



SUPPLY AND DELIVERY OF OFFICE SUPPLIES, MEDICAL AND DENTAL & LABORATORY SUPPLIES,  
AND DRUGS & MEDICINES FOR THE MinSU BONGABONG CAMPUS

Name of Project

BAC Resolution Recommending Approval  
Resolution No. 174, 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 Office Supplies, Medical and Dental & Laboratory Supplies, and Drugs & Medicines for The MinSU Bongabong Campus" with an Approved Budget for the Contract (ABC) in the amount of Four Hundred Forty-Six Thousand Seven Hundred Four Pesos (Php446,704.00) with four (4) lots namely;

Particulars	Sub-ABC Amount
Lot 1 - Office Supplies	Php22,960.00
Lot 2 - Medical, Dental & Lab. Supplies	Php86,345.00
Lot 3 - Drugs & Medicines	Php223,859.00
Lot 4 - Other supplies & materials	Php113,540.00

WHEREAS, in response to the said advertisement, four (4) suppliers were found in the document request list; however, two (2) suppliers in the name of CPA PHARMACY and THIRD DEGREE PHARMA AND MEDICAL SUPPLIES TRADING submitted price quotation before the deadline;

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

Lot No.	Approved Budget for the Contract (ABC)	Name of Bidder	Price Quotation
1	Php22,960.00	CPA Pharmacy	Php19,606.00
		Third Degree Pharma and Medical Supplies Trading	Php21,729.00
2	Php86,345.00	CPA Pharmacy	Php113,200.00
		Third Degree Pharma and Medical Supplies Trading	84,865.00
3	Php223,859.00	CPA Pharmacy	Php174,559.00
		Third Degree Pharma and Medical Supplies Trading	222,114.00
4	Php113,540.00	CPA Pharmacy	Php127,550.00
		Third Degree Pharma and Medical Supplies Trading	111,585.00

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 the Lowest Calculated Responsive Bid (LCRB) for Lots 1 and 3; while the Lots 2 and 4 of this project be awarded to the supplier in the name of THIRD DEGREE PHARMA AND MEDICAL SUPPLIES TRADING with the Lowest Calculated Responsive Bid (LCRB);

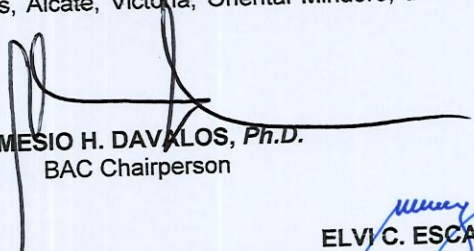
NOW, THEREFORE, the Bids and Awards Committee (BAC) HEREBY RESOLVED AS IT IS HEREBY RESOLVED, recommended to the Head of Procuring Entity the approval of this resolution for the abovementioned procurement awarding of contract for the "Supply and Delivery of Office Supplies, Medical and Dental & Laboratory Supplies, and Drugs & Medicines for the MinSU Bongabong Campus " to CPA Pharmacy amounting to Nineteen Thousand Six Hundred Six Pesos (Php19,606.00) and One Hundred Seventy-Four Thousand Five Hundred Fifty-Nine Pesos (Php174,559.00) Lots 1 and 3 respectively; with official address at Poblacion I, Victoria, Oriental Mindoro as the supplier/bidder with the Lowest Calculated Responsive Bid (LCRB); and to Third Degree Pharma and Medical Supplies Trading amounting to Eighty-Four Thousand Eight Hundred Sixty-Five Pesos (Php84,865.00) and One Hundred Eleven Thousand

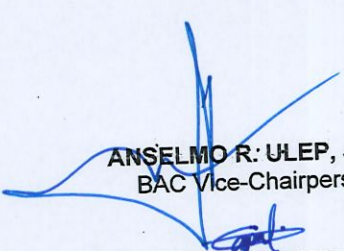




**Five Hundred Eighty-Five Pesos (Php111,585.00)** with official address at Sitio Pantalan, Poblacion, Mansalay, Oriental Mindoro as the supplier/bidder with the Lowest Calculated Responsive Bid (LCRB) for Lots 2 and 4;

**RESOLVED**, at MinSU Main Campus, Alcate, Victoria, Oriental Mindoro, this 10<sup>th</sup> day of September, 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

