



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

Name of Project

**BAC Resolution Recommending Approval
Resolution No. 33, 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 Medicine for the University Clinic at MinSU Main Campus" with an Approved Budget for the Contract (ABC) amounting to Three Hundred Sixteen Thousand Two Hundred Fifty-six Pesos (Php316,256.00);

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
Php316,256.00	CPA Pharmacy	Php245,840.00

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 Medicine for the University Clinic at MinSU Main Campus" to CPA Pharmacy amounting to Two Hundred Forty-five Thousand Eight Hundred Forty Pesos (Php245,840.00) 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 26th day of March, 2024.


NEMESIO H. DAVALOS, Ph.D.
BAC Chairperson


ANSELMO R. ULEP, JR.
BAC Vice-Chairperson


CIEDELLE P. SALAZAR Ph.D
BAC Member


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: _____



Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 10678015
Procuring Entity MINDORO STATE UNIVERSITY
Title Supply and Delivery of Drugs and Medicine for the University Clinic at MinSU Main Campus
Area of Delivery Oriental Mindoro

Solicitation Number:	RFQ 2024-44	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 316,256.00	Document Request List	5
Delivery Period:	30 Day/s		
Client Agency:		Date Published	21/03/2024
Contact Person:	JOHN EDGAR SUALOG ANTHONY HEAD SECRETARIAT Alcate Victoria Oriental Mindoro Philippines 5205 63-43-2862368 minsu.bacoffice@gmail.com	Last Updated / Time	21/03/2024 00:00 AM
		Closing Date / Time	25/03/2024 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

Note: 1. All entries must be typewritten.

2. Delivery Period within ____ 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) [] Door to Door Delivery

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

1 sachets Acetylcysteine Oral Powder 200mg 300

2 tablets Aciclovir 200mg 100

3 tablets Aluminum Hydroxide Magnesium +Magnesium Hydroxide Simeticone 500

4 tablets Amlodipine 5mg 100

5 tablets Amoxicillin 500mg 200

6 tablets Ascorbic Acid 500mg 7000

7 tablets Azithromycin 500mg 90

8 tablets Betahistine HCl Serc 24mg 100

9 tablets Butamirate Citrate 50mg 600

Created by	Annabelle Quinto Madrigal
Date Created	19/03/2024

[Help](#) | [Contact Us](#) | [Sitemap](#)



REQUEST FOR QUOTATION

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

PR No.: PR24-0120

RFQ No. 2024-44

ABC Amount: Php316,256.00

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-EPIS 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	sachets	Acetylcysteine Oral Powder 200mg	300	15.00	4,500.00
2	tablets	Aciclovir 200mg	100	15.00	1,500.00
3	tablets	Aluminum Hydroxide Magnesium +Magnesium Hydroxide Simeticone	500	11.00	5,500.00
4	tablets	Amlodipine 5mg	100	2.00	200.00
5	tablets	Amoxicillin 500mg	200	3.00	600.00
6	tablets	Ascorbic Acid 500mg	7000	1.50	10,500.00
7	tablets	Azithromycin 500mg	90	30.00	2,700.00
8	tablets	Betahistine HCl Serc 24mg	100	25.00	2,500.00
9	tablets	Butamirate Citrate 50mg	600	11.00	6,600.00
10	sachets	Calamine + zinc oxide lotion 60ml	60	95.00	5,700.00
11	pieces	Camphor, Menthol Eucalyptus oil 10g	50	80.00	4,000.00
12	tablets	Cefuroxime 500mg	450	25.00	11,250.00
13	tablets	Cetirizine 10mg	1000	2.00	2,000.00
14	tablets	Celecoxib 400mg	500	8.00	4,000.00
15	tablets	Co-amoxiclav 625mg	450	22.00	9,900.00
16	tubes	Clobetasole .05% 5g ointment	10	150.00	1,500.00
17	capsules	Cloxacilin 500mg	300	6.00	1,800.00
18	tablets	Clonidine Catapress 75mcg	100	50.00	5,000.00
19	tablets	Domperidone 10mg	400	6.50	2,600.00
20	bots	Efficascent Oil 25ml	20	35.00	700.00
21	capsules	Ferrous SO4 60mg (individually packed)	500	3.50	1,750.00
22	capsules	Loperamide 2mg	200	1.20	240.00
23	tablets	Loratadine 10mg by 100's	6200	7.00	43,400.00
24	tablets	Losartan 50mg	100	4.00	400.00
25	tablets	Meclizine HCl	400	16.50	6,600.00
26	capsules	Mefenamic Acid 500mg capsule	400	2.00	800.00
27	tubes	Mupirocin Ointment 5g	6	150.00	900.00
28	bottles	Methyl Salicylate Camphor + Menthol 120ml	24	150.00	3,600.00

