



SUPPLY AND DELIVERY OF DRUGS AND MEDICINES FOR THE UNIVERSITY CLINIC OF MinSU MAIN CAMPUS

Name of Project

**BAC Resolution Recommending Approval
Resolution No. 25, s. 2024**

WHEREAS, the Mindoro State University (MinSU), through the Bids and Awards Committee (BAC) has advertised in the PhilGEPS and MinSU Website the Request for Quotation (RFQ) for the project **"Supply and Delivery of Drugs and Medicines for the University Clinic of MinSU Main Campus"** with an Approved Budget for the Contract (ABC) amounting to **Two Hundred Thousand Pesos (Php200,000.00)**;

WHEREAS, in response to the said advertisement, five (5) suppliers were found in the document request list however, only one (1) supplier in the name of **CPA PHARMACY** submitted price quotation before the deadline;

WHEREAS, the detailed evaluation of price quotation resulted in the following:

Approved Budget for the Contract (ABC)	Name of Bidder	Price Quotation
Php200,000.00	CPA Pharmacy	Php159,415.00

WHEREAS, the BAC examined and verified the price quotations submitted by the abovementioned suppliers and were found to be complying and responsive; thus, the project be awarded to the supplier in the name of **CPA PHARMACY** with Single Calculated Responsive Bid (SCRB);

NOW, THEREFORE, the Bids and Awards Committee (BAC) **HEREBY RESOLVED AS IT IS HEREBY RESOLVED**, recommended to the Head of Procuring Entity the approval of this resolution for the abovementioned procurement the awarding of contract for the **"Supply and Delivery of Drugs and Medicines for the University Clinic of MinSU Main Campus"** to **CPA Pharmacy** amounting to **One Hundred Fifty-nine Thousand Four Hundred Fifteen Pesos (Php159,415.00)** with official address at Poblacion I, Victoria, Oriental Mindoro as the supplier/bidder with Single Calculated Responsive Bid (SCRB);

RESOLVED, at MinSU Main Campus, Alcate, Victoria, Oriental Mindoro, this 14th day of March, 2024.


ANSELMO R. ULEP, JR.
BAC Vice Chairperson


CIEDELLE P. SALAZAR Ph.D
BAC Member


NEMESIO H. DAVALOS, Ph.D.
BAC Chairperson


ELVI C. ESCAREZ, Ph.D.
BAC Member


MELGAR G. FADRIQUELAN
BAC Member

Approved/Disapproved


CHRISTIAN ANTHONY C. AGUTAYA Ph.D.
OIC, Office of the University President
Date: _____



PhilGEPS

Philippine Government Electronic Procurement System

Central Portal for
Philippine Government
Procurement Opportunities

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Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 10644299
Procuring Entity MINDORO STATE UNIVERSITY
Title Supply and Delivery of Drugs and Medicines for the University Clinic of MinSU Main Campus
Area of Delivery Oriental Mindoro

Solicitation Number:	RFQ 2024-25	Status	Closed
Trade Agreement:	Implementing Rules and Regulations		
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Associated Components	1
Classification:	Goods	Bid Supplements	0
Category:	Medical Supplies and Laboratory Instrument		
Approved Budget for the Contract:	PHP 200,000.00	Document Request List	5
Delivery Period:	15 Day/s		
Client Agency:		Date Published	10/03/2024
Contact Person:	JOHN EDGAR SUALOG ANTHONY HEAD SECRETARIAT Alcate Victoria Oriental Mindoro Philippines 5205 63-43-2862368 minsu.bacoffice@gmail.com	Last Updated / Time	10/03/2024 00:00 AM
		Closing Date / Time	13/03/2024 01:00 AM

Description

Please quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the address stated in the last page.

NEMESIO H. DAVALOS, Ph.D.
BAC Chairperson

Item No. Unit ITEM AND DESCRIPTION QTY. UNIT PRICE TOTAL AMOUNT

- 1 sachet Acetylcysteine 600mg 300
- 2 boxes Aluminum Hydroxide 6
- 3 boxes Amoxicillin 500 mg. by 100's 5
- 4 boxes Ascorbic acid 500mg by 100's 20
- 5 tablets Azithromycin 500mg 30
- 6 tablets Betahistine HCl 24mg by 100's 50
- 7 boxes Butamirate Citrate 50mg by 100's 6
- 8 bottles Calamine lotion 60ml 4
- 9 sachets Carbocisteine 400
- 10 tablets Cefuroxime 500mg 300
- 11 boxes Cetirizine 10mg by 100's 5
- 12 tablets Celecoxib 400mg 150
- 13 boxes Cinnarizine 25mg by 100's 6
- 14 boxes Chlorphenamine Maleate 4mg by 100's 5
- 15 caps Clindamycin HCl 300mg 100
- 16 tubes Clotrimazole cream 10mg 5
- 17 boxes Cloxacillin 500mg by 100's 5
- 18 tablets Clonidine 75mcg 50

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Created by Annabelle Quinto Madrigal

Date Created 09/03/2024

The PhilGEPS team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPS only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.

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REQUEST FOR QUOTATION

Supply and Delivery of Drugs and Medicines for the University Clinic of MinSU Main Campus

PR No.: PR24-0079

RFQ No. 2024-25

ABC Amount: Php200,000.00

Company Name : CPA PHARMACY

Address : POBLACION 1, VICTORIA, ORIENTAL MINDORO

Please quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the address stated in the last page.

NEMESIO H. DAVALOS, Ph.D.

BAC Chairperson

- Note:**
1. All entries must be typewritten.
 2. Delivery Period within 15 calendar days.
 3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for Equipment, from date of acceptance by the procuring entity.
 4. Price validity shall be a period of 30 calendar days.
 5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.
 6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).
 7. Mode of delivery: [] Pick-up (Schedule) [X] Door to Door Delivery

Item No.	Unit	ITEM AND DESCRIPTION	QTY.	UNIT PRICE	TOTAL AMOUNT
1	sachet	Acetylcysteine 600mg	300	25.00	7,500.00
2	boxes	Aluminum Hydroxide	6	200.00	1,200.00
3	boxes	Amoxicillin 500 mg. by 100's	5	300.00	1,500.00
4	boxes	Ascorbic acid 500mg by 100's	20	150.00	3,000.00
5	tablets	Azithromycin 500mg	30	27.00	810.00
6	tablets	Betahistine HCl 24mg by 100's	50	24.00	1,200.00
7	boxes	Butamirate Citrate 50mg by 100's	6	1,100.00	6,600.00
8	bottles	Calamine lotion 60ml	4	95.00	380.00
9	sachets	Carbocisteine	400	2.50	1,000.00
10	tablets	Cefuroxime 500mg	300	25.00	7,500.00
11	boxes	Cetirizine 10mg by 100's	5	150.00	750.00
12	tablets	Celecoxib 400mg	150	8.00	1,200.00
13	boxes	Cinnarizine 25mg by 100's	6	175.00	1,050.00
14	boxes	Chlorphenamine Maleate 4mg by 100's	5	75.00	375.00
15	caps	Clindamycin HCl 300mg	100	7.50	750.00
16	tubes	Clotrimazole cream 10mg	5	150.00	750.00
17	boxes	Cloxacillin 500mg by 100's	5	600.00	3,000.00
18	tablets	Clonidine 75mcg	50	45.00	2,250.00
19	boxes	Cotrimoxazole 400 mg. by 100's	5	250.00	1,250.00
20	tablets	Co Amoxilav 625mg	300	20.00	6,000.00
21	boxes	Cotrimoxazole 800 mg. by 100's	2	400.00	800.00
22	boxes	Clotrimazole cream 15mg	3	300.00	900.00
23	boxes	Dexamethasone 500mcg by 100's	4	400.00	1,600.00
24	caps	Dextromethopan HBr 10mg	300	2.00	600.00
25	bottles	Dextromethopan HBr 15mg/5ml syrup 54ml	15	115.00	1,725.00
26	box	Diphenhydramine HCl 50mg/ampule by 10's	1	250.00	250.00
27	caps	Diphenhydramine 50mg	50	1.50	75.00
28	boxes	Domperidone 10mg by 100's	4	650.00	2,600.00
29	boxes	Hypromellose 15ml eye drops (red)	10	300.00	3,000.00

