



**SUPPLY AND DELIVERY OF DRUGS AND MEDICINES FOR THE UNIVERSITY CLINIC AT MinSU**  
**BONGABONG CAMPUS**

Name of Project

**BAC Resolution Recommending Approval**  
**Resolution No. 107, s. 2024**

**WHEREAS**, the Mindoro State University (MinSU), through 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 at MinSU Bongabong Campus"** with an Approved Budget for the Contract (ABC) in the amount of **Two Hundred Seventy-Seven Thousand Six Hundred Twenty Pesos (Php277,620.00)**;

**WHEREAS**, in response to the said advertisement, two (2) 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;

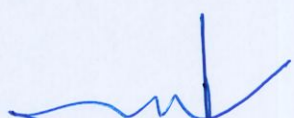
**WHEREAS**, the detailed evaluation of price quotation resulted in the following:

Approved Budget for the Contract (ABC)	Name of Bidder	Price Quotation
Php277,620.00	CPA Pharmacy	Php237,339.00

**WHEREAS**, the BAC examined and verified the price quotations submitted by the abovementioned supplier and was 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 members of 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 and awarding of contract for the **"Supply and Delivery of Drugs and Medicines for the University Clinic at MinSU Bongabong Campus"** to **CPA Pharmacy** amounting to **Two Hundred Thirty-Seven Thousand Three Hundred Thirty-Nine Pesos (Php237,339.00)** 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 16<sup>th</sup> day of May, 2024.

  
**ANSELMO R. ULEP, JR.**  
BAC Vice-Chairperson


  
**NEMESIO H. DAVALOS, Ph.D.**  
BAC Chairperson

  
**ELVI C. ESCAREZ, Ph.D.**  
BAC Member

  
**CIEDELLE P. SALAZAR Ph.D**  
BAC Member

  
**MELGAR G. FADRIQUEHAN**  
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

## Bid Notice Abstract

### Request for Quotation (RFQ)

**Reference Number** 10829016  
**Procuring Entity** MINDORO STATE UNIVERSITY  
**Title** Supply and Delivery of Drugs and Medicines for the University Clinic at MinSU Bongabong Campus  
**Area of Delivery** Oriental Mindoro

<b>Solicitation Number:</b>	RFQ 2024-97	<b>Status</b>	<b>Closed</b>
<b>Trade Agreement:</b>	Implementing Rules and Regulations	<b>Associated Components</b>	1
<b>Procurement Mode:</b>	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	<b>Bid Supplements</b>	0
<b>Classification:</b>	Goods	<b>Document Request List</b>	2
<b>Category:</b>	Drugs and Medicines	<b>Date Published</b>	08/05/2024
<b>Approved Budget for the Contract:</b>	PHP 277,620.00	<b>Last Updated / Time</b>	08/05/2024 00:00 AM
<b>Delivery Period:</b>	30 Day/s	<b>Closing Date / Time</b>	15/05/2024 17:00 PM
<b>Client Agency:</b>			
<b>Contact Person:</b>	MARK LESTER A MAGPANTAY Head, BAC Secretariat Alcate Victoria Oriental Mindoro Philippines 5205 63-9-154612960 macmagpantay@minsu.edu.ph		

#### 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 bottle Methyl salicylate Oil of wintergreen 50ml 5

2 tube Mupirocin 200mg/g Ointment 5g 20

3 bottle Cool Spray Pain relief 250ml 8

4 box Phenylephrine HCl, Chlorphenamine Maleate, 3

Paracetamol 10mg/2mg/500mg 500s



<b>Created by</b>	Annabelle Quinto Madrigal
<b>Date Created</b>	07/05/2024

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## REQUEST FOR QUOTATION

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

PR No.: 2024-100

RFQ No. 2024-97

ABC Amount: Php277,620.00

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	bottle	Methyl salicylate Oil of wintergreen 50ml	5	75.00	375.00
2	tube	Mupirocin 200mg/g Ointment 5g	20	180.00	3,600.00
3	bottle	Cool Spray Pain relief 250ml	8	750.00	6,000.00
4	box	Phenylephrine HCl, Chlorphenamine Maleate, Paracetamol 10mg/2mg/500mg 500s	3	5,500.00	16,500.00
5	box	Phenylephrine HCl, 10 Chlorphenamine Maleate, Paracetamol 25mg/2mg/325mg 100s	10	450.00	4,500.00
6	box	Phenylephrine HCl, 10 Chlorphenamine Maleate, Paracetamol 25mg/2mg/500mg 100s	10	1,200.00	12,000.00
7	box	paracetamol 500mg 500's	10	3,000.00	30,000.00
8	bottle	Povidone-Iodine 10% wound solution 120ml	10	450.00	4,500.00
9	bottle	Povidone-Iodine Dry powder Spray 55g	5	400.00	2,000.00
10	box	Lidocaine 2%E-100 with Epinephrine 1:100.00 Injectable solution (50glass cartriges/box)	5	2,200.00	11,000.00
11	pc	Hypromellose Eye Lubricant Drops 3mg/ml	10	250.00	2,500.00
12	tube	Oxytetracycline HCl + Polymyxin B Sulfate	10	850.00	8,500.00
13	box	Salbutamol Nebule	1	550.00	550.00
14	bottle	Listerine Mouthwash 750ml	10	500.00	5,000.00
15	box	Sodium Ascorbate + Zinc 500mg/10mg 100's	20	700.00	14,000.00
16	box	Multivitamins 100's	20	250.00	5,000.00
17	box	Dequalinium Chloride Lozenges 100's	2	1,100.00	2,200.00
18	box	Dexromethorpan HBr, Phenylpropalamine	5	1,200.00	6,000.00
19	box	Tranexamic Acid 500mg 100's	2	1,100.00	2,200.00
20	box	Betahistine Dihydrochloride 16mg 100's	1	1,900.00	1,900.00
21	box	Meclizine HCl 25mg 240's	1	3,840.00	3,840.00
22	tabs	Pyrantel Embonate 125mg	120	56.00	6,720.00
23	box	Ibuprofen Softgel 400mg 100's	5	1,450.00	7,250.00
24	cap	Salbutamol Gualfenisin 2mg / 100mg	200	5.00	1,000.00