MSU-BAC-FR-05.01



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

Date _____

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



General Conditions

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 of 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.



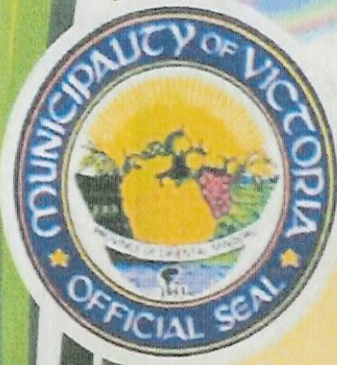
REMINDERS ¹

- *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 Medicine for the University Clinic at 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 Medicine for the University Clinic at 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 22nd day of March 2024, at Victoria Oriental Mindoro, Philippines.

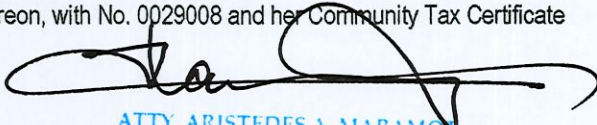

YOLANDA D. MATANGUIHAN
Affiant

ACKNOWLEDGEMENT

SUBSCRIBE AND SWORN to before me this 22nd day of March, 2024 at Victoria, 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 22nd day of March, 2024.

Doc. No. 386
Page No. 79
Book No. 2011
Series of 2024


ATTY. ARISTEDES A. MARAMON
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

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

OCN: 063RC2022000002713

Date OCN Generated: July 18, 2022

UPDATED ON 18 JUL 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				
Line of Business	WHOLESALE OF PROFESSIONAL AND SCIENTIFIC AND MEASURING AND CONTROLLING EQUIPMENT	Secondary			
(PSIC)	47722-RETAIL SALE OF MEDICAL, SURGICAL AND ORTHOPEDIC GOODS/INSTRUMENTS AND DENTAL SUPPLIES				
Line of Business	RETAIL SALE OF MEDICAL, SURGICAL AND ORTHOPEDIC GOODS/INSTRUMENTS AND DENTAL SUPPLIES	Primary			
(PSIC)	47720-RETAIL SALE OF PHARMACEUTICAL AND MEDICAL GOODS, COSMETIC AND TOILET ARTICLES IN SPECIALIZED STORES				
Line of Business	RETAIL SALE OF OTHER GOODS IN SPECIALIZED STORES	Secondary			
(PSIC)	46429-WHOLESALE OF MISCELLANEOUS CONSUMER GOODS, N.E.C.				
Line of Business	WHOLESALE OF HOUSEHOLD GOODS	Secondary			
(PSIC)	47739-OTHER RETAIL SALE OF NEW GOODS IN SPECIALIZED STORES, N.E. C.				
Line of Business	RETAIL SALE OF OTHER GOODS IN SPECIALIZED STORES	Secondary			

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 1 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.



MERIAN Z. ROMERO
CHIEF CLIENT SUPPORT SECTION

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.