MSU-BAC-FR-05.01



Email: universitypresident@minsu.edu.ph
Website: www.minsu.edu.ph
Mobile: +63 977 846 72 28



After having carefully read and accepted your General Condition. I / We quote you on the item at prices noted above

YOLANDA D. MATANGUIHAN

Supplier's Signature over Printed Name
129-326-144-00000

TIN No. of Establishment
09176562195

Contact Number
March 13, 2024

Date _____

General Conditions

MSU-BAC-FR-05.01

•Main Campus, Alcate, Victoria •Bongabong Campus, Labasan, Bongabong •Calapan City Campus, Masipit, Calapan City



1. Quotations and other requirements stated below shall be submitted to the **Bids and Awards Committee (BAC) Office, Mindoro State University -Main Campus, Alcate, Victoria, Oriental Mindoro, Philippines** on the date and time stated in this RFP.
2. Supplier shall submit the following requirements:
 - a. Duly signed original copy of Request for Quotation (RFQ). Prices shall be quoted in Philippine Pesos.
 - b. PhilGEPS Registration
 - c. Valid Mayor's/Business Permit
 - d. Omnibus Sworn Statement
 - e. BIR Certificate of Registration
 - f. Latest Income/Business Tax Return
 - g. TAX Clearance
 - h. DTI Registration/SEC Certificate
 - i. Original Brochures or certificates of the items offered showing its performance characteristics or specifications, if applicable

Price validity shall be 30 calendar days from the deadline of submission of quotation.

Ocular Inspection

Upon the decision of the End-User and BAC, the supplier and its concerned premises may be subjected to ocular inspection and approval by the End-User and/or TWG Inspections of the BAC prior to the award.

Award

The supplier that submitted the lowest calculated responsive quotation, and passed the inspection conducted by the End-User and BAC prior to the event, if any, shall be awarded the contract.

Evaluation of Quotations

Quotations shall be compared and evaluated on the basis of the following criteria:

1. Completeness of Submission
2. Compliance with Item & Description Requirements
3. Price

Instructions

1. Supplier shall be responsible for the source(s) of its goods/services/equipment, and which shall be in accordance with the schedule and specifications of the RFQ or contract. Failure of the supplier to comply with this provision shall be ground for cancellation of the award or purchase order issued to the supplier.
2. Supplier that accepted an award, purchase order, or contract but failed to deliver the required goods/services/equipment within the time called for in the award, purchase order, or contract shall be disqualified from participating in MinSU or any of MinSU campuses future procurement activities. This is without prejudice to the imposition of other sanctions prescribed under R.A. 9184 and its IRR-A against the supplier.
3. All duties, excise, and other taxes and revenue charges shall be paid by the supplier.
4. All transactions are subject to withholding of credible Government Taxes per revenue regulation(s) of the Bureau of Internal Revenue

Liquidation Damages

A penalty of one-tenth of one percent (0.001) of the total value of the undelivered goods/services/equipment shall be charged as liquidated damages for every day of delay of the delivery of the purchased goods/services/equipment.

Warranty

Supplier warrants that all goods/services/equipment to be provided are of acceptable industry standard.

Payment

Payment shall be made only upon a certification by the Head of the Procuring Entity to the effect that the GOODS have been rendered or delivered in accordance with the terms of this Contract and have been duly inspected and accepted.

Republic of the Philippines
Department of Budget and Management
PROCUREMENT SERVICE
CERTIFICATE OF PHILGEPS REGISTRATION
(Platinum Membership)

THIS IS TO CERTIFY THAT

CPA PHARMACY

POBLACION 1 ,
Victoria , Oriental Mindoro , Region IV-B , Philippines

is registered in the *Philippine Government Electronic Procurement System (PhilGEPS)* on 27-Jan-2005 pursuant to Section 8.5.2 of the Revised Implementing Rules and Regulations of Republic Act No. 9184, otherwise known as the Government Procurement Reform Act.

This further certifies that **CPA PHARMACY** has submitted the required eligibility documents in the PhilGEPS Supplier Registry as listed in Annex A, which document is attached hereto and made an integral part hereof.

For the purpose of updating this Certificate, all Class "A" eligibility documents covered by Section 8.5.2 of the Revised Implementing Rules and Regulations of Republic Act No. 9184 supporting the veracity, authenticity and validity of this Certificate shall remain current and updated. The failure by the prospective Bidder to update this Certificate with the current and updated Class "A" eligibility documents shall result in the automatic suspension of its validity until such time that all of the expired Class "A" eligibility documents has been updated.

By submitting this Certificate, the Bidder certifies:

1. the authenticity, genuineness, validity, and completeness of the copy of the original eligibility documents submitted;
2. the veracity of the statements and information contained therein;
3. that the Certificate is not a guaranty that the named registrant will be declared eligible without first being determined to be such for that particular bidding, nor is it an evidence that the Bidder has passed the post-qualification stage; and
4. that any finding of concealment, falsification, or misrepresentation of any of the eligibility documents submitted, or the contents thereof shall be a ground for disqualification from further participation in the bidding process, without prejudice to the imposition of appropriate administrative, civil and criminal penalty in accordance with the laws.

This Certificate is valid until 01-Jun-2024

Issued this 27th day of May 2023.

This is a system generated certificate. No signature is required.



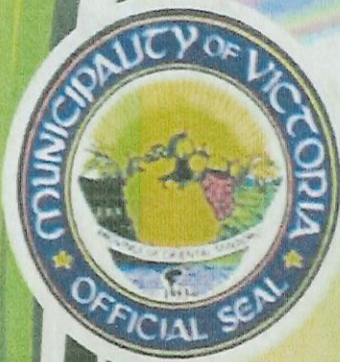
REMINDERS ¹

- *The PhilGEPS office shall not determine the eligibility of merchants. The PhilGEPS office's evaluation of the eligibility requirements shall be for the sole purpose of determining the approval or disapproval of the merchant's application for registration.*
- *A merchant's registration and membership in the GOP-OMR is neither contract-specific nor understood to be tantamount to a finding of eligibility. Neither shall the merchant's successful registration in the GOP-OMR be relied upon to claim eligibility for the purpose of participation in any public bidding.*
- *The determination of the eligibility of merchants, whether registered with the GOP-OMR or not, shall remain with the Bids and Awards Committee (BAC). The BAC's determination of validity of the eligibility requirements shall be conclusive to enable the merchant to participate in the public bidding process.*

List of Eligibility Documents

of
CPA PHARMACY
 POBLACION 1 ,
 Victoria , Oriental Mindoro , Region IV-B , Philippines

DTI Certificate	DTI Certificate Number : 2209456 Issued By / Signatory : RAMON M. LOPEZ Registration Date : 01-Oct-2020 Expiration Date : 01-Oct-2025
Mayors Permit	Expiration Date : 31-Dec-2023 Permit Number : 888 0047 Place of Issue : VICTORIA ORIENTAL MINDORO Issued By / Signatory : JOSELITO C. MALABANAN Issuance Date : 05-Jan-2023
Tax Clearance	Expiration Date : 22-Feb-2024 TCC Number : RR9A-063-02-22-0347-2023-E Issued By / Signatory : LEVINE F. ILAGAN Issuance date : 22-Feb-2023
Audited Financial Statement	Date of Filing : 17-Apr-2023 Current Asset : 3,156,150.00 Total Asset : 3,659,203.00 Current Liabilities : 322,274.39 Total Liabilities : 322,274.39 Name of Auditor : FLOR S. MARASIGAN BIR RDO Code : 063
PCAB License	Expiration Date : - Issued By / Signatory : Issuance Date : - License Number : License First Issue Date : - Principal Classification : Category :



Republic of the Philippines
Province of Oriental Mindoro
MUNICIPALITY OF VICTORIA

KNOW ALL MEN BY THIS PRESENT

Pursuant to the provision of Tax Ordinance Number 06-2016, otherwise known as the revised Revenue Code of Victoria, Oriental Mindoro, after the taxes and Charges, etc., and compliance with the existing requirements permit is hereby granted to herein taxpayer.