  
**ENYA MARIE D. APOSTOL, Ph.D.**  
SUC President III

Date: \_\_\_\_\_





PhilGEPS

Philippine Government Electronic Procurement System

Central Portal for  
Philippine Government  
Procurement Opportunities

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 11030694  
Procuring Entity MINDORO STATE UNIVERSITY  
Title Supply and Delivery of Office Supplies, Medical and Dental & Laboratory Supplies, And Drugs & Medicines for the MinSU Bongabong Campus  
Area of Delivery Oriental Mindoro

<b>Solicitation Number:</b> RFQ 2024-135 <b>Trade Agreement:</b> Implementing Rules and Regulations <b>Procurement Mode:</b> Negotiated Procurement - Small Value Procurement (Sec. 53.9) <b>Classification:</b> Goods <b>Category:</b> Office Equipment Supplies and Consumables <b>Approved Budget for the Contract:</b> PHP 446,704.00 <b>Delivery Period:</b> 30 Day/s <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	<b>Status</b>	<b>Closed</b>
	<b>Associated Components</b>	1
	<b>Bid Supplements</b>	0
	<b>Document Request List</b>	4
	<b>Date Published</b>	09/07/2024
	<b>Last Updated / Time</b>	09/07/2024 00:00 AM
	<b>Closing Date / Time</b>	16/07/2024 17:00 PM

**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
Lot 1 - Office Supplies					
1	boxes	Gel ballpen (blk/blue)	2		
2	pcs	Pentel pen black fine	5		
3	pcs	Pentel pen black broad	5		
4	reams	Bond paper long subs	20 10		
5	reams	Bond paper short subs	20 10		
6	reams	Bond paper A4 subs	20 10		
7	set	Printer ink #664 (B/C/M/Y)	5		
8	ream	White folder long	14 pts 5		
9	bxs	Paper clips coated	50mm 5		



- [illegible]



**Created by** Annabelle Quinto Madrigal  
**Date Created** 08/07/2024

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

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REQUEST FOR QUOTATION

Supply and Delivery of Office Supplies, Medical and Dental & Laboratory Supplies, And Drugs & Medicines for the MinSU Bongabong Campus

PR No.: 2024-093  
RFQ No. 2024-135  
ABC Amount: Php446,704.00

Company Name : THIRD DEGREE PHARMA and MEDICAL SUPPLIES TRADING  
Address : Sitio Pantalan, Poblacion, Mansalay 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 30 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
Lot 1 - Office Supplies					
1	boxes	Gel ballpen (blk/blue)	2	342.00	684.00
2	pcs	Pentel pen black fine	5	72.00	360.00
3	pcs	Pentel pen black broad	5	72.00	360.00
4	reams	Bond paper long subs 20	10	245.00	2,450.00
5	reams	Bond paper short subs 20	10	232.00	2,320.00
6	reams	Bond paper A4 subs 20	10	250.00	2,500.00
7	set	Printer ink #664 (B/C/M/Y)	5	1,700.00	8,500.00
8	ream	White folder long 14 pts	5	750.00	3,750.00
9	bxs	Paper clips coated 50mm	5	32.00	160.00
10	bots	Glue 240gr	5	80.00	400.00
11	bxs	Staple wire #35	5	42.00	210.00
12	boxes	plastic fastener	1	35.00	35.00
Lot 2 - Medical, Dental & Lab. Supplies					
1	boxes	Disposable gloved - med	20	485.00	9,700.00
2	boxes	Disposable gloved - large	20	485.00	9,700.00
3	boxes	Kenesiology muscle tape (green, yellow, black)	5	384.00	1,920.00
4	pcs	3M Steri-strips skin Closure application	20	145.00	2,900.00
5	packs	Cotton buds 200 tips/pack	10	35.00	350.00
6	bots	Methyl Salicylate Menthol Crystal Eucalyptus oil 10ml	25	179.00	4,475.00
7	bots	Menthol & Methyl Salicylate + Eucalyptus oil + campur 10ml	25	60.00	1,500.00
8	bots	Cool pain spray 250ml	20	837.00	16,740.00
9	boxes	Methyl Salicylate 1 -Menthol Tocopherol Acetate (vit E) dl - Camphor	20	60.00	1,200.00
10	packs	Dental Cotton roll	10	338.00	3,380.00
11	packs	Cotton balls 300's	20	50.00	1,000.00
12	boxes	BD Ultra Fine II Insulin syringe 0.3ml	5	570.00	2,850.00
13	boxes	Dental Needle	10	635.00	6,350.00