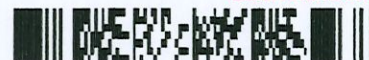
TIN	: 129-326-144-000
Name	: MATANGUIHAN YOLANDA DIMAANO
RDO	: 063
Form Type	: 1701Q
Reference No.	: 422300056177270
Amount Payable (Over Remittance)	: 3,696.80
Accounting Type	: C - Calendar
For Tax Period	: 09/30/2023
Date Filed	: 10/19/2023
Tax Type	: IT

Processed for Payment

[[BIR Main](#) | [eFPS Login](#) | [User Menu](#) | [Help](#)]



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



1701Q 01/18ENCS P1

For BIR Use Only
BCS/
Item



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 <i>(From Part V, Schedule I-Item 46 OR Schedule II-Item 54)</i>	42,255	0
27 Less: Tax Credits/Payments <i>(From Part V, Schedule III-Item 62)</i>	38,558	0
28 Tax Payable/(Overpayment) <i>(Item 26 Less Item 27) (From Part V, Item 63)</i>	3,697	0
29 Add: Total Penalties <i>(From Part V, Schedule IV-Item 67)</i>	0	0
30 Total Amount Payable/(Overpayment) <i>Sum of Items 28 and 29 (From Part V, Item 68)</i>	3,697	0
31 Aggregate Amount Payable/(Overpayment) <i>(Sum of Item 30A and 30B)</i>		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 <i>(specify below)</i>				

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

Page: 01 of 2

Next

Print

Payment Details


Proceed to Payment

[\[BIR Main | Tax Return Inquiry | User Menu | Guidelines and Instructions | Help \]](#)



Guidelines and Instructions | Help
 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		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"> TIN 129 - 326 - 144 - 000 </td> <td style="width: 60%;"> Taxpayer/Filer's Last Name MATANGUIHAN, YOLANDA DIMAANO </td> </tr> </table>			TIN 129 - 326 - 144 - 000	Taxpayer/Filer's Last Name MATANGUIHAN, YOLANDA DIMAANO
TIN 129 - 326 - 144 - 000	Taxpayer/Filer's Last Name MATANGUIHAN, YOLANDA DIMAANO			
PART V – COMPUTATION OF TAX DUE <small>(DO NOT enter Centavos: 49 Centavos or Less drop down; 50 or more round up)</small>				
Declaration this Quarter		A) Taxpayer/Filer		
If graduated rate, fill in items 36 to 46; if 8%, fill in items 47 to 54		B) Spouse		
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)	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

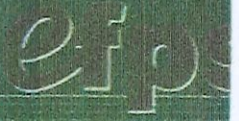
Payment Details

Proceed to Payment

[\[BIR Main | Tax Return Inquiry | User Menu | Guidelines and Instructions | Help \]](#)



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

[[BIR Main](#) | [eFPS Login](#) | [User Menu](#) | [Help](#)]



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	3 Return Period (MM/DD/YYYY) From 10/01/2023 To 12/31/2023	4 Amended Return?	5 Short Period Return?
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



REPUBLIC OF THE PHILIPPINES

DEPARTMENT OF FINANCE

BUREAU OF INTERNAL REVENUE

REVENUE REGION NO. 9A - CaBaMiRo

CITY OF STO. TOMAS, BATANGAS

QF-TCC-01-01-2023.00

Annex "M"