Mayor's Permit of Business

Status: Renew	Permit Number: 888-0345	Date of Issuance: 10 Jan 2024 A	Date of Expiration: December 31, 2024
O.R. Number: 3716368	O.R. Date: 1/10/2024	Amount Paid: 30,967.65	Capital Gross Sales: 4,339,606.98

Taxpayer's Name: **MATANGUIHAN, YOLANDA**

Business Name: **CPA PHARMACY**

Nature of Business: **Drugstore, Medical and Dental Supplies and Equipment (Wholesaler/Retailer)**
Office Equipment, Machinery and Electronic Equipment

Address: **OLD MARKET, Victoria, Oriental Mindoro**

PERMIT SHALL BE SUBJECT TO IMMEDIATE CANCELLATION IF THERE IS FAILURE ON PART OF THE GRANTEE TO CONTINUOUSLY COMPLY WITH THE PROVISION OF THE BUILDING CODE OF THE PHILIPPINES AND OTHER PERTINENT LAWS AND REGULATION RELATIVE TO ISSUANCE OF PERMIT AND LICENSE

Approved by

JOSELITO C. MALABANAN
Municipal Mayor

This Franchise Permit and Official Receipt shall be displayed or posted for public view in a conspicuous place within the place of business of undertaking

Omnibus Sworn Statement


Republic of the Philippines)
Province of Or. Mindoro) SS
Municipality of Victoria)

AFFIDAVIT

I, YOLANDA D. MATANGUIHAN, of legal age, married, Filipino, and residing at Poblacion 1, Victoria, Oriental Mindoro, after having been duly sworn in accordance with law, do hereby depose and state that:

1. I am the sole proprietor of CPA PHARMACY with office address at Poblacion 1, Victoria, Oriental Mindoro;
2. As the owner and sole proprietor of CPA PHARMACY, I have full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding for Supply and Delivery Drugs and Medicines for the University Clinic of MinSU Main Campus;
3. CPA PHARMACY is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board;
4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
5. CPA PHARMACY is authorizing the Head of the Procuring Entity or its duly authorized representative to verify all the documents submitted;
6. I am not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;
7. CPA PHARMACY complies with existing labor laws and standards; and
8. CPA PHARMACY is aware of and has undertaken the following responsibilities as a Bidder:
 - a. Carefully examine all of the Bidding Documents;
 - b. Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
 - c. Made an estimate of the facilities available and needed for the contract to be bid, and
 - d. Inquire or secure Supplemental/Bid Bulletin(s) issued for the Supply and Delivery of Drugs and Medicines for the University Clinic of MinSu Main Campus.
9. CPA PHARMACY did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with the unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

IN WITNESS WHEREOF, I have hereunto set my hand this 13th day of March 2024, at Victoria Oriental Mindoro, Philippines.

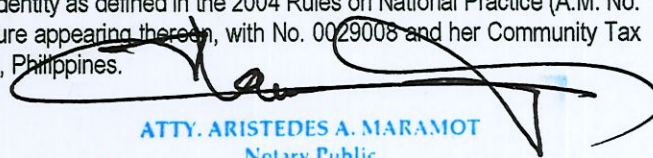

YOLANDA D. MATANGUIHAN
Affiant

ACKNOWLEDGEMENT

SUBSCRIBE AND SWORN to before me this 13th day of March, 2024 at Calapan City, Oriental Mindoro, Philippines. Affiant personally known to me and was identified by me through competent evidence of identity as defined in the 2004 Rules on National Practice (A.M. No. 02-8-13-SC). Affiant exhibited to me her PRC ID, with her photograph and signature appearing thereon, with No. 0029008 and her Community Tax Certificate No. 15667745 issued on January 10, 2024 at Victoria, Oriental Mindoro, Philippines.

Witness my hand and seal this 13th day of March, 2024.

Doc. No. 259
Page No. 59
Book No. LXI
Series of 2024


ATTY. ARISTEDES A. MARAMOT
Notary Public
Until Dec. 31, 2024 NP-22-234
PTR No. 3565882
Victoria Or. Mindoro /01-02-2024
Roll No. 41130/April 15, 1996
IBP No. 415498 / 01-16-2024/Or. Mindoro
MCLE Compliance No. VII -0013433
Valid until 04-14-2025

BIR FORM
2303

REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS
REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON)
REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

OCN: 063RC20220000002713

Date OCN Generated: July 18, 2022

UPDATED ON JUL 18 2022

CERTIFICATE OF REGISTRATION

TIN & BRANCH CODE 129-326-144-00000	NAME OF TAXPAYER MATANGUIHAN, YOLANDA DIMAANO	TIN ISSUANCE DATE October 1, 2007
REGISTERING OFFICE X	Head Office	Branch
REGISTERED ADDRESS POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES		

TAX TYPES	FORM TYPES	FILING START DATE	FILING FREQUENCY	FILING DUE DATE
WITHHOLDING TAX - COMPENSATION	1604C	January 1, 2023	ANNUALLY	On or before January 31 of the year following the calendar year in which the compensation payment and other income payments were paid or accrued.
VALUE ADDED TAX	2550M	May 12, 2011	MONTHLY	Not later than the 20th day following the close of the month.
VALUE ADDED TAX	2550Q	May 12, 2011	QUARTERLY	Not later than the 25th day following the close of each taxable quarter.
REGISTRATION FEE	0605	October 1, 2007	ANNUALLY	On or before the last day of January.
INDIVIDUAL INCOME TAX	1701	September 16, 2003	ANNUALLY	On or before April 15 of each year covering income for the preceding taxable year.
INDIVIDUAL INCOME TAX	1701Q	July 31, 2007	QUARTERLY	1st Quarter-on or before MAY 15 2nd Quarter-on or before AUGUST 15 3rd Quarter-on or before November 15
WITHHOLDING TAX - EXPANDED/OTHERS	0619E	July 18, 2022	MONTHLY	On or before the 10th day of the month following the month in which withholding was made.
WITHHOLDING TAX - EXPANDED/OTHERS	1601EQ	July 18, 2022	QUARTERLY	Not later than the last day of the month following the close of the quarter during which withholding was made.
WITHHOLDING TAX - EXPANDED/OTHERS	1604E	January 1, 2023	ANNUALLY	On or before March 1 of the year following the calendar year in which the income payments subject to expanded withholding taxes or exempt from withholding tax were paid or accrued.
WITHHOLDING TAX - COMPENSATION	1601C	March 16, 2022	MONTHLY	On or before the 10th day of the month following the month when the withholding was made except for taxes withheld for December which shall be filed and paid/remitted on or before

BIR FORM

2303

REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS

REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON)
REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

