u>   |          |           |              |
|---|------|---|----------|-----------|--------------|
| Address : <u>URDANETA CITY, PANGASINAN</u>  |      | Date: <u>10 JUL 2024</u>  |          |           |              |
| TIN : <u>762-454-109-00000</u>  |      | Mode of Procurement: <u>competitive bidding</u>   |          |           |              |
|   |      | PR No./s <u>2024-06-3610</u>  |          |           |              |
| Gentlemen:<br>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/<br>Property No.  | Unit | Description   | Quantity | Unit Cost | Amount       |
| 79  | TAB  | CLONIDINE 75MCG (CLONISAPH)   | 800      | 42.00     | 33,600.00    |
| 80  | TAB  | CLOPIDOGREL 75MG (CLOPINOVA)  | 10,000   | 18.50     | 185,000.00   |
| 81  | BOT  | CLOXACILLIN 250MG (DIALOX)  | 20       | 55.00     | 1,100.00     |
| 82  | CAP  | CLOXACILLIN 500MG (PHILCLOX)  | 7,000    | 11.00     | 77,000.00    |
| 83  | BOT  | CO-AMOXICLAV 457MG/5ML 70ML (MEOXICLAV)   | 160      | 340.00    | 54,400.00    |
| 84  | TAB  | CO-AMOXICLAV 500MG/125MG (ENDCLAV)  | 12,300   | 32.62     | 401,226.00   |
| 85  | TAB  | COLCHICINE 500MCG (GOUTSAPH)  | 1,000    | 3.56      | 3,560.00     |
| 86  | AMP  | DEXAMETHASONE 4MG/2ML (MOHSIDEX)  | 800      | 70.00     | 56,000.00    |
| 87  | BOT  | DEXTROSE 10% IN WATER 500ML TURQUOISE (EURO-MED)  | 170      | 94.62     | 16,085.40    |
| 88  | BOT  | DEXTROSE 5% IN 0.3% SODIUM CHLORIDE 1L SKYBLUE (EURO-MED)   | 1,000    | 84.68     | 84,680.00    |
| 89  | BOT  | DEXTROSE 5% IN 0.3% SODIUM CHLORIDE 500ML SKYBLUE (EURO-MED)  | 2,500    | 84.68     | 211,700.00   |
| 90  | BOT  | DEXTROSE 5% IN 0.9% SODIUM CHLORIDE 1L YELLOW (PHILRX)  | 360      | 84.62     | 30,463.20    |
| 91  | BOT  | DEXTROSE 5% IN LACTATED RINGERS SOLUTION 1L PINK (PHILRX)   | 12,900   | 88.00     | 1,135,200.00 |
| (Total Amount in Words) <u>PAGE 7</u>   |      |   |          |           |              |
| <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 portion.</p> |      |   |          |           |              |
| Conforme:   |      | <p style="text-align: center;"><b>RECEIVED</b><br/><b>10 JUL 2024</b><br/><b>COMMISSION ON AUDIT</b><br/><b>TEAM 1 AGD-PANGASINAN</b></p> |          |           |              |
| <p style="text-align: center;"><u>Roselyn P. Panojas</u><br/>Signature over Printed Name of Supplier</p>  |      | <p style="text-align: center;">truly yours,<br/><u>HON. RAMON V. GUICO III</u><br/>Signature over Printed Name of Authorized Official</p> |          |           |              |
| <p style="text-align: center;"><u>July 10, 2024</u><br/>Date</p>  |      | <p style="text-align: center;"><b>Governor</b><br/>Designation</p>  |          |           |              |
| (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)   |      |   |          |           |              |
| Approved per Sanggunian Resolution No.: _____   |      |   |          |           |              |
| Certified Correct: _____  |      |   |          |           |              |
| Secretary to the Sanggunian   |      |   | Date     |           |              |

