

## CONTRACT AGREEMENT

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

WHEREAS, the Entity is desirous that the Contractor execute **Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan** (for use of various hospitals – Bayambang District Hospital, Manaog Community Hospital, Urdaneta District Hospital, Mapandan Community Hospital, Bolinao Community Hospital, Asingan Community Hospital, Lingayen District Hospital, Western Pangasinan District Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Mangatarem District Hospital and Pozorrubio Community Hospital); General Fund; PR No. 2024-09-5942; Solicitation No. PANG-2024-09-1081-G, and the Entity has accepted the Bid for **Twenty-One Million, Seven Hundred Forty-Three Thousand, Two Hundred Forty-Four Pesos and 12/100 Only (P21,743,244.12)** by the Contractor for the execution and completion of such Works and to remedy any defects therein.

NOW, THIS AGREEMENT WITNESSETH AS FOLLOWS:

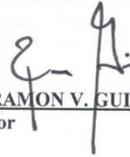
1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be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

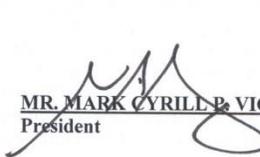
Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (e.g., Bidder' response to request for clarifications on the bid), including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation.
  - iii. Performance Security;
  - iv. Notice of Award of Contract; and the Bidder's conforme thereto; and
  - v. Other contract documents that may be required by the existing laws and/or the Procuring Entity concerned in the PBD's. Winning bidder agrees that the additional contract documents or information prescribed by the contract execution, such as the Notice to Proceed, Variation Orders, and warranty Security, shall likewise form part of the Contract.
3. In consideration for the sum of **Twenty-One Million, Seven Hundred Forty-Three Thousand, Two Hundred Forty-Four Pesos and 12/100 Only (P21,743,244.12)** 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 – Bayambang District Hospital, Manaog Community Hospital, Urdaneta District Hospital, Mapandan Community Hospital, Bolinao Community Hospital, Asingan Community Hospital, Lingayen District Hospital, Western Pangasinan District Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Mangatarem District Hospital and Pozorrubio Community Hospital); General Fund; PR No. 2024-09-5942; Solicitation No. PANG-2024-09-1081-G, in accordance with his/her/its Bid.

General Fund; PR No. 2024-09-5942; Solicitation No. PANG-2024-09-1081-G, in accordance with his/her/its Bid.

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

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:  
**PROVINCIAL GOVERNMENT OF PANGASINAN**

For:  
**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 **OCT 18 2024**

**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. : P990074916  
Date Issued/Exp. Date : MAY 3, 2022 - MAY 2, 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 the **Supply and Delivery of Various Drugs and Medicines** at Provincial Governor's Office, Lingayen, Pangasinan (for use of various hospitals - Bayambang District Hospital, Manaoag Community Hospital, Urdaneta District Hospital, Mapandan Community Hospital, Bolinao Community Hospital, Asingan Community Hospital, Lingayen District Hospital, Western Pangasinan District Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Mangatarem District Hospital and Pozorrubio Community Hospital); General Fund; PR No. 2024-09-5942; Solicitation No. PANG-2024-09-1081-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.

**OCT 18 2024**

**WITNESS MY HAND AND SEAL** this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in **LINGAYEN, PANGASINAN**, Pangasinan.

Doc. No. **157**  
Page No. **37**  
Book No. **777**  
Series of 2024



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



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 October 2024

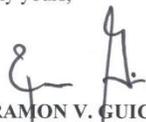
**MR. MARK CYRILL P. VICENTE**  
President  
**CYDEN MEDICALE TRADING INC.**  
No. 15 Roadside Camanang, Urdaneta City,  
Pangasinan

Dear Mr. Vicente:

We are happy to notify you that your bid dated October 8, 2024 for **Supply and Delivery of Various Drugs and Medicines at Provincial Governor's Office, Lingayen, Pangasinan** (for use of various hospitals – Bayambang District Hospital, Manaoag Community Hospital, Urdaneta District Hospital, Mapandan Community Hospital, Bolinao Community Hospital, Asingan Community Hospital, Lingayen District Hospital, Western Pangasinan District Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Mangatarem District Hospital and Pozorrubio Community Hospital); General Fund; PR No. 2024-09-5942; Solicitation No. PANG-2024-09-1081-G, is hereby awarded to you as the Bidder with Lowest Calculated and Responsive Bid at a contract price equivalent to **Twenty-One Million, Seven Hundred Forty-Three Thousand, Two Hundred Forty-Four Pesos and 12/100 Only (P21,743,244.12)**.