OCN: 063RC20220000002713

Date OCN Generated: July 18, 2022

UPDATED ON 18 2022

CERTIFICATE OF REGISTRATION

TIN & BRANCH CODE 129-326-144-00000		NAME OF TAXPAYER MATANGUIHAN, YOLANDA DIMAANO		TIN ISSUANCE DATE October 1, 2007	
REGISTERING OFFICE		X Head Office		Branch	
REGISTERED ADDRESS POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES					
January 15 of the succeeding year.					
TAXPAYER TYPE/S SINGLE PROPRIETORSHIP ONLY (RESIDENT CITIZEN)					
BUSINESS INFORMATION DETAILS					
		CATEGORY		REGISTRATION DATE	
TRADE NAME 1	CPA PHARMACY			October 1, 2007	
(PSIC)	46594-WHOLESALE OF PROFESSIONAL AND SCIENTIFIC AND MEASURING AND CONTROLLING EQUIPMENT	Secondary			
Line of Business	WHOLESALE OF PROFESSIONAL AND SCIENTIFIC AND MEASURING AND CONTROLLING EQUIPMENT				
(PSIC)	47722-RETAIL SALE OF MEDICAL, SURGICAL AND ORTHOPEDIC GOODS/INSTRUMENTS AND DENTAL SUPPLIES	Primary			
Line of Business	RETAIL SALE OF MEDICAL, SURGICAL AND ORTHOPEDIC GOODS/INSTRUMENTS AND DENTAL SUPPLIES				
(PSIC)	47720-RETAIL SALE OF PHARMACEUTICAL AND MEDICAL GOODS, COSMETIC AND TOILET ARTICLES IN SPECIALIZED STORES	Secondary			
Line of Business	RETAIL SALE OF OTHER GOODS IN SPECIALIZED STORES				
(PSIC)	46429-WHOLESALE OF MISCELLANEOUS CONSUMER GOODS, N.E.C.	Secondary			
Line of Business	WHOLESALE OF HOUSEHOLD GOODS				
(PSIC)	47739-OTHER RETAIL SALE OF NEW GOODS IN SPECIALIZED STORES, N.E.C.	Secondary			
Line of Business	RETAIL SALE OF OTHER GOODS IN SPECIALIZED STORES				

REMINDERS:

1. An annual registration fee shall be paid upon registration and every year thereafter on or before the last day of January, using BIR Form No. 0605.
2. Filing of required tax return/s to conform with the above tax types, whether with or without business

BIR FORM
2303

REVISED: APRIL 2019

REPUBLICA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS
REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON)
REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

OCN: 063RC2022000002713

Date OCN Generated: July 18, 2022

UPDATED ON JUL 18 2022

CERTIFICATE OF REGISTRATION

TIN & BRANCH CODE

129-326-144-00000

NAME OF TAXPAYER

MATANGUIHAN, YOLANDA DIMAANO

TIN ISSUANCE DATE

October 1, 2007

REGISTERING OFFICE

X

Head Office

Branch

REGISTERED ADDRESS

POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES

operation, to avoid penalties.

- For new business registrants, application for registration of manual Books of Accounts (B/As) shall be before the deadline for filing of the initial quarterly income tax return or annual income tax return whichever comes earlier, from the date of registration. Registration of new set of manual B/As shall be before its use.
- Immediately inform the district office in case of transfer/cessation of business and other changes in registration information by filing BIR Form No. 1905.
- For Self-Employed Individuals (SEI) whose gross sales and/or receipts and other non-operating income does not exceed P3,000,000 and who opted to avail of the 8% Income tax rate, the tax type Percentage Tax (PT) shall not be reflected in the Certificate of Registration (COR). However, at the start of each taxable year, such SEI shall be automatically subjected to graduated income tax rates and required to file quarterly percentage tax return (BIR Form No. 2551Q) and option to replace the COR to reflect "PT", unless qualified and opted to avail of the 8% Income tax rate annually.

I hereby certify that the above named person is registered as indicated above, under the provision of the National Internal Revenue Code, as amended.

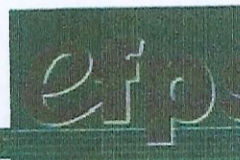
EMELITA R. ABO

REVENUE DISTRICT OFFICER
(Signature over Printed Name)

THIS CERTIFICATE MUST BE EXHIBITED CONSPICUOUSLY IN THE PLACE OF BUSINESS.



Bureau of Internal Revenue
Republic of the Philippines



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

FILING REFERENCE NO.

TIN	: 129-326-144-000
Name	: MATANGUIHAN YOLANDA DIMAANO
RDO	: 063
Form Type	: 1701Q
Reference No.	: 422300056177270
Amount Payable (Over Remittance)	: 3,696.80
Accounting Type	: C - Calendar
For Tax Period	: 09/30/2023
Date Filed	: 10/19/2023
Tax Type	: IT

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efps

e-Filing and Payment System

Bureau of Internal Revenue
Republic of the Philippines

BIR eFPS has received the payment confirmation for your tax return from SBTC.

TIN	129 - 326 - 144 - 000
Taxpayer's Name	MATANGUIHAN, YOLANDA DIMAANO
Tax Type	IT
Return Period	09/30/2023
Transacting Bank	SBTC (027000)
Reference Number	422300056177270
Payment Transaction Number	237282587
Payment Transaction Date	10/19/2023
Actual Amount Paid	3696.80
SBTC's Confirmation Number	BI-101923-90441
Please refer to the Tax Return Inquiry facility to check the status of your payment.	

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Guidelines and Instructions | Help
Reference No: 422300056177270
Date Filed: October 19 2023 02:25 PM
Batch Number: 0



For BIR Use Only BCS/Item

1701Q 01/18ENCS P1



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas
Internas

Quarterly Income Tax Return

For Individuals, Estates and Trusts
Enter all required information in CAPITAL LETTERS using BLACK ink. Mark applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer.

BIR Form No.

1701QJanuary 2018 (ENCS)
Page 1

1 For the Year (YYYY) 2023	2 Quarter	3 Amended Return?	4 Number of Sheet/s Attached 0
-------------------------------	-----------	-------------------	-----------------------------------

Part I – Background Information on Taxpayer/Filer

5 Taxpayer Identification Number (TIN)	129 - 326 - 144 - 000	6 RDO Code	063
7 Taxpayer/Filer Type			
8 Alphanumeric Tax Code (ATC)			
9 Taxpayer/Filer's Name (Last Name, First Name, Middle Name for Individual) / ESTATE of (First Name, Middle Name, Last Name) / TRUST FAO: (First Name, Middle Name, Last Name)			
MATANGUIHAN, YOLANDA DIMAANO			
10 Registered Address (Indicate complete registered address. If branch, indicate the branch address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form 1905)			
PUBLIC MARKET OR. MINDORO			
		10A ZIP Code	5205
11 Date of Birth (MM/DD/YYYY)	12 Email Address		
09/15/1963	ydmatanguihan_cpa@yahoo.com		
13 Citizenship	14 Foreign Tax Number (if applicable)	15 Claiming Foreign Tax Credits?	
FILIPINO			
16 Tax Rate* (choose one, for income from business/profession)			
16A Method of Deduction			

Part II – Background Information on Spouse (if applicable)

17 Spouse's TIN	129 - 326 - 144 - 000	18 RDO Code	
19 Filer's Spouse Type			
20 ATC			
21 Spouse's Name (Last Name, First Name, Middle Name)			
22 Citizenship	23 Foreign Tax Number, if applicable	24 Claiming Foreign Tax Credits?	
25 Tax Rate* (choose one,			

for income
from business/
profession)

25A Method of Deduction

Part III – Total Tax Payable (DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up)		
Particulars	A) Taxpayer/Filer	B) Spouse
26 Tax Due (From Part V, Schedule I-Item 46 OR Schedule II-Item 54)	42,255	0
27 Less: Tax Credits/Payments (From Part V, Schedule III-Item 62)	38,558	0
28 Tax Payable/(Overpayment) (Item 26 Less Item 27) (From Part V, Item 63)	3,697	0
29 Add: Total Penalties (From Part V, Schedule IV-Item 67)	0	0
30 Total Amount Payable/(Overpayment) Sum of Items 28 and 29 (From Part V, Item 68)	3,697	0
31 Aggregate Amount Payable/(Overpayment) (Sum of Item 30A and 30B)		3,697

I declare under the penalties of perjury, that this annual return has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. (If Authorized Representative, attach authorization letter and indicate TIN.)

Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Part IV – Details of Payment				
Particulars	Drawee Bank/Agency	Number	Date(MM/DD/YYYY)	Amount
32 Cash/Bank Debit Memo				
33 Check				
34 Tax Debit Memo				
35 Others (specify below)				

Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)

Stamp of receiving Office/AAB and Date of Receipt
(RO's Signature/Bank Teller's Initial)

Attachments

Add Attachment



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Reference No: 422300056177270

Date Filed: October 19 2023 02:25 PM

Batch Number: 0

BIR Form No. 1701Q January 2018 (ENCS) Page 2	Quarterly Income Tax Return For Individuals, Estates and Trusts	 1701Q 01/18ENCS P2
TIN 129 - 326 - 144 - 000		Taxpayer/Filer's Last Name MATANGUIHAN, YOLANDA DIMAANO
PART V – COMPUTATION OF TAX DUE (DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up)		
Declaration this Quarter		A) Taxpayer/Filer
B) Spouse		
If graduated rate, fill in items 36 to 46; if 8%, fill in items 47 to 54		
Schedule I – For Graduated IT Rate		
36 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)	244,650	0
37 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)	185,491	0
38 Gross Income/(Loss) from Operation (Item 36 Less Item 37)	59,159	0
Less: Allowable Deductions		
39 Total Allowable Itemized Deductions	27,695	0
OR		
40 Optional Standard Deduction (OSD) (40% of Item 36)	0	0
41 Net Income/(Loss) This Quarter (If Itemized: Item 38 Less Item 39; If OSD: Item 38 Less Item 40)	31,464	0
Add: 42 Taxable Income/(Loss) Previous Quarter/s	467,310	0
43 Non-Operating Income (specify)	0	0
44 Amount Received/Shared in Income by a Partner from General Professional Partnership (GPP)	0	0
45 Total Taxable Income/(Loss) To Date (Sum of Items 41 to 44)	498,774	0
46 TAX DUE (Item 45 × Applicable Tax Rate based on Tax Table below) (To Part III, Item 26)	42,255	0
Schedule II – For 8% IT Rate		
47 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)	0	0
48 Add: Non-Operating Income (specify)	0	0
49 Total Income for the quarter (Sum of Items 47 and 48)	0	0
50 Add: Total Taxable Income/(Loss) Previous Quarter (Item 51 of previous quarter)	0	0
51 Cumulative Taxable Income/(Loss) as of This Quarter (Sum of Items 49 and 50)	0	0
52 Less: Allowable reduction from gross sales/receipts and other non-operating income of purely self-employed individuals and/or professionals in the amount of ₱ 250,000	0	0
53 Taxable Income/(Loss) To Date (Item 51 Less Item 52)	0	0
54 TAX DUE (Item 53 × 8% Tax Rate) (To Part III, Item 26)	0	0
Schedule III – Tax Credits/Payments		
55 Prior Year's Excess Credits	0	0
56 Tax Payment/s for the Previous Quarter/s	6,530	0
57 Creditable Tax Withheld for the Previous Quarter/s	29,844	0
58 Creditable Tax Withheld per BIR Form No. 2307 for this Quarter	2,184	0

59 Tax Paid in Return Previously Filed, if this is an Amended Return	0	0
60 Foreign Tax Credits, if applicable	0	0
61 Other Tax Credits/Payments (specify) <input type="text"/>	0	0
		
62 Total Tax Credits/Payments (Sum of Items 55 to 61) (To Part III, Item 27)	38,558	0

63 Tax Payable/(Overpayment) (Item 46 or 54, Less Item 62) (To Part III, Item 28)	3,697	0
Schedule IV – Penalties		
64 Surcharge	0	0
65 Interest	0	0
66 Compromise	0	0
67 Total Penalties (Sum of Items 64 to 66) (To Part III, Item 29)	0	0
68 Total Amount Payable/(Overpayment) (Sum of Items 63 and 67) (To Part III, Item 30)	3,697	0

TABLE 1 – Tax Rates (effective January 1, 2018 to December 31, 2022)		TABLE 2 – Tax Rates (effective January 1, 2023 and onwards)	
If Taxable Income is:	Tax Due is:	If Taxable Income is:	Tax Due is:
Not over ₱250,000	0%	Not over ₱250,000	0%
Over ₱250,000 but not over ₱400,000	20% of the excess over ₱250,000	Over ₱250,000 but not over ₱400,000	15% of the excess over ₱250,000
Over ₱400,000 but not over ₱800,000	₱30,000 + 25% of the excess over ₱400,000	Over ₱400,000 but not over ₱800,000	₱22,500 + 20% of the excess over ₱400,000
Over ₱800,000 but not over ₱2,000,000	₱130,000 + 30% of the excess over ₱800,000	Over ₱800,000 but not over ₱2,000,000	₱102,500 + 25% of the excess over ₱800,000
Over ₱2,000,000 but not over ₱8,000,000	₱490,000 + 32% of the excess over ₱2,000,000	Over ₱2,000,000 but not over ₱8,000,000	₱402,500 + 30% of the excess over ₱2,000,000
Over ₱8,000,000	₱2,410,000 + 35% of the excess over ₱8,000,000	Over ₱8,000,000	₱2,202,500 + 35% of the excess over ₱8,000,000

Attachments

Add Attachment

Prev

Page: 02 of 2

Print

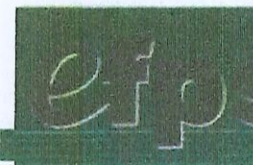
Payment Details

Proceed to Payment

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Bureau of Internal Revenue
Republic of the Philippines



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

FILING REFERENCE NO.

TIN	: 129-326-144-000
Name	: MATANGUIHAN YOLANDA DIMAANO
RDO	: 063
Form Type	: 2550Q
Reference No.	: 102400057609832
Amount Payable (Over Remittance)	: -61,900.85
Accounting Type	: C - Calendar
For Tax Period	: 12/31/2023
Quarter	: 4
Date Filed	: 01/18/2024
Tax Type	: VT

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Guidelines and Instructions | Help
Reference No:102400057609832
Date Filed:January 18, 2024 06:14 PM
Batch Number:2406341465

PSIC: 5138



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Quarterly Value-Added Tax Return

(Cumulative For 3 Months)

Bir Form No.

2550-Q

February 2007 (ENCS)

1 For the Year Ended (MM/YYYY) (December 2023)	2 Quarter 0000	3 Return Period (MM/DD/YYYY) From To 10/01/2023 12/31/2023	4 Amended Return? 0	5 Short Period Return? 0
6 TIN 129 326 144 000	7 RDO Code 063	8 No. of sheets attached 0	9 Line of Business WHOLESALE OF MISCELLANI	
10 Taxpayer's Name (For Individual) Last Name, First Name, Middle Name/ (For Non-individual) Registered Name MATANGUIHAN, YOLANDA DIMAANO			11 Telephone Number	
12 Registered Address PUBLIC MARKET OR. MINDORO			13 Zip Code 5205	
14 Are you availing of tax relief under Special Law or International Tax Treaty? If yes, please specify ()				