MSU-BAC-FR-05.01





**BAGONG PILIPINAS**

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 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 <sup>1</sup>

- *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

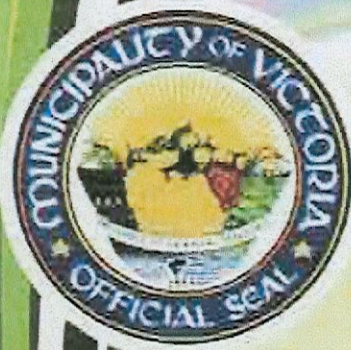
## CPA PHARMACY

POBLACION 1 ,

Victoria , Oriental Mindoro , Region IV-B , Philippines

<b>DTI Certificate</b>	DTI Certificate Number : 2209456 Issued By / Signatory : RAMON M. LOPEZ Registration Date : 01-Oct-2020 Expiration Date : 01-Oct-2025
<b>Mayors Permit</b>	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
<b>Tax Clearance</b>	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
<b>Audited Financial Statement</b>	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
<b>PCAB License</b>	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: <b>Renew</b>	Permit Number: <b>888-0345</b>	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 of Drugs and Medicines for the University Clinic at MinSU Bongabong 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 at MinSu Bongabong 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 13<sup>th</sup> day of May 2024, at Victoria Oriental Mindoro, Philippines.

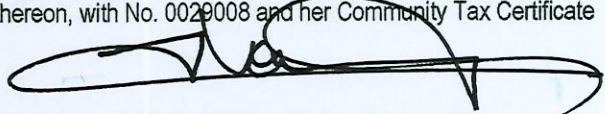
  
YOLANDA D. MATANGUIHAN  
Affiant

### ACKNOWLEDGEMENT

SUBSCRIBE AND SWORN to before me this 13<sup>th</sup> day of May, 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 13<sup>th</sup> day of May 2024.

Doc. No. 262  
Page No. 59;  
Book No. LXIV;  
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  
IBF 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**

<b>TIN &amp; BRANCH CODE</b> 129-326-144-00000		<b>NAME OF TAXPAYER</b> MATANGUIHAN, YOLANDA DIMAANO		<b>TIN ISSUANCE DATE</b> October 1, 2007
<b>REGISTERING OFFICE</b>		<b>X</b>	<b>Head Office</b>	<b>Branch</b>
<b>REGISTERED ADDRESS</b> POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES				
<b>TAX TYPES</b>	<b>FORM TYPES</b>	<b>FILING START DATE</b>	<b>FILING FREQUENCY</b>	<b>FILING DUE DATE</b>
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 - 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**

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

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

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

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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.	: 422400059270424
Amount Payable (Over Remittance)	: 1,482.00
Accounting Type	: C - Calendar
For Tax Period	: 03/31/2024
Quarter	: 1
Date Filed	: 04/21/2024
Tax Type	: IT

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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	03/31/2024
Transacting Bank	SBTC (027000)
Reference Number	422400059270424
Payment Transaction Number	241063301
Payment Transaction Date	04/21/2024
Actual Amount Paid	1482.00
SBTC's Confirmation Number	BI-042124-90050
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: 422400059270424  
Date Filed: April 21 2024 04:18 PM  
Batch Number: 0



For BIR Use Only BCS/  
Item

1701Q 01/18ENCS P1

 Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas		<b>Quarterly Income Tax Return</b> <b>For Individuals, Estates and Trusts</b> <small>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.</small>		BIR Form No. <b>1701Q</b> January 2018 (ENCS) Page 1	
<b>1</b> For the Year (YYYY) 2024		<b>2</b> Quarter <input checked="" type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd		<b>3</b> Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No	
				<b>4</b> Number of Sheet/s Attached 0	
<b>Part I – Background Information on Taxpayer/Filer</b>					
<b>5</b> Taxpayer Identification Number (TIN) 129 - 326 - 144 - 000				<b>6</b> RDO Code 063	
<b>7</b> Taxpayer/Filer Type <input checked="" type="radio"/> Single Proprietor <input type="radio"/> Professional <input type="radio"/> Estate <input type="radio"/> Trust					
<b>8</b> Alphanumeric Tax Code (ATC) <input checked="" type="radio"/> II012 Business Income–Graduated IT Rates <input type="radio"/> II014 Income from Profession–Graduated IT Rates <input type="radio"/> II013 Mixed Income–Graduated IT Rates <input type="radio"/> II015 Business Income–8% IT Rate <input type="radio"/> II017 Income from Profession–8% IT Rate <input type="radio"/> II016 Mixed Income–8% IT Rate					
<b>9</b> Taxpayer/Filer's Name (Last Name, First Name, Middle Name for Individual) / ESTATE of (First Name, Middle Name, Last Name) / TRUST FBO: (First Name, Middle Name, Last Name) MATANGUIHAN, YOLANDA DIMAANO					
<b>10</b> 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					
				<b>10A</b> ZIP Code 5205	
<b>11</b> Date of Birth (MM/DD/YYYY) 09/15/1963		<b>12</b> Email Address ydmatanguihan_cpa@yahoo.com			
<b>13</b> Citizenship FILIPINO		<b>14</b> Foreign Tax Number (if applicable)		<b>15</b> Claiming Foreign Tax Credits? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>16</b> Tax Rate* (choose one, for income from business/profession) <input checked="" type="radio"/> Graduated Rates per Tax Table – page 2 Choose Method of Deduction in Item 16A) <input type="radio"/> 8% on gross sales/receipts & other non-operating income in lieu of Graduated Rates under Sec. 24(A)(2)(a) & Percentage Tax under Sec. 116 of the NIRC, as amended [available if gross sales/receipts and other non-operating income do not exceed Three Million Pesos (P 3M)]					
<b>16A</b> Method of Deduction <input checked="" type="radio"/> Itemized Deduction [Sec. 34(A–J), NIRC] <input type="radio"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]					
<b>Part II – Background Information on Spouse (if applicable)</b>					
<b>17</b> Spouse's TIN 129 - 326 - 144 - 000				<b>18</b> RDO Code	
<b>19</b> Filer's Spouse Type <input type="radio"/> Single Proprietor <input type="radio"/> Professional <input type="radio"/> Compensation Earner					
<b>20</b> ATC <input type="radio"/> II012 Business Income–Graduated IT Rates <input type="radio"/> II014 Income from Profession–Graduated IT Rates <input type="radio"/> II013 Mixed Income–Graduated IT Rates <input type="radio"/> II011 Compensation Income <input type="radio"/> II015 Business Income–8% IT Rate <input type="radio"/> II017 Income from Profession–8% IT Rate <input type="radio"/> II016 Mixed Income–8% IT Rate					
<b>21</b> Spouse's Name (Last Name, First Name, Middle Name)					
<b>22</b> Citizenship		<b>23</b> Foreign Tax Number, if applicable		<b>24</b> Claiming Foreign Tax Credits? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>25</b> Tax Rate* (choose one, for income from business/profession) <input type="radio"/> Graduated Rates per Tax Table – page 2 Choose Method of Deduction in Item 25A) <input type="radio"/> 8% on gross sales/receipts & other non-operating income in lieu of Graduated Rates under Sec. 24(A)(2)(a) & Percentage Tax under Sec. 116 of the NIRC, as amended [available if gross sales/receipts and other non-operating income do not exceed Three Million Pesos (P 3M)]					
<b>25A</b> Method of Deduction <input type="radio"/> Itemized Deduction [Sec. 34(A–J), NIRC] <input type="radio"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]					