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: 10/16/2024



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

Hon. Ramon V. Guico III, DPM  
Governor

**NOTICE TO PROCEED**

21 October 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 – Bayambang District Hospital, Manaoag Community Hospital, Urdaneta District Hospital, Mapandan Community Hospital, Bolinao Community Hospital, Asingan Community Hospital, Lingayen District Hospital, Western Pangasinan District Hospital, Dasol Community Hospital, Eastern Pangasinan District Hospital, Mangatarem District Hospital and Pozorrubio Community Hospital); General Fund; PR No. 2024-09-5942; Solicitation No. PANG-2024-09-1081-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.

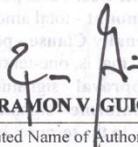
Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one and return the other to the **Provincial Government of Pangasinan**.

Very truly yours,

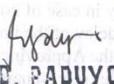
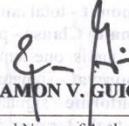
**HON. RAMON V. GUICO III**

I acknowledge receipt of this Notice on : 10/21/2024  
Name of the Representative of the Bidder : **ROSLYN D. PADUYOS**  
Authorized Signature :

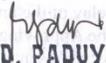
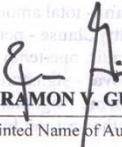
**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**  
LGU

Supplier : <b>CYDEN MEDICALE TRADING INC.</b>		P.O. No. : <b>01217</b>			
Address : <b>URDANETA CITY, PANGASINAN</b>		Date : <b>OCT 18 2024</b>			
TIN : <b>762-454-109-00000</b>		Mode of Procurement : <b>competitive bidding</b>			
		PR No./s : <b>2024-09-5942</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/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
1	SACH	ACETYLCYSTEINE 200MG (CETYSL)	1,200	24.00	28,800.00
2	SACH	ACETYLCYSTEINE 600MG (ACETYPHIL)	6,500	33.00	214,500.00
3	SACH	ACTIVATED CHARCOAL (NO BRAND)	20	140.00	2,800.00
4	AMP	ADENOSINE 3MG/ML (TACYBAN)	50	1,805.00	90,250.00
5	TAB	ALLOPURINOL 300MG (ELAVIL)	200	9.25	1,850.00
6	BOT	AMINO ACID+SORBITOL IV (AMINODEN)	2,015	900.00	1,813,500.00
7	AMP	AMINOPHYLLINE 25MG/ML (AMPHIL)	40	58.00	2,320.00
8	AMP	AMIODARONE HCL 50MG/ML 3ML (TRODONE)	60	448.00	26,880.00
9	TAB	AMLODIPINE 10MG (AMLOTHIX)	500	5.00	2,500.00
10	TAB	AMLODIPINE 5MG (AMLOFAR)	2,000	3.05	6,100.00
11	BOT	AMOXICILLIN 125MG/5ML 60ML (MOXYLOR)	100	34.50	3,450.00
12	BOT	AMOXICILLIN 250MG/5ML 60ML (MOXYLOR)	100	49.00	4,900.00
13	CAP	AMOXICILLIN 500MG (AMBIMOX)	2,500	3.66	9,150.00
<b>(Total Amount in Words)</b>		<b>PAGE 1</b>			
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme: 		Very truly yours, 			
<b>ROSLYN D. PADUYOS</b>		<b>HON. RAMON V. GUICO III</b>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
18 OCT 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 : <b>CYDEN MEDICALE TRADING INC.</b>		P.O. No. : <b>01217</b>			
Address : <b>URDANETA CITY, PANGASINAN</b>		Date: <b>18 OCT 2024</b>			
TIN : <b>762-484-106-00000</b>		Mode of Procurement: <b>competitive bidding</b>			
		PR No./s <b>2024-09-5942</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/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
14	VIAL	AMPICILLIN 250MG (LIFERZIN)	800	37.00	29,600.00
15	VIAL	AMPICILLIN 500MG (CORPILYN)	800	31.00	24,800.00
16	VIAL	AMPICILLIN SODIUM 1G (AMPI-1)	500	36.00	18,000.00
17	VIAL	AMPICILLIN+SULBACTAM (AMPISUDEN)	500	120.00	60,000.00
18	BOT	ASCORBIC ACID 100MG/5ML 120ML (NOVACEE)	150	33.00	4,950.00
19	BOT	ASCORBIC ACID 100MG/5ML 60ML (NOVACEE)	100	33.00	3,300.00
20	BOT	ASCORBIC ACID 100MG/ML 15ML (NOVACEE)	100	29.00	2,900.00
21	TAB	ASCORBIC ACID 500MG (ASCOPHIL)	10,000	6.25	62,500.00
22	TAB	ATORVASTATIN CALCIUM 20MG (LESTOR)	2,500	16.00	40,000.00
23	TAB	ATORVASTATIN CALCIUM 40MG (LESTOR)	2,500	28.00	70,000.00
24	AMP	ATRACURIUM BESILATE 10MG (ACURIUM)	10	230.00	2,300.00
25	CAP	AZITHROMYCIN 500MG (NOVAZITH)	2,500	58.00	145,000.00