PART II		Computation of Tax	
Sales/Receipts for the Quarter (Exclusive of VAT)		Output Tax Due for the Quarter	
15 Vatable Sales/Receipt - Private (see)	15A 0.00	15B 0.00	
16 Sale to Government	16A 1,825,560.69	16B 219,067.28	
17 Zero Rated Sales/Receipts	17 0.00		
18 Exempt Sales/Receipts	18 0.00		
19 Total Sales/Receipts and Output Tax Due	19A 1,825,560.69	19B 219,067.28	
20 Less: Allowable Input Tax			
20A Input Tax Carried Over from Previous Period		20A 94,067.38	
20B Input Tax Deferred on Capital Goods Exceeding P1Million from Previous Quarter		20B 0.00	
20C Transitional Input Tax		20C 0.00	
20D Presumptive Input Tax		20D 0.00	
20E Others		20E 0.00	
20F Total (Sum of Item 20A, 20B, 20C, 20D & 20E)		20F 94,067.38	
21 Current Transactions	Purchases		
21A/B Purchase of Capital Goods not exceeding P1Million (see)	21A 0.00	21B 0.00	
21C/D Purchase of Capital Goods exceeding P1Million (see)	21C 0.00	21D 0.00	
21E/F Domestic Purchases of Goods Other than Capital Goods	21E 751,742.37	21F 90,209.08	
21G/H Importation of Goods Other than Capital Goods	21G 0.00	21H 0.00	
21I/J Domestic Purchase of Services	21I 44,190.18	21J 5,302.82	
21K/L Services Rendered by Non-residents	21K 0.00	21L 0.00	
21M Purchases Not Qualified for Input Tax	21M 174,625.00		
21N/O Others	21N	21O	

		2,590.39			310.85
21P	Total Current Purchases (Sum of Item 21A, 21C, 21E, 21G, 21I, 21K, 21M & 21N)	21P	973,147.94		
22	Total Available Input Tax (Sum of Item 20F, 21B, 21D, 21F, 21H, 21J, 21L & 21O)	22			189,890.13
23	Less: Deductions from Input Tax				
23A	Input Tax on Purchases of Capital Goods exceeding P1Million deferred for the succeeding period (see _____)	23A			0.00
23B	Input Tax on Sale to Gov't. closed to expense (see _____)	23B			0.00
23C	Input Tax allocable to Exempt Sales (see _____)	23C			0.00
23D	VAT Refund / TCC claimed	23D			0.00
23E	Others	23E			0.00
23F	Total (Sum of Item 23A, 23B, 23C, 23D & 23E)	23F			0.00
24	Total Allowable Input Tax (Item 22 less Item 23F)	24			189,890.13
25	Net VAT Payable (item 19B less Item 24)	25			29,177.15
26	Less: Tax Credits/Payments				
26A	Monthly VAT Payments - previous two months	26A			0.00
26B	Creditable Value-Added Tax Withheld (see Sch. 6)	26B			91,078.00
26C	Advance Payment for Sugar and Flour Industries (see _____)	26C			0.00
26D	VAT withheld on Sales to Government (see _____)	26D			0.00
26E	VAT paid in return previously filed, if this is an amended return	26E			0.00
26F	Advance Payments made (please attach proof of payments - BIR Form No. 0605)	26F			0.00
26G	Others	26G			0.00
26H	Total Tax Credits/Payments(Sum of Item 26A, 26B, 26C, 26D, 26E, 26F, & 26G)	26H			91,078.00
27	Tax Still Payable/ (Overpayment) (Item 25 less Item 26H)	27			-61,900.85
28	Add: Penalties				
	Surcharge	Interest	Compromise		
28A	0.00	28B	0.00	28C	0.00
				28D	0.00
29	Total Amount Payable (Overpayment) (Sum of Item 27& 28D)	29			-61,900.85

Attachments

Attachment Details

Print

Payment Details

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REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE

Annex "M"

BUREAU OF INTERNAL REVENUE

REVENUE REGION NO. 9A - CaBaMiRo
CITY OF STO. TOMAS, BATANGAS
QF-TCC-01-01-2023.00

TCBP NO. RR9A-063-02-29-R0407-2024-E

TAX CLEARANCE CERTIFICATE

(Pursuant to Executive Order No. 398)

MATANGUIHAN, YOLANDA

DIMAANO

(CPA PHARMACY)

Name of Taxpayer

POBLACION I, VICTORIA, ORIENTAL MINDORO

Address

129-326-144-00000

Taxpayer Identification Number

This is to certify that the above mentioned taxpayer is eligible for issuance of this Tax Clearance Certificate having satisfied all the criteria set forth by the BIR as of the date of this certification pursuant to Revenue Regulations No. 8-2016, as amended.

Tax liabilities recorded after the aforesaid dates or outside the jurisdiction of this Office are not covered by this tax clearance.

Issued this 29th day of February, 2024.

NOTE: THIS CERTIFICATE SHALL BE VALID AND EFFECTIVE FROM DATE OF ISSUE UNTIL MARCH 01, 2025 ONLY OR UNTIL REVOKED FOR VIOLATION OF THE CRITERIA SPECIFIED UNDER REVENUE REGULATIONS NO. 8-2016, AS AMENDED AND REVENUE MEMORANDUM ORDER NO. 46-2018, WHICHEVER COMES EARLIER. THIS SHALL NOT BE USED ON SALES/TRANSFER OF REAL PROPERTIES.
CERTIFICATION FEE OF P100 WAS PAID ON FEBRUARY 19, 2024 UNDER EFPS PAYMENT TRANSACTION NO. 249717015.
ANY ERASURE MADE ON THIS TCC SHALL RENDER IT NULL AND VOID.



AMIHAN L. VALDEZ

Asst. Chief, Collection Division
Officer-in-Charge

02/29/2024

DOCUMENTARY STAMP TAX
DATE OF PAYMENT: 02/27/2024
PAYMENT CONFIRMATION:
Ym202402272308405815969662
AMOUNT: P30.00

WARNING: Counterfeiting is punishable by law. For authenticity, please visit BIR website www.bir.gov.ph/index.php/tax-clearance/released-tax-clearance.html. Tax Clearance Certificate (for bidding purposes) not listed/posted herein will be deemed to have originated from an illegal source.



This certifies that

CPA PHARMACY
(NATIONAL)

is a business name registered in this office pursuant to the provisions of Act 3883, as amended by Act 4147 and Republic Act No. 863, and in compliance with the applicable rules and regulations prescribed by the Department of Trade and Industry.

This certificate issued to

YOLANDA DIMAANO MATANGUIHAN

is valid from 01 October 2020 to 01 October 2025 subject to continuing compliance with the above-mentioned laws and all applicable laws of the Philippines, unless voluntarily cancelled

In testimony whereof, I hereby sign this

Certificate of Business Name Registration

and issue the same on 01 October 2020 in the Philippines.


RAMON M. LOPEZ
Secretary

Business Name No. 2209456

This certificate is not a license to engage in any kind of business and valid only at the scope indicated herein.



APZC451711556783



Republic of the Philippines
Department of Health
Food and Drug Administration
Civic Drive, Filinvest Corporate City
Alabang, Muntinlupa City



LICENSE TO OPERATE

as

Drug Distributor-Wholesaler

is hereby granted to

CPA PHARMACY

Public Market, Poblacion 1, Victoria, Oriental Mindoro, Mimaropa
(Region IV-B), 5205, Victoria, Oriental Mindoro

Owner: **YOLANDA D. MATANGUIHAN**
License Number: **CDRR-RIVB-DW-652922**
Application Type: **Renewal**
Date of Issuance: **08 June 2023**
Validity of License: **31 August 2026**



This LTO shall be renewed within **90 days** before its expiration, upon compliance with relevant laws, rules and regulations and the payment of fees. This LTO may be suspended, cancelled or revoked by this Office for cause if found violating RA 9711 and related issuances.

Furthermore, with this LTO, the FDA allows the establishment to apply for a market authorization [i.e. registration (CPR) or notification] for health products prior to manufacture, importation, sale or offer for sale, distribution, transfer and advertisement as the case may be.