MSU-BAC-FR-05.01

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





**Mindoro State University**  
Victoria, Oriental Mindoro 5205 Philippines

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



14	packs	Paper towel 3's	200	50.00	10,000.00
15	packs	Dental polyster bib	5	200.00	1,000.00
16	boxes	Denjec Gauze 27 short disposable needle	3	340.00	1,020.00
17	boxes	One Touch Select strips	10	978.00	9,780.00
18	boxes	Lancet needle 200pcs/box	5	200.00	1,000.00
<b>Lot 3 - Drugs &amp; Medicines</b>					
1	tabs	Acetylcysteine 600mg	200	32.00	6,400.00
2	tabs	magnesium Hydroxide 100mg	500	2.00	1,000.00
3	tabs	Amlodipine Besilate 5mg	100	5.00	500.00
4	tabs	Amoxicillin 500mg	500	5.80	2,900.00
5	tabs	Ascorbic Acid (Vit.C) 500mg	2000	3.90	7,800.00
6	tabs	Azithromycin 500mg	120	77.40	9,288.00
7	tabs	Betahistine 16 mg	250	35.80	8,950.00
8	bots	Calamine 8% lotion (60ml)	10	108.50	1,085.00
9	tabs	Cefuroxime 500mg	1000	42.00	42,000.00
10	caps	Celecoxib 200mg	200	18.00	3,600.00
11	tabs	Ciprofloxacin 500mg	500	8.50	4,250.00
12	tabs	Co-amoxiclav 625mg	1500	19.00	28,500.00
13	tabs	Cetirizine 10mg	50	4.50	225.00
14	bots	PNSS 500ml	5	100.00	500.00
15	bots	D5 water 500ml	5	92.00	460.00
16	tube	Erythromycin 0.5% 3.5g (Eye ointment)	10	175.60	1,756.00
17	bots	Hydrogen peroxide 3% 120ml	10	38.00	380.00
18	tabs	Hyosiene 10 mg	200	6.20	1,240.00
19	bots	Hypromellose 0.3% 10ml (Eye drops)	20	300.00	6,000.00
20	tabs	Ibuprofen 400mg	400	3.10	1,240.00
21	tabs	Lagundi Vitex Negundo L 600mg	3000	3.35	10,050.00
22	tabs	Lasartan 50mg	100	9.00	900.00
23	caps	Mefenamic acid 500mg	460	36.25	16,675.00
24	caps	Multivitamins	2000	4.90	9,800.00
25	tube	Mupirocin 2% ointment 5g	20	176.80	3,536.00
26	caps	Omeprazole 20mg	200	20.00	4,000.00
27	tabs	Paracetamol 500mg	2000	2.80	5,600.00
28	tabs	Loratadine 10mg	99	9.00	891.00
29	bots	Povidone Iodine 1% 120ml (wound solution)	8	45.00	360.00
30	bots	Povidone Iodine 1% 120ml (oral solution)	20	150.00	3,000.00
31	ampule	Salbutamol 1mg/ml, 2.5ml respiratory	20	18.00	360.00
32	tabs	Sambong Blumea Balsamifera 500mg	1000	6.50	6,500.00
33	caps	Tranexamine Acid 500mg	200	48.99	9,798.00
34	bxs	Lidocaine 2% E-100 w/Epinephrine 1:1000,000 injectable solution (50 glass/bx)	8	2,015.00	16,120.00
35	tabs	Meclizine HCl 25mg	500	12.90	6,450.00
<b>Lot 4 - Other supplies &amp; materials</b>					
1	packs	Resealable plastic 6.2 x 9cm	5	107.00	535.00
2	packs	Resealable plastic 7 x 10cm	5	134.00	670.00
3	packs	Resealable plastic 9 x 13cm	5	152.00	760.00
4	packs	Resealable plastic 20 x 30cm	5	350.00	1,750.00
5	packs	Disposable cups 6.5 oz 50's	20	50.00	1,000.00

84,865 ✓

222,114  
221,784

MSU-BAC-FR-05.01

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









**Mindoro State University**  
Victoria, Oriental Mindoro 5205 Philippines

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



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.

MSU-BAC-FR-05.01

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



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

THIS IS TO CERTIFY THAT

**THIRD DEGREE PHARMA AND MEDICAL SUPPLIES TRADING**

Sitio Pantalan ,  
Mansalay , Oriental Mindoro , Region IV-B , Philippines

is registered in the *Philippine Government Electronic Procurement System (PhilGEPS)* on 17-Jan-2023 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 **THIRD DEGREE PHARMA AND MEDICAL SUPPLIES TRADING** 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 18-Jan-2025

Issued this 18th day of January 2024  
This is a system generated certificate. No signature is required.