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)	1,482	0
27 Less: Tax Credits/Payments (From Part V, Schedule III-Item 62)	0	0
28 Tax Payable/(Overpayment) (Item 26 Less Item 27) (From Part V, Item 63)	1,482	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)	1,482	0
31 Aggregate Amount Payable/(Overpayment) (Sum of Item 30A and 30B)		1,482

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

Remove Attachment





BIR Form No.	<h1 style="margin: 0;">Quarterly Income Tax Return</h1> <p style="margin: 0;">For Individuals, Estates and Trusts</p>	 1701Q 01/18ENC5 P2
<div style="display: flex; justify-content: space-between;"> <span><b>1701Q</b></span> <span>January 2018 (ENC5)</span> </div> <p style="text-align: center;">Page 2</p>		
TIN	Taxpayer/Filer's Last Name	
129 - 326 - 144 - 000	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	B) Spouse
<i>If graduated rate, fill in items 36 to 46; if 8%, fill in items 47 to 54</i>		
<b>Schedule I – For Graduated IT Rate</b>		
<b>36</b> Sales/Revenues/Receipts/Fees ( <i>net of sales returns, allowances and discounts</i> )	1,029,523	0
<b>37</b> Less: Cost of Sales/Services ( <i>applicable only if availing Itemized Deductions</i> )	658,208	0
<b>38</b> Gross Income/(Loss) from Operation ( <i>Item 36 Less Item 37</i> )	371,315	0
Less: Allowable Deductions		
<b>39</b> Total Allowable Itemized Deductions	111,435	0
OR		
<b>40</b> Optional Standard Deduction (OSD) ( <i>40% of Item 36</i> )	0	0
<b>41</b> Net Income/(Loss) This Quarter( <i>If Itemized: Item 38 Less Item 39; If OSD: Item 38 Less Item 40</i> )	259,880	0
Add: <b>42</b> Taxable Income/(Loss) Previous Quarter/s	0	0
<b>43</b> Non-Operating Income ( <i>specify</i> )	0	0
<input type="button" value="Add"/> <input type="button" value="Delete"/> <input type="button" value="Upload Attachment"/>		
<b>44</b> Amount Received/Shared in Income by a Partner from General Professional Partnership (GPP)	0	0
<b>45</b> Total Taxable Income/(Loss) To Date ( <i>Sum of Items 41 to 44</i> )	259,880	0
<b>46</b> TAX DUE ( <i>Item 45 × Applicable Tax Rate based on Tax Table below</i> ) <a href="#">(To Part III, Item 26)</a>	1,482	0
<b>Schedule II – For 8% IT Rate</b>		
<b>47</b> Sales/Revenues/Receipts/Fees ( <i>net of sales returns, allowances and discounts</i> )	0	0
<b>48</b> Add: Non-Operating Income ( <i>specify</i> )	0	0
<input type="button" value="Add"/> <input type="button" value="Delete"/> <input type="button" value="Upload Attachment"/>		
<b>49</b> Total Income for the quarter ( <i>Sum of Items 47 and 48</i> )	0	0
<b>50</b> Add: Total Taxable Income/(Loss) Previous Quarter ( <i>Item 51 of previous quarter</i> )	0	0
<b>51</b> Cumulative Taxable Income/(Loss) as of This Quarter ( <i>Sum of Items 49 and 50</i> )	0	0
<b>52</b> 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
<b>53</b> Taxable Income/(Loss) To Date ( <i>Item 51 Less Item 52</i> )	0	0
<b>54</b> TAX DUE ( <i>Item 53 × 8% Tax Rate</i> ) <a href="#">(To Part III, Item 26)</a>	0	0
<b>Schedule III – Tax Credits/Payments</b>		
<b>55</b> Prior Year's Excess Credits	0	0
<b>56</b> Tax Payment/s for the Previous Quarter/s	0	0
<b>57</b> Creditable Tax Withheld for the Previous Quarter/s	0	0
<b>58</b> Creditable Tax Withheld per BIR Form No. 2307 for this Quarter	0	0
<b>59</b> Tax Paid in Return Previously Filed, if this is an Amended Return	0	0
<b>60</b> Foreign Tax Credits, if applicable	0	0