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

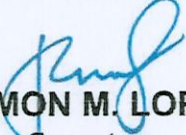
YOLANDA DIMAANO MATANGUIHAN

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

Standard Form Number: SF-GOOD-01
Revised on: May 24, 2004

APPROVED BUDGET FOR THE CONTRACT (ABC)
Supply and Delivery of Drugs and Medicine for the University Clinic at 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, CURRRENCY			
									%	VALUE		
									INFLATION, CURRRENCY			
									%	VALUE		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
										(5)X(9)	(10%[(5)+(10)]	(11) / (3)
1	Acetylcysteine Oral Powder 200mg	300	sachets	21.50	6,450.00							
2	Aciclovir 200mg	100	tablets	15.00	1,500.00							
3	Aluminum Hydroxide Magnesium +Magnesium Hydroxide Simeticone	500	tablets	5.94	2,970.00							
4	Amlodipine 5mg	100	tablets	5.00	500.00							
5	Amoxicillin 500mg	200	tablets	6.00	1,200.00							
6	Ascorbic Acid 500mg	7000	tablets	2.10	14,700.00							
7	Azithromycin 500mg	90	tablets	120.00	10,800.00							
8	Betahistine HCl Serc 24mg	100	tablets	53.75	5,375.00							
9	Butamirate Citrate 50mg	600	tablets	15.75	9,450.00							
10	Calamine + zinc oxide lotion 60ml	60	sachets	66.00	3,960.00							
11	Camphor, Menthol Eucalyptus oil 10g	50	pieces	49.62	2,481.00							
12	Cefuroxime 500mg	450	tablets	23.00	10,350.00							
13	Cetirizine 10mg	1000	tablets	27.00	27,000.00							
14	Celecoxib 400mg	500	tablets	25.00	12,500.00							
15	Co-amoxiclav 625mg	450	tablets	24.00	10,800.00							
16	Clobetasole .05% 5g ointment	10	tubes	220.00	2,200.00							
17	Cloxacilin 500mg	300	capsules	6.90	2,070.00							
18	Clonidine Catapress 75mcg	100	tablets	52.50	5,250.00							
19	Domperidone 10mg	400	tablets	15.00	6,000.00							
20	Efficascent Oil 25ml	20	bots	45.00	900.00							
21	Ferrous SO4 60mg (individually packed)	500	capsules	2.50	1,250.00							
22	Loperamide 2mg	200	capsules	4.50	900.00							
23	Loratadine 10mg by 100's	6200	tablets	6.00	37,200.00							
24	Losartan 50mg	100	tablets	6.10	610.00							
25	Meclizine HCl	400	tablets	15.00	6,000.00							
26	Mefenamic Acid 500mg capsule	400	capsules	36.25	14,500.00							
27	Mupirocin Ointment 5g	6	tubes	179.50	1,077.00							

401



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



PURCHASE REQUEST

Fund Cluster:

STF

Office/Section :		PR No.: <u>PR24-0120</u>		Date: <u>03/07/2024</u>	
		Responsibility Center Code :			
Stock/ Property No.	Unit	Item Description	Qty	Unit Cost	Total Cost
1	sachets	Acetylcysteine Oral powder 200mg	300	21.50	6,450.00
2	tablets	Aciclovir 200mg	100	15.00	1,500.00
3	tablets	Aluminum Hydroxide Magnesium+Magnesium Hydroxide Simeticone	500	5.94	2,970.00
4	tablets	Amlodipine 5mg	100	5.00	500.00
5	tablets	Amoxicillin 500 mg.	200	6.00	1,200.00
6	tablets	Ascorbic acid 500mg	7000	2.10	14,700.00
7	tablets	Azithromycin 500mg	90	120.00	10,800.00
8	tablets	Betahistine HCl Serc 24mg	100	53.75	5,375.00
9	tablets	Butamirate Citrate 50mg	600	15.75	9,450.00
10	sachets	Calamine + zinc oxide lotion 60ml	60	66.00	3,960.00
11	pieces	Camphor, Menthol Eucalyptus oil 10g	50	49.62	2,481.00
12	tablets	Cefuroxime 500mg	450	23.00	10,350.00
13	tablets	Cetirizine 10mg	1000	27.00	27,000.00
14	tablets	Celecoxib 400mg	500	25.00	12,500.00
15	tablets	Co- Amoxiclav 625 mg	450	24.00	10,800.00
16	tubes	Clobetasole .05 % 5g ointment	10	220.00	2,200.00
17	capsules	Cloxacillin 500mg	300	6.90	2,070.00
18	tablets	Clonidine Catapress 75mcg	100	52.50	5,250.00
19	tablets	Domperidone 10mg	400	15.00	6,000.00
20	bots	Efficascent Oil 25ml.	20	45.00	900.00
21	capsules	Ferrous SO4 60mg(individually packed)	500	2.50	1,250.00
22	capsules	Loperamide 2mg	200	4.50	900.00
23	tablets	Loratadine 10mg by 100's	6200	6.00	37,200.00
24	tablets	Losartan 50mg	100	6.10	610.00
			Subtotal 1:	176,416.00	
Purpose:					
Medicines needed at the University Clinic - Main Campus					
Requested by:		Recommending Approval:		Certified Allotment Available:	
Signature :		Signature :		Signature :	
Printed Name : MERVIN L. ICALLA		Printed Name : JOELENE C. LEYNES		Printed Name : ROVELYN P. ROXAS	
Designation : Director for Auxil & Gen. Services		Designation : VP for Admin and Finance		Designation : Budget Officer III	
				Approved by:	
				CHRISTIAN ANTHONY C. AGUTAYA, PhD.	
				OIC- Office of the University President	