26	TAB	BEIAHISLINE HYDROCHLORIDE 16MG (VERTISAPH)	500	28.90	14,450.00
<b>(Total Amount in Words)</b>		<b>PAGE 2</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: 		Very truly yours, 			
<b>ROELYN C. PADUYOS</b>		<b>HON. RAMON V. GUICO III</b>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
18 OCT 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 : <b>CYDEN MEDICALE TRADING INC.</b>		P.O. No. : <b>01217</b>			
Address : <b>URDANETA CITY, PANGASINAN</b>		Date: <b>OCT 18 2024</b>			
TIN : <b>762-454-109-00000</b>		Mode of Procurement: <b>competitive bidding</b>			
		PR No./s <b>2024-09-5942</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/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
27	NEB	BUDESONIDE (BUDEXA)	200	78.40	15,680.00
28	AMP	BUPIVACAINE HEAVY 500MG (BUPIRIGHT)	20	800.00	16,000.00
29	TAB	CARVEDILOL 6.25MG (CARVIDA)	2,800	13.00	36,400.00
30	BOT	CEFALEXIN 250MG/5ML 60ML (DIACEF)	50	46.00	2,300.00
31	CAP	CEFALEXIN 500MG (DIACEF)	3,500	5.50	19,250.00
32	TAB	CEFIXIME 200MG (SUPRAPHIL)	200	120.00	24,000.00
33	BOT	CEFIXIME 20MG/ML 10ML (SUPRAFIX)	40	192.31	7,692.40
34	VIAL	CEFTAZIDIME PENTAHYDRATE 1G (CEFTAZIDEN)	800	210.00	168,000.00
35	VIAL	CEFTRIAZONE SODIUM 1G (CEFTRIDEN)	4,000	88.30	353,200.00
36	BOT	CEFUROXIME 250MG/5ML 60ML (SQCEF)	50	165.00	8,250.00
37	TAB	CEFUROXIME 500MG (AEROX)	3,500	40.25	140,875.00
38	VIAL	CEFUROXIME 750MG (CEFUCY)	11,000	88.50	973,500.00
39	TAB	CETIRIZINE 10MG (CETICIT)	5,700	4.50	25,650.00
<b>(Total Amount in Words)</b>		<b>PAGE 3</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> <p>Conforme:  Very truly yours, </p> <p style="text-align: center;"><b>ROSLYN D. PADUYOS</b> <span style="margin-left: 200px;"><b>HON. RAMON Y. GUICO III</b></span></p> <p style="text-align: center;">Signature over Printed Name of Supplier <span style="margin-left: 200px;">Signature over Printed Name of Authorized Official</span></p> <p style="text-align: center;"><b>18 OCT 2024</b> <span style="margin-left: 200px;"><b>Governor</b></span></p> <p style="text-align: center;">Date <span style="margin-left: 200px;">Designation</span></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>01217</u>			
Address : <u>URDANETA CITY, PANGASINAN</u>		Date: <u>OCT 18 2024</u>			
TIN : <u>782-454-109-00000</u>		Mode of Procurement: <u>competitive bidding</u>			
		PR No./s <u>2024-09-5942</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	BOT	CETIRIZINE 2.5MG/ML (ALLERCUM)	300	70.00	21,000.00
41	BOT	CETIRIZINE 5MG 60ML (ALLERCHEM)	588	114.00	67,032.00
42	TAB	CIPROFLOXACIN 500MG (CYFROX)	4,300	6.90	29,670.00
43	TAB	CLOPIDOGREL 75MG (CLOPINOVA)	200	18.50	3,700.00
44	BOT	CO-AMOXICLAV 457MG/5ML 70ML (MEOXICLAV)	200	340.00	68,000.00
45	TAB	CO-AMOXICLAV 500MG/125MG (RANICLAV)	3,000	32.62	97,860.00
46	TAB	COLCHICINE 500MCG (GOUTSAPH)	200	3.56	712.00
47	BOT	D5 0.3 NaCl 500ml (EURO-MED)	2,500	84.68	211,700.00
48	BOT	D5 LRS 1L (EURO-MED)	2,200	88.00	193,600.00
49	BOT	D5 WATER 250ML (EURO-MED)	15	180.00	2,700.00
50	BOT	D5 WATER 500ML (EURO-MED)	48	88.00	4,224.00
51	AMP	DIGOXIN 250MCG (DIXIN)	170	310.00	52,700.00
52	BOT	DOMPERIDONE 1MG/ML 60ML (ACCEDOME)	150	90.00	13,500.00
(Total Amount in Words)		PAGE 4			
<p>In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s</p> <p>Conforme: _____ Very truly yours, _____</p> <p style="text-align: center;"><b>ROSLYN D. PADUYOS</b> <span style="margin-left: 200px;"><b>HON. RAMON V. GUICO III</b></span></p> <p style="text-align: center;">Signature over Printed Name of Supplier <span style="margin-left: 200px;">Signature over Printed Name of Authorized Official</span></p> <p style="text-align: center;">Date <u>18 OCT 2024</u> <span style="margin-left: 200px;"><b>Governor</b></span></p> <p style="text-align: center;">_____ <span style="margin-left: 200px;">Designation</span></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