61 Other Tax Credits/Payments (specify)

0

0

AddDeleteUpload Attachment

62 Total Tax Credits/Payments (Sum of Items 55 to 61) (To Part III, Item 27)

0

0

63 Tax Payable/(Overpayment) (Item 46 or 54, Less Item 62) (To Part III, Item 28)

1,482

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)

1,482

0

TABLE 1 – Tax Rates (effective January 1, 2018 to December 31, 2022)

If Taxable Income is:	Tax Due is:
Not over ₱250,000	0%
Over ₱250,000 but not over ₱400,000	20% of the excess over ₱250,000
Over ₱400,000 but not over ₱800,000	₱30,000 + 25% 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 ₱2,000,000 but not over ₱8,000,000	₱490,000 + 32% of the excess over ₱2,000,000
Over ₱8,000,000	₱2,410,000 + 35% of the excess over ₱8,000,000

TABLE 2 – Tax Rates (effective January 1, 2023 and onwards)

If Taxable Income is:	Tax Due is:
Not over ₱250,000	0%
Over ₱250,000 but not over ₱400,000	15% of the excess over ₱250,000
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	₱102,500 + 25% of the excess over ₱800,000
Over ₱2,000,000 but not over ₱8,000,000	₱402,500 + 30% of the excess over ₱2,000,000
Over ₱8,000,000	₱2,202,500 + 35% of the excess over ₱8,000,000

Attachments

Add Attachment

Remove Attachment





REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
**BUREAU OF INTERNAL REVENUE**

## FILING REFERENCE NO.

<b>TIN</b>	: 129-326-144-000
<b>Name</b>	: MATANGUIHAN YOLANDA DIMAANO
<b>RDO</b>	: 063
<b>Form Type</b>	: 2550Q
<b>Reference No.</b>	: 102400059270330
<b>Amount Payable (Over Remittance)</b>	: 2,962.78
<b>Accounting Type</b>	: C - Calendar
<b>For Tax Period</b>	: 03/31/2024
<b>Quarter</b>	: 1
<b>Date Filed</b>	: 04/21/2024
<b>Tax Type</b>	: VT

**Proceed to Payment**

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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)	2 Quarter	3 Return Period (MM/DD/YYYY)	From To	4 Amended Return?	5 Short Period Return?
(December) 2024			01/01/2024 03/31/2024		
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				11 Telephone Number	
MATANGUIHAN, YOLANDA DIMAANO					
12 Registered Address				13 Zip Code	
PUBLIC MARKET OR. MINDORO				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	919,216.96	16B 110,306.04
17 Zero Rated Sales/Receipts	17	0.00	
18 Exempt Sales/Receipts	18	0.00	
19 Total Sales/Receipts and Output Tax Due	19A	919,216.96	19B 110,306.04
20 Less: Allowable Input Tax			
20A Input Tax Carried Over from Previous Period	20A		0.00
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		0.00
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	477,022.60	21F 57,242.71
21G/H Importation of Goods Other than Capital Goods	21G	0.00	21H 0.00
21I/J Domestic Purchase of Services	21I	34,497.62	21J 4,139.71
21K/L Services Rendered by Non-residents	21K	0.00	21L 0.00
21M Purchases Not Qualified for Input Tax	21M	141,681.55	
21N/O Others	21N	0.00	21O 0.00
21P Total Current Purchases (Sum of Item 21A, 21C, 21E, 21G, 21I, 21K, 21M & 21N)	21P	653,201.77	
22 Total Available Input Tax (Sum of Item 20F, 21B, 21D, 21F, 21H, 21J, 21L & 21O)	22		61,382.42
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



26 Less: Tax Credits/Payments						
<b>26A</b>	Monthly VAT Payments - previous two months				<b>26A</b>	0.00
<b>26B</b>	Creditable Value-Added Tax Withheld (see <a href="#">Sch. 6</a> )				<b>26B</b>	45,960.84
<b>26C</b>	Advance Payment for Sugar and Flour Industries (see <a href="#">Sch. 6</a> )				<b>26C</b>	0.00
<b>26D</b>	VAT withheld on Sales to Government (see <a href="#">Sch. 6</a> )				<b>26D</b>	0.00
<b>26E</b>	VAT paid in return previously filed, if this is an amended return				<b>26E</b>	0.00
<b>26F</b>	Advance Payments made (please attach proof of payments - BIR Form No. 0605)				<b>26F</b>	0.00
<b>26G</b>	Others				<b>26G</b>	0.00
<b>26H</b>	Total Tax Credits/Payments(Sum of Item 26A, 26B, 26C, 26D, 26E, 26F, & 26G)				<b>26H</b>	45,960.84
<b>27</b>	Tax Still Payable/ (Overpayment) (Item 25 less Item 26H)				<b>27</b>	2,962.78
<b>28</b>	Add: Penalties	Surcharge	Interest	Compromise		
	<b>28A</b>	0.00	<b>28B</b>	0.00	<b>28C</b>	0.00
<b>29</b>	Total Amount Payable (Overpayment) (Sum of Item 27 & 28D)				<b>29</b>	2,962.78

[illegible]

### Attachment Details

Print

### Payment Details

## Proceed to Payment





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](http://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 at MinSU Bongabong Campus**  
**Labasan, Bongabong, Oriental Mindoro**