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

|   |   |
|---|---|
| Supplier : <u>CYDEN MEDICALE TRADING INC.</u> | P.O. No. : <u>00839</u>                         |
| Address : <u>URDANETA CITY, PANGASINAN</u>    | Date: <u>JUL 18 2024</u>                        |
| TIN : <u>762-454-109-00000</u>                | Mode of Procurement: <u>competitive bidding</u> |
|   | PR No./s <u>2024-06-3610</u>                    |

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

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

| Stock/<br>Property No. | Unit | Description                                | Quantity | Unit Cost | Amount       |
|------------------------|------|--|----------|-----------|--------------|
| 66                     | TAB  | CETIRIZINE 10MG (CETIRILIFE)               | 13,000   | 4.50      | 58,500.00    |
| 67                     | BOT  | CETIRIZINE 2.5MG/ML (ALLERCUM)             | 232      | 70.00     | 16,240.00    |
| 68                     | BOT  | CETIRIZINE 5MG 60ML SUSP (ALLERCHEM)       | 354      | 114.00    | 40,356.00    |
| 69                     | AMP  | CHLORPHENAMINE MALEATE 10MG/ML (LORE CARE) | 50       | 36.00     | 1,800.00     |
| 70                     | TAB  | CINNARIZINE 25MG (MOTICON)                 | 1,700    | 2.20      | 3,740.00     |
| 71                     | VIAL | CIPROFLOXACIN 200MG/ML (QUINOCIP)          | 2,150    | 240.00    | 516,000.00   |
| 72                     | TAB  | CIPROFLOXACIN 500MG (CYFROX)               | 500      | 6.90      | 3,450.00     |
| 73                     | BOT  | CLARITHROMYCIN 125MG (CLARIWELL)           | 20       | 250.00    | 5,000.00     |
| 74                     | BOT  | CLARITHROMYCIN 250MG (CLARIMAC)            | 10       | 450.00    | 4,500.00     |
| 75                     | TAB  | CLARITHROMYCIN 500MG (KRACID)              | 400      | 42.90     | 17,160.00    |
| 76                     | CAP  | CLINDAMYCIN 300MG (CLINDASAPH)             | 2,000    | 37.00     | 74,000.00    |
| 77                     | AMP  | CLINDAMYCIN 300MG/2ML (CORSIN-300)         | 8,250    | 295.00    | 2,433,750.00 |
| 78                     | AMP  | CLINDAMYCIN 600MG/4ML (AMSOCYN-600)        | 1,000    | 390.00    | 390,000.00   |

PAGE 6

(Total Amount in Words)

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

Conforme:

[Signature]  
RODWIN D. PANGAS  
 Signature over Printed Name of Supplier

JULY 18, 2024  
 Date

**RECEIVED**  
 JUL 18 2024  
 COMMISSION ON AUDIT  
 AREA 1 AGD-PANGASINAN

Very truly yours,  
[Signature]  
**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 : <b>CYDEN MEDICALE TRADING INC.</b> | P.O. No. : <b>00839</b>                          |
| Address : <b>URDANETA CITY, PANGASINAN</b>    | Date : <b>JUL 18 2024</b>                        |
| TIN : <b>762-454-109-00000</b>                | Mode of Procurement : <b>competitive bidding</b> |
|   | PR No./s : <b>2024-06-3610</b>                   |

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

|   |  |
|---|--|
| 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 :  | Payment Term : <b>Cheque</b>                           |