330

STF - 1071
164-200
03-290



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



PURCHASE REQUEST

Fund Cluster:

STF

Office/Section :		PR No.: <u>PR24-0120</u>		Date: <u>03/07/2024</u>	
		Responsibility Center Code :			
Stock/ Property No.	Unit	Item Description	Qty	Unit Cost	Total Cost
<u>25</u>	tablets	Mecizine HCL	400	15.00	6,000.00
<u>26</u>	capsules	Mefenamic Acid 500mg capsule	400	36.25	14,500.00
<u>27</u>	tubes	Mupirocin Ointment 5g	6	179.50	1,077.00
<u>28</u>	bottles	Methyl Salicylate Camphor + Menthol 120 ml	24	140.00	3,360.00
<u>29</u>	boxes	Methyl Salicylate E-menthol Tocopherol by 10's Medicated patch	100	65.00	6,500.00
<u>30</u>	bottles	Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	50	175.00	8,750.00
<u>31</u>	tablets	Multivitamins	2000	4.00	8,000.00
<u>32</u>	capsules	Omeprazole 40mg	200	48.00	9,600.00
<u>33</u>	tablets	Paracetamol 500mg	3000	2.50	7,500.00
<u>34</u>	tablets	Prednisone 10mg	100	4.50	450.00
<u>35</u>	bottles	Povidone Iodine oral gargle 1% Antiseptic 120ml	70	220.00	15,400.00
<u>36</u>	tablets	Ranitidine 150mg	200	2.00	400.00
<u>37</u>	capsules	Sambong	600	6.50	3,900.00
<u>38</u>	capsules	Salbutamol Guaifenesin	3100	4.00	12,400.00
<u>39</u>	bottles	Tetrahydrozoline HCl	24	200.00	4,800.00
<u>40</u>	box	Tranexamic Acid 500 mg by 100's	1	503.00	503.00
<u>41</u>	tablets	Vitex Negundo L. Lagundi Leaf 600mg	2000	5.70	11,400.00
<u>42</u>	bottles	Vitex Negundo L. Lagundi Leaf 120ml syrup	40	75.00	3,000.00
<u>43</u>	tablets	Vitamin B 1 B2 B12 by 100's	300	11.00	3,300.00
<u>44</u>	capsules	Vitamin C non acidic	1900	10.00	19,000.00
			Subtotal 2:		139,840.00
			Grand Total:		316,256.00

Purpose:

Medicines needed at the University Clinic - Main Campus

Requested by:		Recommending Approval:		Certified Allotment Available:		Approved by:	
Signature :							
Printed Name :	MERVIN L. ICALLA		JOELENE C. LEYNES		ROVELYN P. ROXAS		CHRISTIAN ANTHONY C. AGUTAYA, PhD.
Designation :	Director for Auxil & Gen. Services		VP for Admin and Finance		Budget Officer III		OIC- Office of the University President

330

STF - 1071
164 - 200
03 - 240



Mindoro State University
Victoria, Oriental Mindoro 5205 Philippines

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



PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP) FY 2024

END-USER/UNIT: Higher Education Services (HES)


Charged to: Special Trust Fund

Projects, Programs and Activities (PPAs)