Documentary Stamp Tax Paid Php 30.00  
Certificate Reference No: 2023013301671870384470

Page 1 of 3



## 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.*

Certificate Reference No: 2023013301671870384470

Page 2 of 3

<sup>1</sup>Refer to Section 4 of the Guidelines for the Use of the Government of the Philippines - Official Merchant's Registry



**List of Eligibility Documents**  
of  
**THIRD DEGREE PHARMA AND MEDICAL SUPPLIES TRADING**  
Sitio Pantalan,  
Mansalay, Oriental Mindoro, Region IV-B, Philippines

<b>DTI Certificate</b>	DTI Certificate Number : 4077591 Issued By / Signatory : Ramon M Lopez Registration Date : 10-Aug-2022 Expiration Date : 10-Aug-2027
<b>Mayors Permit</b>	Expiration Date : 31-Dec-2024 Permit Number : 2024 1705207000 0044 Place of Issue : Municipality of Mansalay Issued By / Signatory : Ferdinand M. Maliwanag Issuance Date : 17-Jan-2024
<b>Tax Clearance</b>	Expiration Date : 01-Jan-2025 TCC Number : RR9A-063-01-02-R0004-2024-E Issued By / Signatory : AMIHAN L. VALDEZ Issuance date : 16-Jan-2024
<b>Audited Financial Statement</b>	Date of Filing : 23-Mar-2023 Current Asset : 250,000.00 Total Asset : 1,000,000.00 Current Liabilities : 0.00 Total Liabilities : 0.00 Name of Auditor : Elvin Vargas 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  
Municipality of Mansalay  
Office of the Municipal Mayor

Business Permit

To whom it may concern,

Pursuant to the revenue code of this Municipality/City, after payment of taxes, fees and charges, etc., and compliance with existing requirements, Permit is hereby granted to the herein Taxpayer.

BUSINESS NAME	OWNER'S NAME	BUSINESS ID NO.	BUSINESS PLATE NO.	BUSINESS PERMIT NO.
THIRD DEGREE PHARMA & MADICAL SUPPLIER TRADING	JENNIBETH RAYOS GREGORIO	G-1705207-00003		2024-1705207000-0044
DATE ISSUED	TYPE OF BUSINESS	PAYMENT MODE	OFFICIAL RECEIPT NO.	OR DATE
2024-01-17	Sole Proprietorship	Annual	3660821	2024-01-16
BUSINESS ADDRESS	TYPE OF APPLICATION	LINE OF BUSINESS		
PANTALAN Poblacion, Mansalay, Oriental Mindoro	Renewal	WHOLESALE OF MEDICINAL AND PHARMACEUTICAL PRODUCTS RETAIL SALE OF COMPUTER PERIPHERAL EQUIPMENT RETAIL SALE OF OFFICE MACHINES AND EQUIPMENT, EXCLUDING COMPUTERS AND COMPUTER PERIPHERAL EQUIPMENT		
VALID UNTIL	BUSINESS TIN	DTI REGISTRATION NO.	NO. OF EMPLOYEES	
2024-12-31	279-702-171-00000	4077591	2	
KIND OF FEE/TAX	AMOUNT		NOTE/S	
Zoning Clearance	100.00		<b>NOTES:</b> 1. Exhibit this Permit in Your Establishment. 2. This Permit is only a privilege and not a right, subject to revocation and closure of Business Establishment for any violation of existing Laws and Ordinances and conditions set forth in the Permit. 3. This Permit must be renewed on or before January 20 of the following year unless sooner revoked for cause. Failure to renew within the time required shall subject the Taxpayer to a surcharge of 25% of the amount of taxes, fees or charges due, plus an interest of 2% per month of the unpaid taxes, fees or charges including surcharges. 4. Your Business Establishment is subject to final inspection or regulatory compliance. 5. Surrender this Permit upon retirement of your Establishment.	
Medical Clearance + DST	260.00			
Business Plate/Sticker	50.00			
Mayor's Permit	1,343.00			
Occupational Fee	300.00			
Garbage Fee	700.00			
Business Tax	21.60			
Sanitary Inspection Fee	200.00			
Mayor's Clearance + DST	130.00			
Interest	0.00			
Surcharge	0.00			
GRAND TOTAL		3,104.60		
Approved:				
FERDINAND M. MALIWANAG Municipal Mayor				