| Stock/<br>Property No. | Unit | Description                              | Quantity | Unit Cost | Amount       |
|------------------------|------|--|----------|-----------|--------------|
| 53                     | BOT  | CEFALEXIN 250MG/5ML 60ML (DIACEF)        | 200      | 46.00     | 9,200.00     |
| 54                     | CAP  | CEFALEXIN 500MG (DIACEF)                 | 40,637   | 5.50      | 223,503.50   |
| 55                     | VIAL | CEFAZOLIN 1G VIAL (CEFAZODEN)            | 20       | 125.50    | 2,510.00     |
| 56                     | BOT  | CEFIXIME 100MG/5ML 60ML (SUPRAPHIX)      | 70       | 288.00    | 20,160.00    |
| 57                     | TAB  | CEFIXIME 200MG (SUPRAPHIL)               | 400      | 120.00    | 48,000.00    |
| 58                     | BOT  | CEFIXIME 20MG/ML 10ML (SUPRAPHIX)        | 70       | 192.31    | 13,461.70    |
| 59                     | VIAL | CEFOTAXIME SODIUM 1G (TOXIM)             | 50       | 210.00    | 10,500.00    |
| 60                     | VIAL | CEFTAZIDIME PENTAHYDRATE 1G (CEFTAZIDEN) | 3,000    | 210.00    | 630,000.00   |
| 61                     | VIAL | CEFTRIAXONE SODIUM 1G (CEFTRIDEN)        | 28,699   | 88.30     | 2,534,121.70 |
| 62                     | BOT  | CEFUROXIME 250MG/5ML 50ML (SQCEF)        | 50       | 165.00    | 8,250.00     |
| 63                     | TAB  | CEFUROXIME 500MG (AEROX)                 | 11,500   | 40.25     | 462,875.00   |
| 64                     | VIAL | CEFUROXIME 750MG (CEFUCY)                | 23,999   | 88.40     | 2,121,511.60 |
| 65                     | CAP  | CELECOXIB 200MG (CELECOX)                | 11,800   | 19.00     | 224,200.00   |

(Total Amount in Words) **PAGE 5**

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 items.

**RECEIVED**  
**17 JUL 2024**  
**COMMISSION ON AUDIT**

Conforme: Roselin A. Amorayas Very truly yours, HON. RAMON V. QUICO III  
Signature over Printed Name of Supplier Signature over Printed Name of Authorized Official

Date: JULY 18, 2024 Designation: Governor

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

Approved per Sanggunian Resolution No.:

Certified Correct: \_\_\_\_\_ Date: \_\_\_\_\_  
Secretary to the Sanggunian

**PURCHASE ORDER  
PROVINCE OF PANGASINAN**

LGU

| Supplier : <u>CYDEN MEDICALE TRADING INC.</u>  |      | P.O. No. : <u>00839</u>   |                                      |           |            |
|--|------|---|--------------------------------------|-----------|------------|
| Address : <u>URDANETA CITY, PANGASINAN</u>   |      | Date: <u>competitive bidding</u> <b>JUL 18 2024</b>   |                                      |           |            |
| TIN : <u>762-454-109-00000</u>   |      | Mode of Procurement: <u>2024-06-3610</u>  |                                      |           |            |
| Gentlemen:   |      | PR No./s  |                                      |           |            |
| 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>  |      | w/in 7 C.D. upon receipt of NTP   |                                      |           |            |
| Date of Delivery : _____   |      | Delivery Term : <u>Cheque</u>   |                                      |           |            |
|  |      | Payment Term: _____   |                                      |           |            |
| Stock/<br>Property No.   | Unit | Description   | Quantity                             | Unit Cost | Amount     |
| 40   | TAB  | BISACODYL 5MG TABLET (DYLAX)  | 250                                  | 3.00      | 750.00     |
| 41   | NEB  | BUDESONIDE NEBULES (BUDEXA)   | 7,270                                | 78.40     | 569,968.00 |
| 42   | AMP  | BUPIVACAINE HEAVY 500MG AMPULE (BUPIRIGHT)  | 800                                  | 800.00    | 640,000.00 |
| 43   | AMP  | BUPIVACAINE HEAVY 500MG AMPULE (SENSORCAINE)  | 400                                  | 1,225.00  | 490,000.00 |
| 44   | AMP  | BUPIVACAINE ISOBARIC 5% AMPULE (SENSORCAINE)  | 30                                   | 1,225.00  | 36,750.00  |
| 45   | TAB  | BUTAMIRATE CITRATE 50MG (SAPHMIRATE)  | 3,000                                | 30.00     | 90,000.00  |
| 46   | TAB  | CALCIUM CARBONATE 500MG (AMBICAL)   | 1,100                                | 5.12      | 5,632.00   |
| 47   | AMP  | CALCIUM GLUCONATE 10ML (NO BRAND)   | 100                                  | 105.00    | 10,500.00  |
| 48   | TAB  | CAPTOPRIL 25MG (HYPERSTOP)  | 2,100                                | 2.95      | 6,195.00   |
| 49   | AMP  | CARBOPROST 250MG (EVAPROST)   | 330                                  | 980.00    | 323,400.00 |
| 50   | TAB  | CARVEDILOL 6.25MG (CARVIDA)   | 7,200                                | 13.00     | 93,600.00  |
| 51   | BOT  | CEFALEXIN 100MG/ML (DIACEF DROPS)   | 90                                   | 39.00     | 3,510.00   |
| 52   | BOT  | CEFALEXIN 125MG/5ML 60ML (DIACEF)   | 110                                  | 40.00     | 4,400.00   |
| PAGE 4   |      |   |                                      |           |            |
| <b>(Total Amount in Words)</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 portion.</p> |      |   |                                      |           |            |
| Conforme:  |      | <p align="center"><b>RECEIVED</b><br/>JUL 18 2024<br/><b>COMMISSION ON AUDIT</b><br/>TEAM 2 AGD-PANGASINAN</p>                    |                                      |           |            |
| <p align="center"><u>Rocyn B. Paonyas</u><br/>Signature over Printed Name of Supplier</p>  |      | <p align="center">Very truly yours,<br/><u>HON. RAMON V. GUICO III</u><br/>Signature over Printed Name of Authorized Official</p> |                                      |           |            |
| <p align="center"><u>July 18, 2024</u><br/>Date</p>  |      | <p align="center"><b>Governor</b><br/>Designation</p>   |                                      |           |            |
| (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)  |      |   |                                      |           |            |
| Approved per Sanggunian Resolution No.: _____  |      |   |                                      |           |            |
| Certified Correct:   |      |   |                                      |           |            |
| <p align="center">_____<br/>Secretary to the Sanggunian</p>  |      |   | <p align="center">_____<br/>Date</p> |           |            |