01217 1

Supplier : <u>CYDEN MEDICAL TRADING INC.</u> <u>URDANETA CITY, PANGASINAN</u>	P.O. No. : _____
Address : _____ <u>762-454-109-00000</u>	Date: <u>08 OCT 18 2024</u> Mode of Procurement: <u>competitive bidding</u>
TIN : _____	PR No./s <u>2024-09-5942</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	AMP	DOPAMINE HYDROCHLORIDE 40MG/ML (DOPTREX)	10	155.00	1,550.00
54	TAB	DOXOFYLLINE 400MG (DOXOLLIN)	1,500	8.00	12,000.00
55	CAP	DOXYCYCLINE 100MG (DOTHIX)	4,200	2.56	10,752.00
56	AMP	EPHEDRINE SULFATE 50MG/ML 1ML (NO BRAND)	10	215.00	2,150.00
57	AMP	EPINEPHRINE 1MG/ML I.M./I.V (EPIMEDS)	10	80.00	800.00
58	PC	ERYTHROMYCIN 5MG (OPTRYL)	1,000	270.00	270,000.00
59	BOT	ERYTHROMYCIN 60ML (MONPHEVIN)	200	50.00	10,000.00
60	BOT	D5 IIMB 500ML (EURO-MED)	800	84.88	67,744.00
61	CAP	FENOFIBRATE 200MG (FENORIX)	500	14.00	7,000.00
62	AMP	FENTANYL CITRATE 50MCG/ML (TROFENTYL)	10	374.00	3,740.00
63	TAB	FERROUS SULFATE 325MG (FERRICORE)	1,000	1.80	1,800.00
64	TAB	FERROUS SULFATE+FOLIC ACID (AMERICON)	1,000	5.00	5,000.00
65	AMP	FUROSEMIDE 10MG/ML(LAZIMED)	100	30.00	3,000.00

PAGE 5

(Total Amount in Words)

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

Conforme:

ROS-YN B. PADUYOS

Signature over Printed Name of Supplier

18 OCT 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>01217</b>
Address : <b>URDANETA CITY, PANGASINAN</b>	Date: <b>OCT 18 2024</b>
TIN : <b>762-454-109-00000</b>	Mode of Procurement: <b>competitive bidding</b>
	PR No./s <b>2024-09-5942</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/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
66	TAB	FUROSEMIDE 20MG (PISAMOR)	200	2.35	470.00
67	AMP	GENTAMICIN SULFATE 80MG/2ML (GENTACARE)	200	18.00	3,600.00
68	TAB	GLICLAZIDE 30MG (ZEBET)	100	6.64	664.00
69	TAB	GLICLAZIDE 80MG (ZEBET)	100	18.00	1,800.00
70	AMP	HALOPERIDOL 5MG/ML (HALDOL)	50	1,900.00	95,000.00
71	VIAL	HYDROCORTISONE SODIUM 100MG (CORTIS)	3,200	95.00	304,000.00
72	VIAL	HYDROCORTISONE SODIUM 250MG (STERICORT)	300	165.00	49,500.00
73	TAB	HYOSCINE N-BUTYL BROMIDE (HCINE)	2,500	6.25	15,625.00
74	AMP	HYOSCINE N-BUTYL BROMIDE 20MG/ML (HYODEN)	1,000	35.00	35,000.00
75	BOT	HYOSCINE N-BUTYL BROMIDE (HYOSPAN)	20	63.00	1,260.00
76	TAB	IBUPROFEN 200 MG (FEVRAL)	500	15.93	7,965.00
77	TAB	IBUPROFEN 400 MG (FEVRAL)	500	3.10	1,550.00
78	AMP	IRON SUCROSE 20MG/ML (IROMAX)	400	600.00	240,000.00

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/s

Conforme:

**ROS-YN D. MADUYOS**

Signature over Printed Name of Supplier

**18 OCT 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.)

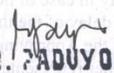
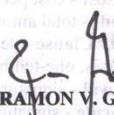
Approved per Sanggunian Resolution No.:

Certified Correct:

Secretary to the Sanggunian

Date

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

Supplier : <b>CYDEN MEDICALE TRADING INC.</b>		P.O. No. : <b>03217</b>			
Address : <b>URDANETA CITY, PANGASINAN</b>		Date: <b>OCT 18 2024</b>			
TIN : <b>762-454-109-00000</b>		Mode of Procurement: <b>competitive bidding</b>			
		PR No./s <b>2024-09-5942</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 7 C.D. upon receipt of NTP</b>			
Date of Delivery :		Payment Term: <b>Cheque</b>			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
79	TAB	ISOSORBIDE DINATRATE 5MG (SORBANCE)	100	29.00	2,900.00
80	TAB	ISOSORBIDE MONONITRATE 30MG (SAPHORBIDE)	100	16.00	1,600.00
81	AMP	ISOXSUPRINE 5MG/ML (ISOXULIDE)	40	260.00	10,400.00
82	AMP	KETOROLAC 30MG INJECTION ((KETOROPORS)	300	46.50	13,950.00
83	BOT	PLRS 1L (NIR-RL)	1,000	85.00	85,000.00
84	BOT	LACTULOSE 120ML (LUZLAX)	160	269.00	43,040.00
85	TAB	LAGUNDI 300MG (OFPLEMED)	500	6.49	3,245.00
86	BOT	LAGUNDI 300MG/5ML 60ML (OFPLEMED)	250	67.50	16,875.00
87	CARP	LIDOCAINE + EPINEPHRINE (XYLODENT)	20	42.00	840.00
88	VIAL	LIDOCAINE HCL 2% 50ML (EURO-MED)	60	78.80	4,728.00
89	TAB	LOSARTAN POTASSIUM 100MG (LOSAAR-100)	500	12.00	6,000.00
90	TAB	LOSARTAN POTASSIUM 50MG (LOSAAR-50)	17,000	8.00	136,000.00
91	BOT	MANNITOL 20% 500ML (EURO-MED)	50	250.00	12,500.00
<b>(Total Amount in Words)</b>		<b>PAGE 7</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> <p>Conforme:  Very truly yours, </p> <p style="text-align: center;"><b>ROSELYN D. PADUYOS</b> <span style="margin-left: 200px;"><b>HON. RAMON V. GUICO III</b></span></p> <p style="text-align: center;">Signature over Printed Name of Supplier <span style="margin-left: 200px;">Signature over Printed Name of Authorized Official</span></p> <p style="text-align: center;"><b>18 OCT 2024</b> <span style="margin-left: 200px;"><b>Governor</b></span></p> <p style="text-align: center;">Date <span style="margin-left: 200px;">Designation</span></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 : <b>CYDEN MEDICALE TRADING INC.</b>	P.O. No. : _____
Address : <b>URDANETA CITY, PANGASINAN</b>	Date: <b>10 OCT 18 2024</b>
TIN : <b>762-454-109-00000</b>	Mode of Procurement: <b>competitive bidding</b>
	PR No./s <b>2024-09-5942</b>