Project Name and Location

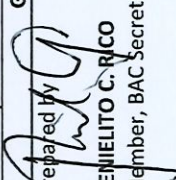
Stations: Mindoro State University

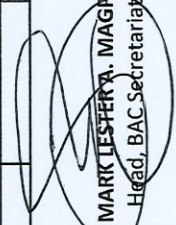
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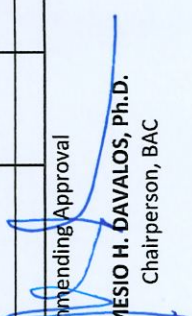
Contract Duration:																
ITEM NO.	DESCRIPTION	QUANTITY	UNIT	CURRENT MARKET PRICE	TOTAL COST	VAT, OTHER TAXES AND/OR DUTIES APPLICABLE	FREIGHT & INSURANCE	OTHER INDIRECT COSTS	OTHER COST FACTORS						TOTAL COST	UNIT COST
									INFLATION, CURRENCY		VALUE	INFLATION, CURRENCY		VALUE		
									%	(10)		(11)	(12)			
				(5)	(6)	(7)	(8)	(9)		(10)	(11)	(12)	(13)			
	(2)	(3)	(4)													
(1)																
1	Methyl salicylate Oil of wintergreen 50ml	5	bottle	41.00	205.00											
2	Mupirocin 200mg/g Ointment 5g	20	tube	150.00	3,000.00											
3	Cool Spray Pain relief 250ml	8	bottle	750.00	6,000.00											
4	Phenylephrine HCl, Chlorphenamine Maleate, Paracetamol 10mg/2mg/500mg 500s	3	box	3,000.00	9,000.00											
					-											
5	Phenylephrine HCl, 10 Chlorphenamine Maleate, Paracetamol 25mg/325mg 100s	10	box	400.00	4,000.00											
6	Phenylephrine HCl, 10 Chlorphenamine Maleate, Paracetamol 25mg/2mg/500mg 100s	10	box	750.00	7,500.00											
					-											
7	paracetamol 500mg 500's	10	box	2,000.00	20,000.00											
8	Povidone-Iodine 10% wound solution 120ml	10	bottle	230.00	2,300.00											
9	Povidone-Iodine Dry powder Spray 55g	5	bottle	270.00	1,350.00											
10	Lidocaine 2%E-100 with Epinephrine 1:100.00 Injectable solution (50glass cartridges/box)	5	box	2,050.00	10,250.00											
					-											
11	Hypromellose Eye Lubricant Drops 3mg/ml	10	pc	99.00	990.00											
12	Oxytetracycline HCl + Polymyxin B Sulfate	10	tube	689.00	6,890.00											
13	Salbutamol Nebule	1	box	1,800.00	1,800.00											
14	Listerine Mouthwash 750ml	10	bottle	500.00	5,000.00											
15	Sodium Ascorbate + Zinc 500mg/10mg 100's	20	box	800.00	16,000.00											
16	Multivitamins 100's	20	box	700.00	14,000.00											
17	Dequalinium Chloride Lozenges 100's	2	box	700.00	1,400.00											
18	Dexromethorphan HBr, Phenylpropalamine	5	box	1,000.00	5,000.00											
19	Tranexamic Acid 500mg 100's	2	box	3,800.00	7,600.00											
20	Betahistine Dihychloride 16mg 100's	1	box	6,100.00	6,100.00											
21	Meclizine HCl 25mg 240's	1	box	3,360.00	3,360.00											
22	Pyrantel Embonate 125mg	120	tabs	45.00	5,400.00											

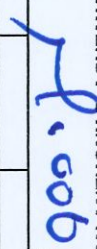


23	Ibuprofen Softgel 400mg 100's	5	box	1,100.00	5,500.00						
24	Salbutamol Guaifenesin 2mg / 100mg	200	cap	4.00	800.00						
25	Methyl Salicylate l-menthol tocopherol Acetate (Vitamin E) dl-camphor	20	box	64.00	1,280.00						
26	Ferrous Sulfate	1000	tabs	2.00	2,000.00						
27	Vitamin B Complex	2	box	2,200.00	4,400.00						
28	Aluminum Hydroxide, Simeticone 178mg/30mg	1	box	865.00	865.00						
29	Aceite De Amnizilla 100ml	5	bottle	48.00	240.00						
30	Amoxicillin 500mg	10	box	225.00	2,250.00						
31	Azothromycin Dihydrate 3's	10	box	487.00	4,870.00						
32	Lagundi Capsule 500mg	200	pcs	8.00	1,600.00						
33	Amlodipine Besilate 5mg	200	pcs	10.00	2,000.00						
34	Losartan potassium 50mg	200	pcs	12.00	2,400.00						
35	Povidone-Iodine Betadine Gargle 240ml	10	bottle	350.00	3,500.00						
36	Benzylamine HCl + Cetylpyridinium CL Lozenges	50	pcs	42.00	2,100.00						
37	Clarithromycin 500mg	100	pcs	59.00	5,900.00						
38	Cefuroxime Axetil 500mg	200	tabs	54.00	10,800.00						
39	Ciprofloxacin 500mg	5	box	2,900.00	14,500.00						
40	Calomoseptine Ointment	20	sachet	45.00	900.00						
41	Cotrimoxazole 800mg	300	tabs	3.50	1,050.00						
42	Carbocistene 500mg	500	capsule	15.00	7,500.00						
43	Acetylcysteine 600mg	150	sachet	39.00	5,850.00						
44	Co-Amoxiclav 625mg 15's	20	box	630.00	12,600.00						
45	Citirizine Dihydrochloride 10mg	5	box	250.00	1,250.00						
46	Efficascent Oil 100ml	5	bottle	38.00	190.00						
47	Famotidine, Calcium Carbonate Magnesium	1	box	2,000.00	2,000.00						
48	Hydroxide 10mg/ 800mg / 165mg										
49	Hyoscine-N Butylbromide+Paracetamol	1	box	3,200.00	3,200.00						
50	Dichlorobenzyl Alcohol Amylmetacresol	50	pack	20.00	1,000.00						
51	Hydrogen Peroxide 3% 50ml	15	bottle	150.00	2,250.00						
52	Hydrogen Peroxide 3% 120ml	15	bottle	50.00	750.00						
53	Isopropyl Alcohol 70% Spray 330ml	100	bottle	150.00	15,000.00						
54	Loperamide HCl 2mg	2	box	950.00	1,900.00						
55	Loratadine 10mg	1	box	680.00	680.00						
56	Mefenamic acid 500mg	5	box	3,600.00	18,000.00						
	Methyl Salicylate Camphur+Menthol 60ml	10	bottle	135.00	1,350.00						
	GRAND TOTAL				277,620.00						