**PURCHASE ORDER  
PROVINCE OF PANGASINAN**

LGU

| Supplier : <u>CYDEN MEDICALE TRADING INC.</u>  |      | P.O. No. : <u>00839</u>   |                                      |           |            |
|--|------|---|--------------------------------------|-----------|------------|
| Address : <u>URDANETA CITY, PANGASINAN</u>   |      | Date: <u>18 JUL 2024</u>  |                                      |           |            |
| TIN : <u>762-454-109-00000</u>   |      | Mode of Procurement <u>2024-06-3610</u>   |                                      |           |            |
| PR No./s   |      |   |                                      |           |            |
| Gentlement:<br>Please furnish this Office the following articles subject to the terms and conditions contained herein:   |      |   |                                      |           |            |
| Place of Delivery : <u>Provincial Governor's Office, Lingayen, Pangasinan</u>  |      | Delivery Term : <u>win 7 C.D. upon receipt of NTP</u>   |                                      |           |            |
| Date of Delivery : _____   |      | Payment Term: <u>Cheque</u>   |                                      |           |            |
| Stock/<br>Property No.   | Unit | Description   | Quantity                             | Unit Cost | Amount     |
| 27   | TAB  | ASPIRIN 80MG (SCHEEPRIN)  | 4,500                                | 2.31      | 10,395.00  |
| 28   | TAB  | ATORVASTATIN CALCIUM 10MG (ATORSAPH-10)   | 1,000                                | 8.00      | 8,000.00   |
| 29   | TAB  | ATORVASTATIN CALCIUM 20MG (TORVASTATIN)   | 1,500                                | 16.00     | 24,000.00  |
| 30   | TAB  | ATORVASTATIN CALCIUM 40MG (ATORSAPH-40)   | 7,500                                | 28.00     | 210,000.00 |
| 31   | AMP  | ATRACURIUM BESILATE 10MG (ACURIUM)  | 10                                   | 230.00    | 2,300.00   |
| 32   | AMP  | ATROPINE (AS SULFATE) 1MG/ML (TROPIN)   | 60                                   | 120.00    | 7,200.00   |
| 33   | BOT  | AZITHROMYCIN 200MG/ML 15ML SUSP (ATHRODIM)  | 6                                    | 300.00    | 1,800.00   |
| 34   | TAB  | AZITHROMYCIN 500MG (AZITHROM)   | 7,700                                | 58.00     | 446,600.00 |
| 35   | VIAL | BENZYL PENICILLIN SODIUM 1M (BIOPHEN)   | 300                                  | 38.50     | 11,550.00  |
| 36   | VIAL | BENZYL PENICILLIN SODIUM 5M (BIOPHEN)   | 50                                   | 38.40     | 1,920.00   |
| 37   | TAB  | BETAHISTINE HYDROCHLORIDE 16MG (VERTISAPH-16MG)   | 4,600                                | 28.90     | 132,940.00 |
| 38   | TAB  | BETAHISTINE HYDROCHLORIDE 24MG (VERTISAPH-24MG)   | 500                                  | 54.12     | 27,060.00  |
| 39   | SUPP | BISACODYL 10MG (BISACODEN)  | 100                                  | 90.00     | 9,000.00   |
| <b>(Total Amount in Words)</b>   |      |   |                                      |           |            |
| PAGE 3   |      |   |                                      |           |            |
| <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> <p align="center"><b>RECEIVED</b><br/>17 JUL 2024<br/>COMMISSION ON AUDIT<br/>TEAM 1 AGD-PANG</p> |      |   |                                      |           |            |
| Conforme:  |      | Very truly yours,   |                                      |           |            |
| <p align="center"><u>ROSLYN D. PANGASINAN</u><br/>Signature over Printed Name of Supplier</p>  |      | <p align="center"><u>HON. RAMON V. GUICO III</u><br/>Signature over Printed Name of Authorized Official</p> |                                      |           |            |
| <p align="center"><u>JULY 18, 2024</u><br/>Date</p>  |      | <p align="center"><u>Governor</u><br/>Designation</p>   |                                      |           |            |
| (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)  |      |   |                                      |           |            |
| Approved per Sanggunian Resolution No.: _____  |      |   |                                      |           |            |
| Certified Correct:   |      |   |                                      |           |            |
| <p align="center">_____<br/>Secretary to the Sanggunian</p>  |      |   | <p align="center">_____<br/>Date</p> |           |            |