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
92	AMP	MECOBALAMIN 500MG/ML (GEOCOBALAMIN)	500	299.00	149,500.00
93	CAP	MEFENAMIC ACID 250MG (MYREFEN)	500	2.50	1,250.00
94	CAP	MEFENAMIC ACID 500MG (MECID)	500	5.50	2,750.00
95	TAB	METFORMIN HCL 500MG (GLYCEMET)	17,000	7.58	128,860.00
96	TAB	METHYLPREDNISOLONE 16MG (METHYDEN)	60	25.20	1,512.00
97	AMP	METOCLOPRAMIDE HCL 10MG/ML (METODEN)	1,000	30.24	30,240.00
98	VIAL	METRONIDAZOLE 100ML (SITI-ZOLE)	1,600	65.00	104,000.00
99	BOT	METRONIDAZOLE 125MG/ML (AMBIDAZOL)	10	57.00	570.00
100	TAB	METRONIDAZOLE 500MG (METROZOLE)	1,750	3.54	6,195.00
101	AMP	MIDAZOLAM 5MG/1ML (DORMICUM)	10	350.00	3,500.00
102	TAB	MONTELUKAST SODIUM 10MG (NOVAKAST)	200	26.15	5,230.00
103	TAB	MONTELUKAST SODIUM 4MG (NOVAKAST)	200	6.65	1,330.00
104	TAB	MONTELUKAST SODIUM 5MG (NOVAKAST)	200	12.00	2,400.00

(Total Amount in Words) **PAGE 8**

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

Conforme:

**ROSLYN D. ADUYOS**

Signature over Printed Name of Supplier

**18 OCT 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>01217 7</b>
Address : <b>URDANETA CITY, PANGASINAN</b>	Date: <b>OCT 18 2024</b>
TIN : <b>762-454-109-00000</b>	Mode of Procurement: <b>competitive bidding</b>
	PR No./s <b>2024-09-5942</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/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
105	AMP	MORPHINE SULFATE 10MG/ML 1ML (NO BRAND)	30	187.50	5,625.00
106	BOT	MULTIVITAMINS + DEXTROSE 500ML (MULTIDEN)	1,720	900.00	1,548,000.00
107	CAP	MULTIVITAMINS + IRON (HANIZYN)	500	3.95	1,975.00
108	BOT	MULTIVITAMINS 60ML (MULTILEM)	100	50.00	5,000.00
109	CAP	MULTIVITAMINS (MYREVIT)	5,000	4.90	24,500.00
110	PC	MUPIROCIN 2% 5G OINTMENT (ACCEBACT)	50	220.00	11,000.00
111	AMP	NICARDIPINE HCL 10MG/ML (NICARDUZ)	100	660.00	66,000.00
112	CAP	NIFEDIPINE 10MG (CALCIGARD)	1,000	7.00	7,000.00
113	CAP	NITROFURANTOIN 100MG (HARFURIN)	300	12.00	3,600.00
114	AMP	NOREPINEPHRINE 4ML (NOREPHILZ)	20	998.00	19,960.00
115	BOT	NYSTATIN 30ML SUSP (NYSTRIN)	4	220.00	880.00
116	CAP	OMEPRAZOLE 20MG (ML-GACID)	500	6.50	3,250.00
117	CAP	OMEPRAZOLE 40MG (INHIBITA)	2,000	17.80	35,600.00

(Total Amount in Words) **PAGE 9**

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Conforme:

**ROSLYN D. PADUYOS**

Signature over Printed Name of Supplier

**18 OCT 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.)

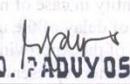
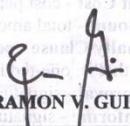
Approved per Sanggunian Resolution No.: \_\_\_\_\_

Certified Correct:

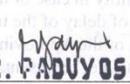
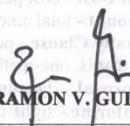
Secretary to the Sanggunian