**Omnibus Sworn Statement (Revised)**  
Supply and Delivery of Office Supplies, Medical and Dental & Laboratory Supplies, And  
Drugs & Medicines for the MinSU Bongabong Campus

REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF )

**ROXAS OR. MINDORO**

**AFFIDAVIT**


I, Jennibeth R. Gregorio, of legal age, Married, Filipino, and residing at Sitio Pantalan, Brgy. Poblacion Mansalay, Oriental Mindoro after having been duly sworn in accordance with law, do hereby depose and state that:

1. I am the sole proprietor or authorized representative of Third Degree Pharma and Medical Supplies Trading with office address at Sitio Pantalan, Poblacion Mansalay, Oriental Mindoro.
2. As the owner and sole proprietor, or authorized representative of Third Degree Pharma and Medical Supplies Trading, I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for Supply and Delivery of Office Supplies, Medical and Dental & Laboratory Supplies, And Drugs & Medicines for the MinSU Bongabong Campus of the Mindoro State University, as shown in the attached duly notarized Special Power of Attorney;
3. Third Degree Pharma and Medical Supplies Trading 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, by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;
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. Third Degree Pharma and Medical Supplies Trading is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;
6. The owner or sole proprietor is 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. Third Degree Pharma and Medical Supplies Trading complies with existing labor laws and standards; and
8. Third Degree Pharma and Medical Supplies Trading is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:



- a. Carefully examining all of the Bidding Documents;
  - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
  - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the Supply and Delivery of Office Supplies, Medical and Dental & Laboratory Supplies, And Drugs & Medicines for the MinSU Bongabong Campus.
9. Third Degree Pharma and Medical Supplies Trading 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 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 JUL 16 2024 day 20 at ROXAS DR. MINDORO Philippines.

  
JENNIBETH A. GREGORIO  
Owner

Third Degree Pharma and Medical Supplies Trading  
Affiant

SUBSCRIBED and sworn before me in ROXAS DR. MINDORO this day JUL 16 2024 of 20 affiant exhibiting to me his/her CTC No. D-14-002865  
Issued on 1/07/2023 at LTD

Doc. No. 490  
Page No. 99  
Book No. 11  
Series of 2024

ATTY. ANIEL ANTONIO G. GARCIA  
NOTARY PUBLIC  
NOTARY NO. 75269  
ISS. NO. 12 EXPIRY DATE 12/12/2024  
PRACTICE AREA GENERAL MINDORO  
MCLE COMPLETION DATE APRIL 14, 2025  
BAC/RETRAINER ROXAS, ORIENTAL MINDORO  
garciaa.m@gma.com



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: 063RC20230000003839

Date OCN Generated: September 25, 2023

UPDATED ON SEP 25 2023

**CERTIFICATE OF REGISTRATION**

TIN & BRANCH CODE 279-702-171-00000	NAME OF TAXPAYER GREGORIO JENNIBETH RAYOS	TIN ISSUANCE DATE August 4, 2009
REGISTERING OFFICE	X Head Office	Branch
REGISTERED ADDRESS SITIO PANTALAN, POBLACION 5213 MANSALAY ORIENTAL MINDORO PHILIPPINES		

TAX TYPES	FORM TYPES	FILING START DATE	FILING FREQUENCY	FILING DUE DATE
INDIVIDUAL INCOME TAX	1701Q	August 4, 2009	QUARTERLY	
INDIVIDUAL INCOME TAX	1701	January 1, 2023	ANNUALLY	On or before April 15 of each year covering income for the preceding taxable year.
REGISTRATION FEE	0605	January 1, 2023	ANNUALLY	On or before the last day of January.
VALUE ADDED TAX	2550Q	October 10, 2022	QUARTERLY	Not later than the 25th day following the close of each taxable quarter.
WITHHOLDING TAX - COMPENSATION	1601C	September 25, 2023	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 January 15 of the succeeding year.
WITHHOLDING TAX - COMPENSATION	1604C	January 1, 2024	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.
WITHHOLDING TAX - EXPANDED/OTHERS	1604E	January 1, 2024	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 - EXPANDED/OTHERS	0619E	September 25, 2023	MONTHLY	On or before the 10th day of the month following the month in which withholding was made.
WITHHOLDING TAX - EXPANDED/OTHERS	1601EQ	September 25, 2023	QUARTERLY	Not later than the last day of the month following the close of the quarter during which withholding was made.
TAXPAYER TYPE/S	SINGLE PROPRIETORSHIP ONLY (RESIDENT CITIZEN)			