Prepared by:   
**RENIELITO C. RICO**  
 Member, BAC Secretariat

Submitted by:   
**Eng. MARK TESTERA MAGRANTA**  
 Head, BAC Secretariat

Recommending Approval:   
**NEMESIO H. DAVALOS, Ph.D.**  
 Chairperson, BAC

Approved:   
**CHRISTIAN ANTHONY C. AGUTAYA, Ph.D.**  
 OIC- Office of the University President





**Republic of the Philippines**  
**MINDORO STATE UNIVERSITY**  
**Bongabong Campus**  
**Labasan, Bongabong, Oriental Mindoro**



## PURCHASE REQUEST

Fund Cluster:

Office/Section :		PR No.: 2024-100		Date: April 22, 2024	
		Responsibility Center Code :			
Stock/ Property	Unit	Item Description	Qty	Unit Cost	Total Cost
1	Bottle	Methyl Salicylate Oil of Wintergreen 50ml	5	41.00	205.00
2	Tube	Mupirocin 200mg/g Ointment 5g	20	150.00	3,000.00
3	Bottle	Cool Spray Pain Relief 250ml	8	750.00	6,000.00
4	Box	Phenylephrine HCl, Chlorphenamine Maleate,	3	3,000.00	9,000.00
		Paracetamol 10mg/2mg/500mg 500s			-
5	Box	Phenylpropanolamine HCl, 10 Chlorphenamine	10	400.00	4,000.00
		Maleate, Paracetamol 25mg/2mg/325mg 100's			-
6	Box	Phenylpropanolamine HCl, 10 Chlorphenamine	10	750.00	7,500.00
		Maleate, Paracetamol 25mg/2mg/325mg 100's			-
7	Box	Paracetamol 500mg 500's	10	2,000.00	20,000.00
8	Bottle	Povidone - Iodine 10% wound solution 120ml	10	230.00	2,300.00
9	Bottle	Povidone - Iodine Dry Powder Spray 55g	5	270.00	1,350.00
10	Box	Lidocaine 2% E- 100 with Epinephrine 1:100,000	5	2,050.00	10,250.00
		Injectable Solution (50 glass cartridges/box)			-
11	Pc	Hyrpomellose Eye Lubricant Drops 3mg/ml	10	99.00	990.00
12	Tube	Oxytetracycline HCl+Polymyxin B Sulfate	10	689.00	6,890.00
13	Box	Salbutamol Nebule	1	1,800.00	1,800.00
14	Bottle	Listerine Mouthwash 750ml	10	500.00	5,000.00
15	Box	Sodium Ascorbate + Zinc 500mg/10mg 100's	20	800.00	16,000.00
16	Box	Multivitamins 100's	20	700.00	14,000.00
17	Box	Dequalinium Chloride 250mcg Lozenges 100's	2	700.00	1,400.00
18	Box	Dextromethorphan HBr, Phenylpropanolamin	5	1,000.00	5,000.00
19	Box	Tranexamic Acid 500mg 100's	2	3,800.00	7,600.00
20	Box	Betahistine Dihydrochloride 16mg 100's	1	6,100.00	6,100.00
21	Box	Mecizine HCl 25mg 240's	1	3,360.00	3,360.00
22	Tabs	Pyrantel Embonate 125mg	120	45.00	5,400.00
23	Box	Ibuprofen Softgel 400mg 100's	5	1,100.00	5,500.00
24	Cap	Salbutamol Guaifenesin 2mg / 100mg	200	4.00	800.00
25	Box	Salonpas <i>Brand</i>	20	64.00	1,280.00
26	Tabs	Ferrous Sulfate	1000	2.00	2,000.00
27	Box	Vitamin B Complex	2	2,200.00	4,400.00
28	Box	Alluminum Hydroxide, Simeticone 178mg/30mg	1	865.00	865.00
<b>Page 1 Total</b>					<b>151,990.00</b>

Purpose:

Drugs & Medicines (STF - Med & Dental)

<p>Requested by:</p> <p>Signature: <u><i>[Signature]</i></u></p> <p>Printed Name: <b>JOANNE MARIE O. SAPINIT</b></p> <p>Designation: <b>Nurse II</b></p>	<p>Recommending Approval:</p> <p>Signature: <u><i>[Signature]</i></u></p> <p>Printed Name: <b>CIEDELLE P. SALAZAR, Ph.D.</b></p> <p>Designation: <b>Campus Executive Director</b></p>	<p>Certified Allotment Available:</p> <p>Signature: <u><i>[Signature]</i></u></p> <p>Printed Name: <b>ROVELYN P. ROXAS</b></p> <p>Designation: <b>Budget Officer III</b></p>
<p>Approved by:</p> <p>Signature: <u><i>[Signature]</i></u></p> <p>Printed Name: <b>CHRISTIAN ANTHONY C. AGUTAYA, Ph.D.</b></p> <p>Designation: <b>OIC -University President</b></p>		

STF - 1071  
164-200  
04-587  
5/20/2024

7/2





Republic of the Philippines  
**MINDORO STATE UNIVERSITY**  
Bongabong Campus  
Labasan, Bongabong, Oriental Mindoro



**PURCHASE REQUEST**

Fund Cluster:

Office/Section :		PR No.: 2024-100		Date: April 22, 2024	
		Responsibility Center Code :			
Stock/ Property	Unit	Item Description	Qty	Unit Cost	Total Cost
29	Bottle	Aceite De Manzanilla 100ml	5	48.00	240.00
30	Box	Amoxicillin 500mg	10	225.00	2,250.00
31	Box	Azithromycin Dihydrate 3's	10	487.00	4,870.00
32	Pcs	Lagundi Capsule 500mg	200	8.00	1,600.00
33	Pcs	Amlodipine Besilate 5mg	200	10.00	2,000.00
34	Pcs	Losartan Potassium 50mg	200	12.00	2,400.00
35	Bottle	Povidone - Iodine Betadine Gargle 240ml	10	350.00	3,500.00
36	Pcs	Benzydamine HCL			2,100.00
37	Pcs	Clarithromycin 500			5,900.00
38	Tabl	Cefuroxime Axetil 5			10,800.00
39	Box	Ciprofloxacin 500m			14,500.00
40	Sachet	Calmoseptine Oint			900.00
41	Tabl	Cotrimoxazole 800			1,050.00
42	Capsule	Carbocistiene 500r			7,500.00
43	Sachet	Acetytylcysteine 6			5,850.00
44	Box	Co-Amoxiclav 625			12,600.00
45	Box	Citirizine Dihydroc			1,250.00
46	Bottle	Efficascent oil 100			190.00
47	Box	Famotidine, Calciu			2,000.00
48	Box	Hyoscine - N Butyl			3,200.00
49	Pack	Dichlorobenzyl Al			1,000.00
50	Bottle	Hrdogen Peroxide			2,250.00
51	Bottle	Hrdogen Peroxide			750.00
52	Bottle	Isoprophyl Alchoh			15,000.00
53	Box	Loperamide HCl 2mg			1,900.00
54	Box	Loratadine 10mg	1	680.00	680.00
55	Box	Mefenamic Acid 500mg	5	3,600.00	18,000.00
56	Bottle	Methyl Salicylate Campur+Menthol 60ml	10	135.00	1,350.00
		Page 1 total			151,990.00
		<b>GRAND TOTAL</b>			<b>277,620.00</b>

Purpose:

Drugs & Medicines (STF - Med & Dental)

Requested by:	Recommending Approval:	Certified Allotment Available:
Signature :		
Printed Name : <b>JOANNE MARIE O. SAPINIT</b>	<b>CIEDELLE P. SALAZAR, Ph.D.</b>	<b>ROVELYN P. ROXAS</b>
Designation : Nurse II	Campus Executive Director	Budget Officer III
Approved by:		
Signature :		
Printed Name :	<b>CHRISTIAN ANTHONY C. AGUTAYA, Ph.D.</b>	
Designation :	OIC -University President	

STF - 1071  
164-200  
04-587  
50 20308070



PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

END-USER UNIT: Medical and Dental  
Charged to Special Trust Fund  
Project, Programs and Activities

CODE	GENERAL DESCRIPTION	UNIT	QTY	UNIT COST	TOTAL AMOUNT	MODE OF PROCUREMENT	SCHEDULE/MILESTONE OF ACTIVITIES											
							Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct		
	<b>DRUGS AND MEDICINE EXPENSES</b>																	
	<b>MEDICAL AND DENTAL</b>																	
•	Methyl Salicylate Oil of Wintergreen 50ml	bottle	5	41.00	205.00	Public Bidding		✓										
•	Mupirocin 20mg/g ointment 5g	tube	20	150.00	3,000.00	Public Bidding		✓										
•	Cool Spray Pain Relief 250ml	bottle	8	750.00	6,000.00	Public Bidding		✓										
•	Phenylephrine HCl, Chlorpheniramine Maleate, Paracetamol 10mg/2mg/500mg 500s (Neocep)	box	3	3,000.00	9,000.00	Public Bidding		✓										
•	Phenylpropionolamine HCl, Chlorpheniramine Maleate, Paracetamol 25mg/2mg/325mg 100s (Symdex-D)	box	10	400.00	4,000.00	Public Bidding		✓										
•	Phenylpropionolamine HCl, Chlorpheniramine Maleate, Paracetamol 25mg/2mg/500mg 100s (Decolgen)	box	10	750.00	7,500.00	Public Bidding		✓										
•	Paracetamol Biogesic 500mg 500s	box	10	2,000.00	20,000.00	Public Bidding		✓										
•	Povidone-Iodine 10% wound solution 120ml	bottle	10	230.00	2,300.00	Public Bidding		✓										
•	Povidone-Iodine Dry powder spray 35g	bottle	5	270.00	1,350.00	Public Bidding		✓										
•	Lidocaine 2% E-100 with Epinephrine 1:100,000 injectable solution (50 glass Cartridges/box)	box	5	2,050.00	10,250.00	Public Bidding		✓										
	<b>TOTAL</b>				<b>63,605.00</b>													

TOTAL BUDGET:

63,605.00

Prepared By:

JOANNE MARIE Q. SAPINIT  
Nurse II

Recommending Approval:

DR. CIEDELLE G. PIOL-SA  
Campus Executive Director



PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

END-USER UNIT: Medical and Dental  
Charged to Special Trust Fund  
Project, Programs and Activities

CODE	GENERAL DESCRIPTION	UNIT	QTY	UNIT COST	TOTAL AMOUNT	MODE OF PROCUREMENT	SCHEDULE/MILESTONE OF ACTIVITIES									
							Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
	<b>DRUGS AND MEDICINE EXPENSES</b>															
	<b>MEDICAL AND DENTAL</b>															
•	Total Balance Brought Forward				63,605.00			✓								
•	Hypromellose Eye Lubricant Drops 3mg/ml	pcs	10	99.00	990.00	Public Bidding		✓								
•	Oxytetracycline HCl+Polymyxin B Sulfate (C	tubes	10	689.00	6,890.00	Public Bidding		✓								
•	Salbutamol Nebule	box	1	1,800.00	1,800.00	Public Bidding		✓								
•	Lactene mouthwash 750ml	bottle	10	500.00	5,000.00	Public Bidding		✓								
•	Sodium Ascorbate+Zinc 500mg/10mg 100s (	box	20	800.00	16,000.00	Public Bidding		✓								
•	Multivitamins Enevyon C 100s	bo	20	700.00	14,000.00	Public Bidding		✓								
•	Degualinium Chloride 250mcg Lozenges 100's	box	2	700.00	1,400.00	Public Bidding		✓								
•	Dextromethorphan HBr, Phenylpropanolamin	box	5	1,000.00	5,000.00	Public Bidding		✓								
•	Tranexamic Acid 500mg capsule 100s	box	2	3,800.00	7,600.00	Public Bidding		✓								
•	Bethistone Dihydrochloride 16mg 100s	box	1	6,100.00	6,100.00	Public Bidding		✓								
•	Mecizine HCl 25mg 240s	box	1	3,360.00	3,360.00	Public Bidding		✓								
•	Pyranol Emoborate 125mg (Combantinn)	tabs	120	45.00	5,400.00	Public Bidding		✓								
•	Ibuprofen Softgel 400mg 100s	pxs	5	1,100.00	5,500.00	Public Bidding		✓								
•	Salbutamol Guafenesin 2mg/100mg	cap	200	4.00	800.00	Public Bidding		✓								
•	Salopras	box	20	64.00	1,280.00	Public Bidding		✓								
•	Ferrous Sulfate	tabs	1000	2.00	2,000.00	Public Bidding		✓								
	<b>TOTAL</b>				<b>146,725.00</b>											