DR. SAMUEL A. ZACATE
Director General

This electronic-LTO (eLTO) is computer generated and does not require signature

APPROVED BUDGET FOR THE CONTRACT (ABC)

Supply and Delivery of Drugs and Medicines for the University Clinic of MinSU Main Campus
Alcate, Victoria, Oriental Mindoro
Project Name and Location

Stations: Mindoro State University
Length:

Contract Duration:

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	CURRENT MARKET PRICE	TOTAL COST	VAT, OTHER TAXES AND/OR DUTIES APPLICABLE	FREIGHT & INSURANCE	OTHER INDIRECT COSTS	OTHER COST FACTORS		TOTAL COST	UNIT COST
									INFLATION,			
									%	VALUE		
									INFLATION,			
									%	VALUE		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
										(5)X(9)	(10%[(5)+(10)])	(11) / (3)
1	Acetylcysteine 600mg	300	sachet	33.00	9,900.00							
2	Aluminum Hydroxide	6	boxes	185.00	1,110.00							
3	Amoxicillin 500 mg. by 100's	5	boxes	600.00	3,000.00							
4	Ascorbic acid 500mg by 100's	20	boxes	400.00	8,000.00							
5	Azithromycin 500mg	30	tablets	79.67	2,390.10							
6	Betahistine HCl 24mg by 100's	50	tablets	42.50	2,125.00							
7	Butamirate Citrate 50mg by 100's	6	boxes	1,550.00	9,300.00							
8	Calamine lotion 60ml	4	bottles	110.00	440.00							
9	Carbocisteine	400	sachets	4.79	1,916.00							
10	Cefuroxime 500mg	300	tablets	44.00	13,200.00							
11	Cetirizine 10mg by 100's	5	boxes	450.00	2,250.00							
12	Celecoxib 400mg	150	tablets	25.00	3,750.00							
13	Cinnarizine 25mg by 100's	6	boxes	220.00	1,320.00							
14	Chlorphenamine Maleate 4mg by 100's	5	boxes	99.00	495.00							
15	Clindamycin HCl 300mg	100	caps	37.00	3,700.00							
16	Clotrimazole cream 10mg	5	tubes	115.00	575.00							
17	Cloxacillin 500mg by 100's	5	boxes	1,100.00	5,500.00							
18	Clonidine 75mcg	50	tablets	52.50	2,625.00							
19	Cotrimoxazole 400 mg. by 100's	5	boxes	121.00	605.00							
20	Co Amoxilav 625mg	300	tablets	19.00	5,700.00							
21	Cotrimoxazole 800 mg. by 100's	2	boxes	390.00	780.00							
22	Clotrimazole cream 15mg	3	boxes	390.00	1,170.00							
23	Dexamethasone 500mcg by 100's	4	boxes	718.00	2,872.00							
24	Dextromethopan HBr 10mg	300	caps	2.50	750.00							

265

25	Dextromethopan HBr 15mg/5ml syrup 54ml	15	bottles	45.00	675.00								
26	Diphenhydramine HCl 50mg/ampule by 10's	1	box	980.00	980.00								
27	Diphenhydramine 50mg	50	caps	3.50	175.00								
28	Domperidone 10mg by 100's	4	boxes	1,500.00	6,000.00								
29	Hypromellose 15ml eye drops (red)	10	boxes	255.00	2,550.00								
30	Hyosine-N Butylbromide 10mg by 100's	3	boxes	620.00	1,860.00								
31	Hypromellose 15ml eye drops	5	bottles	298.00	1,490.00								
32	Ibuprofen 400 mg.	6	boxes	380.00	2,280.00								
33	Loratadine 10mg by 100's	14	boxes	900.00	12,600.00								
34	Mefenamic Acid 500mg capsule by 100's	2	boxes	3,625.00	7,250.00								
35	Mefenamic Acid 500mg tablets by 100's	15	boxes	400.00	6,000.00								
36	Metoclopramide ampules by 10's	1	box	300.00	300.00								
37	Metoclopramide 10mg by 100's	1	box	800.00	800.00								
38	Metronidazole 500mg by 100's	1	box	1,999.00	1,999.00								
39	Mupirocin Ointment 5g	6	tubes	179.50	1,077.00								
40	Methyl Salicylate Camphor + Menthol 120 ml	30	bottles	140.00	4,200.00								
41	Methyl Salicylate E-Menthol Tocopherol by 10's Medicated patch	50	boxes	65.00	3,250.00								
42	Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	30	bottles	175.00	5,250.00								
43	Multivitamins	40	tablets	115.00	4,600.00								
44	Omeprazole 40mg by 100's	4	boxes	2,500.00	10,000.00								
45	Neomycin SO4 PolymycinB SO4 Dexamethasone drops	3	pieces	544.00	1,632.00								
46	Neomycin SO4 PolymycinB SO4 Dexamethasone ointment	3	tubes	554.00	1,662.00								
47	Paracetamol 500mg by 100's	20	boxes	224.00	4,480.00								
48	Paracetamol 150mg/ml, 2ml apule by 10's	2	boxes	260.00	520.00								
49	Povidone Iodine 10% Antiseptic 120ml	14	bottles	45.00	630.00								
50	Salbutamol 2mg tab by 100's	3	boxes	439.00	1,317.00								
51	Salbutamol 2mg/ml, 2.5ml nebulas	80	nebulas	11.00	880.00								
52	Salbutamol 100mcg/dose 200 actuations breath actuated metered dose inhaler	2	inhaler	91.00	182.00								
53	Sambong	7	boxes	645.00	4,515.00								
54	Silver Sulfadiazine cream 1% 15g	3	tubes	67.46	202.38								
55	Tetanus Antitoxin 1500iu	100	amps	110.00	11,000.00								
56	Tetanus Toxoid absorbed 40iu/ml	50	amps	120.00	6,000.00								
57	Terbutaline sulfate 5mg	1	box	1,225.00	1,225.00								
58	Tranexamic Acid 500mg by 100's	1	box	490.00	490.00								
59	Vitex Negundo L. Lagundi Leaf 600mg by 100's	15	boxes	270.00	4,050.00								

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Republic of the Philippines
MINDORO STATE UNIVERSITY
Main Campus
Alcate, Victoria, Oriental Mindoro



PURCHASE REQUEST

Fund Cluster:

MDS

Office/Section :		PR No.: <u>PR24-0079</u> Responsibility Center Code :		Date: <u>02/22/2024</u>	
Stock/ Property No.	Unit	Item Description	Qty	Unit Cost	Total Cost
1	sachet	Acetylcysteine 600mg	300	33.00	9,900.00
2	boxes	Aluminum Hydroxide	6	185.00	1,110.00
3	boxes	Amoxicillin 500 mg. by 100's	5	600.00	3,000.00
4	boxes	Ascorbic acid 500mg by 100's	20	400.00	8,000.00
5	tablets	Azithromycin 500mg	30	79.67	2,390.10
6	tablets	Betahistine HCl 24mg by 100's	50	42.50	2,125.00
7	boxes	Butamirate Citrate 50mg by 100's	6	1,550.00	9,300.00
8	bottles	Calamine lotion 60ml	4	110.00	440.00
9	sachets	Carbocisteine	400	4.79	1,916.00
10	tablets	Cefuroxime 500mg	300	44.00	13,200.00
11	boxes	Cetirizine 10mg by 100's	5	450.00	2,250.00
12	tablets	Celecoxib 400mg	150	25.00	3,750.00
13	boxes	Cinnarizine 25mg by 100's	6	220.00	1,320.00
14	boxes	Chlorphenamine Maleate 4mg by 100's	5	99.00	495.00
15	caps	Clindamycin HCl 300mg	100	37.00	3,700.00
16	tubes	Clotrimazole cream 10mg	5	115.00	575.00
17	boxes	Cloxacillin 500mg by 100's	5	1,100.00	5,500.00
18	tablets	Clonidine 75mcg	50	52.50	2,625.00
19	boxes	Cotrimoxazole 400 mg. by 100's	5	121.00	605.00
20	tablets	Co Amoxiclav 625mg	300	19.00	5,700.00
21	boxes	Cotrimoxazole 800 mg. by 100's	2	390.00	780.00
22	boxes	Clotrimazole cream 15mg	3	390.00	1,170.00
23	boxes	Dexamethasone 500mcg by 100's	4	718.00	2,872.00
24	caps	Dextromethophan HBr 10mg	300	2.50	750.00
25	bottles	Dextromethophan HBr 15mg/5ml syrup 54ml	15	45.00	675.00
Subtotal 1:				84,148.10	
Purpose: <u>MDS-14-7</u> <u>101 200</u> <u>02-191</u> <u>50203070W</u>					
Medicines needed at the University Clinic - Main Campus					
Requested by: Signature: <u>[Signature]</u> Printed Name: <u>MERVIN L. ICALLA</u> Designation: <u>Director for Auxi & Gen. Services</u>		Recommending Approval: Signature: <u>[Signature]</u> Printed Name: <u>JOELENE C. LEYNES</u> Designation: <u>VP for Admin and Finance</u>		Certified Allotment Available: Signature: <u>[Signature]</u> Printed Name: <u>ROVELYN P. ROXAS</u> Designation: <u>Budget Officer III</u>	
				Approved by: Signature: <u>[Signature]</u> Printed Name: <u>CHRISTIAN ANTHONY C. AGUTAYA, PhD.</u> Designation: <u>OIC- Office of the University President</u>	