Date

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

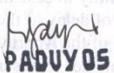
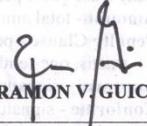
Supplier : <b>CYDEN MEDICALE TRADING INC.</b>		P.O. No. : <b>01217</b>			
Address : <b>URDANETA CITY, PANGASINAN</b>		Date: <b>OCT 18 2024</b>			
TIN : <b>762-454-109-00000</b>		Mode of Procurement: <b>competitive bidding</b>			
		PR No./s <b>2024-09-5942</b>			
Gentlemen: Please furnish this Office 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/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
118	VIAL	OMEPRAZOLE 40MG (OMEDEN)	4,200	120.00	504,000.00
119	AMP	ONDANSETRON (ONDI)	200	480.00	96,000.00
120	SACH	ORAL REHYDRATION SALTS (AMBILYTE)	200	16.00	3,200.00
121	AMP	OXYTOCIN (AMBTOCYN)	5	120.00	600.00
122	BOT	PARACETAMOL 100MG/ML 15ML (NOVAMOL)	200	34.50	6,900.00
123	SUPP	PARACETAMOL 125MG (PARAGESIC)	10	27.00	270.00
124	BOT	PARACETAMOL 250MG 60ML (HYPER)	250	38.00	9,500.00
125	SUPP	PARACETAMOL 250MG (PARAGESIC)	10	42.00	420.00
126	AMP	PARACETAMOL 300MG/2ML (PARACY)	6,500	69.00	448,500.00
127	TAB	PARACETAMOL 500MG (ACETAMOL)	500	2.00	1,000.00
128	AMP	PHENOBARBITAL 130MG (NO BRAND)	20	910.00	18,200.00
129	TAB	PHENOBARBITAL 30MG T(RHEA)	60	12.00	720.00
130	AMP	POTASSIUM CHLORIDE 2meq (KALIMEX)	30	85.90	2,577.00
<b>(Total Amount in Words)</b>		<b>PAGE 10</b>			
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme:		Very truly yours,			
 <b>ROSLYN D. PADUYOS</b>		 <b>HON. RAMON V. GUICO III</b>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
Date		Designation			
18 OCT 2024		<b>Governor</b>			
(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>01217</b>			
Address : <b>URDANETA CITY, PANGASINAN</b>		Date: <b>OCT 18 2024</b>			
TIN : <b>762-454-109-00000</b>		Mode of Procurement: <b>competitive bidding</b>			
		PR No./s <b>2024-09-5942</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/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
131	TAB	POTASSIUM CHLORIDE 600MG (KALIUSAPHRIDE)	500	68.00	34,000.00
132	TAB	PREDNISON 10MG(PRENISAPH-10)	40	8.00	320.00
133	AMP	PROPOFOL 10MG/ML 20ML (TROYPOFOL)	10	774.00	7,740.00
134	VIAL	PURIFIED RABIES VACCINE 2.5IU IMID (ABHAYRAB)	5,300	1,390.00	7,367,000.00
135	VIAL	RABIES IMMUNOGLOBULIN (EQUIRAB)	900	1,700.00	1,530,000.00
136	AMP	RANITIDINE HCL 25MG/ML (ZENTEK)	500	55.00	27,500.00
137	TAB	ROSUVASTATIN (AS CALCIUM) 20MG (ROSUFAR-20)	500	23.00	11,500.00
138	NEB	SALBUTAMOL + IPRATROPIUM (HIVENT PLUS)	8,000	29.60	236,800.00
139	NEB	SALBUTAMOL 1MG/ML (SALBUSAPH)	500	16.50	8,250.00
140	BOT	SALBUTAMOL 2MG/5ML 60ML (NOBUTOL)	20	50.00	1,000.00
141	BOT	SALMETEROL+ FLUTICASONE 25MCG/250MCG (KOVENT-SF)	30	500.00	15,000.00
142	TAB	SAMBONG LEAF 500MG (MIA FORTE)	300	6.00	1,800.00
143	PC	SILVER SULFADIAZINE (ACCEDIAZINE)	20	259.00	5,180.00
(Total Amount in Words) <b>PAGE 11</b>					
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme:		Very truly yours,			
 <b>ROSLYN E. PADUYOS</b>		 <b>HON. RAMON V. GUICO III</b>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
18 OCT 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		