TOTAL BUDGET:

146,725.00

Prepared By:

JOANNE MARIE O. SAPIINT  
Nurse II

Recommending Approval:

DR. CHERYL E. PIOL-SA  
Campus Executive Director



PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

END-USER UNIT: Medical and Dental  
Charged to Special Trust Fund  
Project Programs and Activities

CODE	GENERAL DESCRIPTION	UNIT	QTY	UNIT COST	TOTAL AMOUNT	MODE OF PROCUREMENT	SCHEDULE/ MILESTONE OF ACTIVITIES											
							Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	
	DRUGS AND MEDICINE EXPENSES																	
	MEDICAL AND DENTAL																	
•	Total Balance Brought Forwarded				146,725.00			✓										
•	NeuroBion B Complex 1005	box	2	2,200.00	4,400.00	Public Bidding		✓										
•	Aluminum Hydroxide, Simeticone 178mg/30	box	1	865.00	865.00	Public Bidding		✓										
•	Acetic de Manzanilla 100ml	bottle	5	48.00	240.00	Public Bidding		✓										
•	Amoxicillin 500mg	box	10	225.00	2,250.00	Public Bidding		✓										
•	Azithromycin Dihydrate 3's	box	10	487.00	4,870.00	Public Bidding		✓										
•	Ascol Forte Lagundi Leaf 500mg	pcs	200	8.00	1,600.00	Public Bidding		✓										
•	Amiodopine Besilate 5mg	pcs	200	10.00	2,000.00	Public Bidding		✓										
•	Losartan Potassium 50mg	pcs	200	12.00	2,400.00	Public Bidding		✓										
•	Povidone-Iodine Betadine Gargle 240ml	bottle	10	350.00	3,500.00	Public Bidding		✓										
•	Benzylamine HCL-4-Cetylpyridinium Cl Loze	pcs	50	42.00	2,100.00	Public Bidding		✓										
•	Clarithromycin 500mg	pcs	100	59.00	5,900.00	Public Bidding		✓										
•	Cefuroxime Axetil 500mg	tabs	200	54.00	10,800.00	Public Bidding		✓										
•	Ciprofloxacin 500mg	box	5	2,900.00	14,500.00	Public Bidding		✓										
•	Calomescipine Ointment	sachet	20	45.00	900.00	Public Bidding		✓										
•	Cotrimoxazole 800mg	tabs	300	3.50	1,050.00	Public Bidding		✓										
•	Carbocistene 500mg	caps	500	15.00	7,500.00	Public Bidding		✓										
	TOTAL				211,600.00													

TOTAL BUDGET:

211,600.00

Prepared By:

JOANNE MARIE O. SAPINT  
Nurse II

Recommending Approval:

DR. CEBELLE P. MOL-SALAZ  
Campus Executive Director



PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

END-USER UNIT : Medical and Dental  
Charged to Special Trust Fund  
Project, Programs and Activities

CODE	GENERAL DESCRIPTION	UNIT	QTY	UNIT COST	TOTAL AMOUNT	MODE OF PROCUREMENT	SCHEDULE/ MILESTONE OF ACTIVITIES											
							Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct		
	DRUGS AND MEDICINE EXPENSES																	
	MEDICAL AND DENTAL																	
•	Total Balance Brought Forward				211,600.00			✓										
•	Acetylcysteine 600mg	sachet	150	39.00	5,850.00	Public Bidding		✓										
•	Co-Amoxiclav 625mg (15s)	box	20	630.00	12,600.00	Public Bidding		✓										
•	Citirizine Dihydrochloride 10mg	box	5	250.00	1,250.00	Public Bidding		✓										
•	Efficascen Oil 100ml	bottle	5	38.00	190.00	Public Bidding		✓										
•	Hydroxide 10mg/800mg/165mg (Kexamil-S	box	1	2,000.00	2,000.00	Public Bidding		✓										
•	Hydrosine-N Butylbromide+P-Paracetamol	box	1	3,200.00	3,200.00	Public Bidding		✓										
•	Dichlorobenzyl Alcohol Amylnitracresol	pack	50	20.00	1,000.00	Public Bidding		✓										
•	Hydrogen peroxide 3% 500ml	bottle	15	150.00	2,250.00	Public Bidding		✓										
•	Hydrogen peroxide 3% 120ml	bottle	15	50.00	750.00	Public Bidding		✓										
•	Iscophyl Alcohol 70% Spray 330ml	bottle	100	150.00	15,000.00	Public Bidding		✓										
•	Loperamide HCl 2mg (Diatabs)	box	2	950.00	1,900.00	Public Bidding		✓										
•	Loratadine 10mg	box	1	680.00	680.00	Public Bidding		✓										
•	Metformin Acid 500mg Film-coated (dofens	box	5	3,600.00	18,000.00	Public Bidding		✓										
•	Methyl Salicylate Camphor+Menthol 60ml (C	bottle	10	135.00	1,350.00	Public Bidding		✓										

TOTAL BUDGET:

277,620.00

Prepared By:

JOANNE MARIE O. SAPINIT  
Nurse II

Recommending Approval:

DR. CIEDETE G. PIOL-SAL  
Campus Executive Director