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

00839

| Supplier : <u>CYDEN MEDICALE TRADING INC.</u>  |      | P.O. No. : _____                                       |          |           |            |
|--|------|--|----------|-----------|------------|
| Address : <u>URDANETA CITY, PANGASINAN</u>   |      | Date: <u>JUL 18 2024</u>                               |          |           |            |
| TIN : <u>762-454-109-00000</u>   |      | Mode of Procurement: <u>competitive bidding</u>        |          |           |            |
|  |      | PR No./s <u>2024-06-3610</u>                           |          |           |            |
| Gentlement:<br>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/<br>Property No.   | Unit | Description  | Quantity | Unit Cost | Amount     |
| 14   | AMP  | AMIODARONE HCL 50MG/ML 3ML (TRODONE)                   | 70       | 448.00    | 31,360.00  |
| 15   | TAB  | AMLODIPINE 10MG (AMLOTHIX)                             | 14,500   | 5.00      | 72,500.00  |
| 16   | TAB  | AMLODIPINE 5MG (AMLOFAR)                               | 10,000   | 3.05      | 30,500.00  |
| 17   | BOT  | AMOXICILLIN 100MG/ML 10ML (MOXYLOR)                    | 40       | 29.00     | 1,160.00   |
| 18   | BOT  | AMOXICILLIN 250MG/5ML 60ML SUSP (MOXYLOR)              | 140      | 49.00     | 6,860.00   |
| 19   | CAP  | AMOXICILLIN 500MG (AMBIMOX)                            | 7,000    | 3.66      | 25,620.00  |
| 20   | VIAL | AMPICILLIN 250MG (GOPEN-250)                           | 6,000    | 37.00     | 222,000.00 |
| 21   | VIAL | AMPICILLIN 500MG (CORPILYN)                            | 13,100   | 31.00     | 406,100.00 |
| 22   | VIAL | AMPICILLIN SODIUM 1G (AMPI-1)                          | 7,800    | 36.00     | 280,800.00 |
| 23   | VIAL | AMPICILLIN+SULBACTAM 500MG/250MG (AMPISUD)             | 6,800    | 120.00    | 816,000.00 |
| 24   | BOT  | ASCORBIC ACID 100MG/5ML 60ML (NOVACEE 60ML)            | 330      | 33.00     | 10,890.00  |
| 25   | BOT  | ASCORBIC ACID 100MG/ML 15ML (NOVACEE)                  | 100      | 29.00     | 2,900.00   |
| 26   | TAB  | ASCORBIC ACID 500MG (ASCOPHIL)                         | 7,300    | 6.25      | 45,625.00  |
| (Total Amount in Words) <span style="float: right;">PAGE 2</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 portion.</p> <p style="text-align: center;">  </p> |      |  |          |           |            |
| Conforme: _____  |      | Very truly yours, _____                                |          |           |            |
| <u>ROSLYN D. PAORIOS</u>   |      | <u>HON. RAMON V. GUICO III</u>                         |          |           |            |
| Signature over Printed Name of Supplier  |      | Signature over Printed Name of Authorized Official     |          |           |            |
| <u>JUL 18, 2024</u>  |      | <u>Governor</u>  |          |           |            |
| Date   |      | Designation  |          |           |            |
| (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)  |      |  |          |           |            |
| Approved per Sanggunian Resolution No.: _____  |      |  |          |           |            |
| Certified Correct: _____   |      |  |          |           |            |
| Secretary to the Sanggunian  |      |  | Date     |           |            |