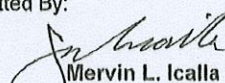
CODE	GENERAL DESCRIPTION	Qty.	Unit	Unit Price	ESTIMATED BUDGET	Mode of Procurement	SCHEDULE/MILESTONE OF ACTIVITIES											
							Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
	DRUGS AND MEDICINE EXPENSES																	
	Ascorbic acid 500mg	2000	tablets	2.10	4,200.00	Public Bidding	✓											
	Cefuroxime 500mg	200	tablets	23.00	4,600.00	Public Bidding	✓											
	Cetirizine 10mg	300	tablets	27.00	8,100.00	Public Bidding	✓											
	Co- Amoxiclav 625 mg	200	tablets	24.00	4,800.00	Public Bidding	✓											
	Clonidine Catapress 75mcg	50	tablets	52.48	2,624.00	Public Bidding	✓											
	Loratadine 10mg by 100's	3200	tablets	6.00	19,200.00	Public Bidding	✓											
	Paracetamol 500mg	1000	tablets	2.50	2,500.00	Public Bidding	✓											
	Povidone Iodine oral gargle 1% Antiseptic 120ml	30	bottles	219.40	6,582.00	Public Bidding	✓											
	Salbutamol Guaifenesin	1500	capsules	4.00	6,000.00	Public Bidding	✓											
	Vitamin C non acidic	900	capsules	10.00	9,000.00	Public Bidding	✓											
			Grand Total:		67,606.00													

NOTE: Technical Specifications for each Item/Project being proposed shall be submitted as part of the PPMP

Prepared By:


Marianne B. Garcia, RN
Nurse II

Submitted By:


Mervin L. Icalla
Director for Auxiliary & General Services

Ferrous SO4 60mg(individually packed)	500	capsules	2.50	1,250.00	Public Bidding	✓													
Loperamide 2mg	200	capsules	4.50	900.00	Public Bidding	✓													
Loratadine 10mg by 100's + 3200	3000	tablets	6.00	18,000.00	Public Bidding	✓													
Losartan 50mg	100	tablets	6.10	610.00	Public Bidding	✓													
Meclizine HCL	400	tablets	15.00	6,000.00	Public Bidding	✓													
Mefenamic Acid 500mg capsule	400	capsules	36.25	14,500.00	Public Bidding	✓													
Mupirocin Ointment 5g	6	tubes	179.50	1,077.00	Public Bidding	✓													
Methyl Salicylate Camphor + Menthol 120 ml	24	bottles	140.00	3,360.00	Public Bidding	✓													
Methyl Salicylate E-menthol Tocopherol by 10's Medicated patch	100	boxes	65.00	6,500.00	Public Bidding	✓													
Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	50	bottles	175.00	8,750.00	Public Bidding	✓													
Multivitamins	2000	tablets	4.00	8,000.00	Public Bidding	✓													
Omeprazole 40mg	200	capsules	48.00	9,600.00	Public Bidding	✓													
Paracetamol 500mg + 1000	2000	tablets	2.50	5,000.00	Public Bidding	✓													
Prednisone 10mg	100	tablets	4.50	450.00	Public Bidding	✓													
Povidone Iodine oral gargle 1% Antiseptic 120ml + 30	40	bottles	220.00	8,800.00	Public Bidding	✓													
Ranitidine 150mg	200	tablets	2.00	400.00	Public Bidding	✓													
Sambong	600	capsules	6.50	3,900.00	Public Bidding	✓													
Salbutamol Guaifenesin + 1,500	1600	capsules	4.00	6,400.00	Public Bidding	✓													
Tetrahydrozoline HCl	24	bottles	200.00	4,800.00	Public Bidding	✓													
Tranexamic Acid 500 mg by 100's	1	box	503.00	503.00	Public Bidding	✓													
Vitex Negundo L. Lagundi Leaf 600mg	2000	tablets	5.70	11,400.00	Public Bidding	✓													
Vitex Negundo L. Lagundi Leaf 120ml syrup	40	bottles	75.00	3,000.00	Public Bidding	✓													
Vitamin B 1 B2 B12 by 100's	300	tablets	11.00	3,300.00	Public Bidding	✓													
Vitamin C non acidic + 900	1000	capsules	10.00	10,000.00	Public Bidding	✓													
Grand Total:				248,650.00															


NOTE: Technical Specifications for each Item/Project being proposed shall be submitted as part of the PPMP

Prepared By:


Marianne B. Garcia, RN
Nurse II

19 pages

Submitted By:


Mervin L. Icalla
r Auxiliary & General Services