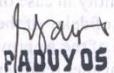
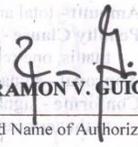
**PURCHASE ORDER**  
**PROVINCE OF PANGASINAN**

LGU

Supplier : <b>CYDEN MEDICALE TRADING INC.</b>		P.O. No. : <b>01217</b>			
Address : <b>URDANETA CITY, PANGASINAN</b>		Date: <b>competitive bidding</b>			
TIN : <b>762-454-109-00000</b>		Mode of Procurement: <b>011-18-2024</b>			
		PR No./s <b>2024-09-5942</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/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
144	TAB	SIMVASTATIN 20MG (ZIMVAST)	500	4.00	2,000.00
145	TAB	SIMVASTATIN 40MG (ZIMVAST)	500	6.00	3,000.00
146	BOT	PNSS 1L (PHILRX)	7,000	79.15	554,050.00
147	BOT	PNSS 500ML (PHILRX)	24	84.68	2,032.32
148	TAB	SPIRONOLACTONE 25MG (SPIRODEN)	100	27.00	2,700.00
149	TAB	SUCRALFATE 1G (ISELPIN)	200	65.00	13,000.00
150	VIAL	SUXAMETHONIUM 20MG (ANEKTIL)	10	1,120.00	11,200.00
151	TAB	TELMISARTAN 40MG (TELMIGEN)	50	13.50	675.00
152	AMP	TETANUS ANTI-TOXIN 1500 IU (SHARJVAX)	3,000	195.00	585,000.00
153	AMP	TETANUS TOXOID 0.5ML (ABHAY-TOX)	3,500	120.00	420,000.00
154	AMP	TRAMADOL 50MG/ML 2ML (TRAMADOL)	230	85.00	19,550.00
155	CAP	TRANEXAMIC ACID 500MG (TRANEXSAPH)	600	5.60	3,360.00
156	AMP	TRANEXAMIC ACID 500MG/5ML (HEMODEN)	300	130.00	39,000.00
<b>PAGE 12</b>					
<b>(Total Amount in Words)</b>					
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme: 		Very truly yours, 			
<b>ROSLYN D. PADUYOS</b>		<b>HON. RAMON V. GUICO III</b>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
18 OCT 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 : <b>CYDEN MEDICALE TRADING INC.</b>		P.O. No. : <b>01217 OCT 16 2024</b>			
Address : <b>URDANETA CITY, PANGASINAN</b>		Date: <b>competitive bidding</b>			
TIN : <b>762-454-109-00000</b>		PR No./s <b>2024-09-5942</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 7 C.D. upon receipt of NTP</b>			
Date of Delivery :		Payment Term : <b>Cheque</b>			
Stock/ Property No.	Unit	Description	Quantity	Unit Cost	Amount
157	TAB	TRIMETAZIDINE 20MG (DINEMIC)	100	6.00	600.00
158	TAB	TRIMETAZIDINE 35MG (TERAZIDINE)	1,500	13.33	19,995.00
159	AMP	VERAPAMIL 2MG/ML (NO BRAND)	50	290.00	14,500.00
160	TAB	VITAMIN B COMPLEX (AMCOVIT-B)	12,000	2.85	34,200.00
161	AMP	VITAMIN B1 + B6 + B12 IM/ IV (NEUROBE)	1,500	50.00	75,000.00
162	BOT	ZINC SULFATE 60ML (IMMUNOSAPH)	888	85.00	75,480.00
163	BOT	ZINC SULFATE ORAL DROPS (ZINLUM)	200	65.00	13,000.00
164	BOT	D5 0.9 NaCL 1L (EURO-MED)	120	84.62	10,154.40
165	BOT	PLRS 1L (PHILRX)	6,000	85.00	510,000.00
166	BOT	STERILE WATER 50ML (SIT)	1,200	80.00	96,000.00
XXXXX-XXXXX					
<b>(Total Amount in Words)</b> TWENTY-ONE MILLION SEVEN HUNDRED FORTY-THREE THOUSAND TWO HUNDRED FORTY-FOUR PESOS AND 12/100 ONLY					<b>21,743,244.12</b>
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s					
Conforme:		Very truly yours,			
 <b>ROSLYN D. PADUYOS</b>		 <b>HON. RAMON V. GUICO III</b>			
Signature over Printed Name of Supplier		Signature over Printed Name of Authorized Official			
18 OCT 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		