Republic of the Philippines
MINDORO STATE UNIVERSITY
Main Campus
Alcate, Victoria, Oriental Mindoro



PURCHASE REQUEST

Fund Cluster:

MDS

Office/Section :		PR No.: <u>PR24-0079</u>		Date: <u>02/22/2024</u>	
		Responsibility Center Code :			
Stock/ Property No.	Unit	Item Description	Qty	Unit Cost	Total Cost
<u>26</u>	box	Diphenhydramine HCl 50mg/ampule by 10's	1	980.00	980.00
<u>27</u>	caps	Diphenhydramine 50mg	50	3.50	175.00
<u>28</u>	boxes	Domperidone 10mg by 100's	4	1,500.00	6,000.00
<u>29</u>	boxes	Hypromellose 15ml eye drops(red)	10	255.00	2,550.00
<u>30</u>	boxes	Hyosine-N Butylbromide 10mg by 100's	3	620.00	1,860.00
<u>31</u>	bottles	Hypromellose 15ml eye drops	5	298.00	1,490.00
<u>32</u>	boxes	Ibuprofen 400 mg.	6	380.00	2,280.00
<u>33</u>	boxes	Loratadine 10mg by 100's	14	900.00	12,600.00
<u>34</u>	boxes	Mefenamic Acid 500mg capsule by 100's	2	3,625.00	7,250.00
<u>35</u>	boxes	Mefenamic Acid 500mg tablets by 100's	15	400.00	6,000.00
<u>36</u>	box	Metoclopramide ampules by 10's	1	300.00	300.00
<u>37</u>	box	Metoclopramide 10mg by 100's	1	800.00	800.00
<u>38</u>	boxes	Metronidazole 500mg by 100's	1	1,999.00	1,999.00
<u>39</u>	tubes	Mupirocin Ointment 5g	6	179.50	1,077.00
<u>40</u>	bottles	Methyl Salicylate Camphor + Menthol 120 ml	30	140.00	4,200.00
<u>41</u>	boxes	Methyl Salicylate E-menthol Tocopherol by 10's Medicated patch	50	65.00	3,250.00
<u>42</u>	bottles	Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	30	175.00	5,250.00
<u>43</u>	tablets	Multivitamins	40	115.00	4,600.00
<u>44</u>	boxes	Omeprazole 40mg by 100's	4	2,500.00	10,000.00
<u>45</u>	pieces	Neomycin SO4 PolymycinB SO4 Dexamethasone drops	3	544.00	1,632.00
<u>46</u>	tubes	Neomycin SO4 PolymycinB SO4 Dexamethasone ointment	3	554.00	1,662.00
<u>47</u>	boxes	Paracetamol 500mg by 100's	20	224.00	4,480.00
			Subtotal 2:	<u>MDS-14-7</u>	80,435.00
Purpose:				<u>101-200 - 02-01</u>	
Medicines needed at the University Clinic - Main Campus				<u>50203010w</u>	
Requested by:		Recommending Approval:		Certified Allotment Available:	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>	
Printed Name: <u>MERVIN L. ICALLA</u>		Printed Name: <u>JOELENE C. LEYNES</u>		Printed Name: <u>ROVELYN P. ROXAS</u>	
Designation: <u>Director for Auxil & Gen. Services</u>		Designation: <u>VP for Admin and Finance</u>		Designation: <u>Budget Officer III</u>	
				Approved by: <u>[Signature]</u>	
				Signature: <u>[Signature]</u>	
				Printed Name: <u>CHRISTIAN ANTHONY C. AGUTAYA, PhD.</u>	
				Designation: <u>OIC- Office of the University President</u>	

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Republic of the Philippines
MINDORO STATE UNIVERSITY
Main Campus
Alcate, Victoria, Oriental Mindoro



PURCHASE REQUEST

Fund Cluster:

MDS

Office/Section :		PR No.: <u>PR24-0079</u>		Date: <u>02/22/2024</u>	
		Responsibility Center Code :			
Stock/ Property No.	Unit	Item Description	Qty	Unit Cost	Total Cost
48	box	Paracetamol 150mg/ml, 2ml ampule by 10's	2	260.00	520.00
49	bottles	Povidone Iodine 10% Antiseptic 120ml	14	45.00	630.00
50	boxes	Salbutamol 2mg tab by 100's	3	439.00	1,317.00
51	nebules	Salbutamol 2mg/ml, 2.5ml nebules	80	11.00	880.00
52	Inhaler	Salbutamol 100mcg/dose 200 actuations breath actuated metered dose inhaler	2	91.00	182.00
53	boxes	Sambong	7	645.00	4,515.00
54	tubes	Silver Sulfadiazine cream 1% 15g	3	67.46	202.38
55	amps	Tetanus Antitoxin 1500iu	100	110.00	11,000.00
56	amps	Tetanus Toxoid absorbed 40iu/ml	50	120.00	6,000.00
57	boxes	Terbutaline Sulfate 5mg	1	1,225.00	1,225.00
58	box	Tranexamic Acid 500 mg by 100's	1	490.00	490.00
59	boxes	Vitex Negundo L. Lagundi Leaf 600mg by 100's	15	270.00	4,050.00
60	boxes	Vitamin B 1 B2 B12 by 100's	4	1,101.38	4,405.52
			Subtotal 3:		35,416.90
			Subtotal 1:		84,148.10
			Subtotal 2:		80,435.00
			Subtotal 3:		35,416.90
			GRAND TOTAL:		200,000.00
Purpose: <u>101-200 -02-191</u> <u>60203070W</u>					
Medicines needed at the University Clinic - Main Campus					
Requested by:		Recommending Approval:		Certified Allotment Available:	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>	
Printed Name: <u>MERVIN L. ICALLA</u>		Printed Name: <u>JOELENE C. LEYNES</u>		Printed Name: <u>ROVELYN P. ROXAS</u>	
Designation: <u>Director for Auxil & Gen. Services</u>		Designation: <u>VP for Admin and Finance</u>		Designation: <u>Budget Officer III</u>	
				Approved by: <u>[Signature]</u>	
				Signature: <u>[Signature]</u>	
				Printed Name: <u>CHRISTIAN ANTHONY C. AGUTAYA, PhD.</u>	
				Designation: <u>OIC- Office of the University President</u>	

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