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

LGU

| Supplier : <u>CYDEN MEDICALE TRADING INC.</u>   |      | P.O. No. : <u>00839</u>   |   |           |            |
|---|------|---|---|-----------|------------|
| Address : <u>URDANETA CITY, PANGASINAN</u>  |      | Date: <u>17 JUL 2024</u>  |   |           |            |
| TIN : <u>762-454-109-00000</u>  |      | Mode of Procurement: <u>competitive bidding</u>   |   |           |            |
|   |      | PR No./s <u>2024-06-3610</u>  |   |           |            |
| Gentlemen:<br>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/<br>Property No.  | Unit | Description   | Quantity  | Unit Cost | Amount     |
| 1   | SACH | ACETYLCYSTEINE 200MG (CETYSL)   | 4,600   | 24.00     | 110,400.00 |
| 2   | TAB  | ACETYLCYSTEINE 600MG (ACETYPHIL)  | 22,870  | 33.00     | 754,710.00 |
| 3   | TAB  | ACICLOVIR 400MG (XYXLOVIRAX)  | 400   | 35.00     | 14,000.00  |
| 4   | TAB  | ACICLOVIR 800MG (XYXLOVIRAX)  | 200   | 38.38     | 7,676.00   |
| 5   | SACH | ACTIVATED CHARCOAL (NO BRAND)   | 20  | 140.00    | 2,800.00   |
| 6   | AMP  | ADENOSINE 3MG/ML (TACYBAN)  | 85  | 1,805.00  | 153,425.00 |
| 7   | TAB  | ALLOPURINOL 100MG (URISOL)  | 1,100   | 5.00      | 5,500.00   |
| 8   | TAB  | ALLOPURINOL 300MG (ELAVIL)  | 800   | 9.25      | 7,400.00   |
| 9   | BOT  | ALUMINUM MAGNESIUM 120ML (MELMAG)   | 598   | 41.50     | 24,817.00  |
| 10  | TAB  | ALUMINUM MAGNESIUM 200MG/100MG(SHELOGEL)  | 6,298   | 3.40      | 21,413.20  |
| 11  | AMP  | AMIKACIN 500MG/2ML (COCINE)   | 180   | 250.00    | 45,000.00  |
| 12  | BOT  | AMINO ACID+SORBITOL IV 500ML (AMINODEN)   | 55  | 900.00    | 49,500.00  |
| 13  | AMP  | AMINOPHYLLINE 25MG/ML (AMPHIL)  | 300   | 58.00     | 17,400.00  |
| <b>(Total Amount in Words)</b>  |      |   | <b>PAGE 1</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:   |      | <p style="text-align: center;"><b>RECEIVED</b><br/><b>17 JUL 2024</b><br/><b>COMMISSION ON AUDIT</b><br/><b>TEAM 1 AGO-PANGASINAN</b></p> |   |           |            |
| <p style="text-align: center;"><u>ROSLYN D. PABON-LOS</u><br/>Signature over Printed Name of Supplier</p>   |      | <p style="text-align: center;"><u>HON. RAMON V. GUICO III</u><br/>Signature over Printed Name of Authorized Official</p>                  |   |           |            |
| <p style="text-align: center;"><u>JULY 18, 2024</u><br/>Date</p>  |      | <p style="text-align: center;"><u>Governor</u><br/>Designation</p>  |   |           |            |
| (In case of Negotiated Purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished.)   |      |   |   |           |            |
| Approved per Sanggunian Resolution No.: _____   |      |   |   |           |            |
| Certified Correct:  |      |   |   |           |            |
| <p style="text-align: center;">_____<br/>Secretary to the Sanggunian</p>  |      |   | <p style="text-align: center;">_____<br/>Date</p> |           |            |



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**

19 July 2024

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

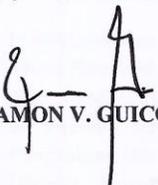
**Dear Mr. Vicente:**

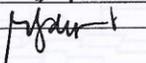
The attached Contract Agreement having been approved, notice is hereby given to **CYDEN MEDICALE TRADING INC.** that the work may commence on the **Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan (for use of various hospitals – Bolinao Community Hospital, Bayambang District Hospital, Dasol Community Hospital, Lingayen District Hospital, Mangatarem District Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-06-3610; Solicitation No. PANG-2024-06-0706-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 : 07/19/2024  
Name of the Representative of the Bidder : ADSELIN D. PABONLOS  
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**

16 July 2024

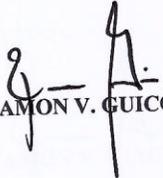
**MR. MARK CYRILL P. VICENTE**  
President  
**CYDEN MEDICALE TRADING INC.**  
No. 15 Roadside Camanang, Urdaneta City,  
Pangasinan

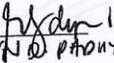
**Dear Mr. Vicente:**

We are happy to notify you that your bid dated July 8, 2024 for the **Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan (for use of various hospitals – Bolinao Community Hospital, Bayambang District Hospital, Dasol Community Hospital, Lingayen District Hospital, Mangatarem District Hospital and Western Pangasinan District Hospital); Trust Fund; PR No. 2024-06-3610; Solicitation No. PANG-2024-06-0706-G,** is hereby awarded to you as the Bidder with Lowest Calculated and Responsive Bid at a contract price equivalent to **Fifty Million, One Hundred Forty-Seven Thousand, Seven Hundred Eleven and 90/100 Only (P50,147,711.90).**

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: \_\_\_\_\_  
Date: 07/16/2024   
ROSLEY D. PATONIOS