BIR FORM

**2303**

REVISED: APRIL 2019

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

OCN: 063RC20230000003839  
Date OCN Generated: September 25, 2023

UPDATED ON

**CERTIFICATE OF REGISTRATION**

TIN & BRANCH CODE 279-702-171-00000	NAME OF TAXPAYER GREGORIO, JENNIBETH RAYOS	TIN ISSUANCE DATE August 4, 2009
REGISTERING OFFICE	<input checked="" type="checkbox"/> Head Office	<input type="checkbox"/> Branch
REGISTERED ADDRESS SITIO PANTALAN, POBLACION 5213 MANSALAY ORIENTAL MINDORO PHILIPPINES		

BUSINESS INFORMATION DETAILS		CATEGORY	REGISTRATION DATE
TRADE NAME 1	THIRD DEGREE PHARMA AND MEDICAL SUPPLIES TRADING		October 10, 2022
(PSIC)	47412-RETAIL SALE OF COMPUTER PERIPHERAL EQUIPMENT	Secondary	
Line of Business	RETAIL SALE OF COMPUTER PERIPHERAL EQUIPMENT		
(PSIC)	47610-RETAIL SALE OF BOOKS, NEWSPAPERS AND STATIONERY IN SPECIALIZED STORES	Secondary	
Line of Business	RETAIL SALE OF BOOKS, NEWSPAPERS AND STATIONERY IN SPECIALIZED STORES		
(PSIC)	46510-WHOLESALE OF COMPUTERS, COMPUTER PERIPHERAL EQUIPMENT AND SOFTWARE	Secondary	
Line of Business	WHOLESALE OF COMPUTERS, COMPUTER PERIPHERAL EQUIPMENT AND SOFTWARE		
(PSIC)	48425-WHOLESALE OF PAPER AND PAPER PRODUCTS (INCLUDING STATIONERIES)	Secondary	
Line of Business	WHOLESALE OF PAPER AND PAPER PRODUCTS (INCLUDING STATIONERIES)		
(PSIC)	46421-WHOLESALE OF MEDICINAL AND PHARMACEUTICAL PRODUCTS	Primary	
Line of Business	WHOLESALE OF MEDICINAL AND PHARMACEUTICAL PRODUCTS		
(PSIC)	47721-RETAIL SALE OF DRUGS AND PHARMACEUTICAL GOODS	Secondary	
Line of Business	RETAIL SALE OF DRUGS AND PHARMACEUTICAL GOODS		
(PSIC)	47731-RETAIL SALE OF FEEDS, FERTILIZERS AND INSECTICIDES	Secondary	
Line of Business	RETAIL SALE OF FEEDS, FERTILIZERS AND INSECTICIDES		
(PSIC)	47199-RETAIL SELLING IN NON-SPECIALIZED STORES, N.E.C.	Secondary	
Line of Business	RETAIL SELLING IN NON-SPECIALIZED		

Page 2 of 3

ADDITIONAL TAX TYPE



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: 063RC20230000003839

Date OCN Generated: September 25, 2023

UPDATED ON SEP 25 2023

**CERTIFICATE OF REGISTRATION**

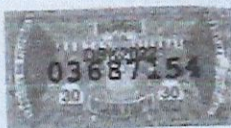
TIN & BRANCH CODE 279-702-171-00000	NAME OF TAXPAYER GREGORIO JENNIBETH RAYOS	TIN ISSUANCE DATE August 4, 2009
REGISTERING OFFICE	<input checked="" type="checkbox"/> Head Office	<input type="checkbox"/> Branch
REGISTERED ADDRESS SITIO PANTALAN, POBLACION 5213 MANSALAY ORIENTAL MINDORO PHILIPPINES		

(PSIC)	STORES, N.E.C.		
Line of Business	47591-RETAIL SALE OF HOME FURNISHING, FURNITURE AND FIXTURES, INCLUDING LAMPS AND LAMP SHADES	Secondary	
(PSIC)	46692-WHOLESALE OF FERTILIZERS AND AGRO-CHEMICAL PRODUCTS		
Line of Business	WHOLESALE OF FERTILIZERS AND AGRO-CHEMICAL PRODUCTS	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 operation, to avoid penalties.
3. 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.
4. Immediately inform the district office in case of transfer/cessation of business and other changes in registration information by filing BIR Form No. 1905.
5. 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.



*Regina P. Reforma*  
REGINA P. REFORMA  
OIC-Assst. Revenue District Officer

EMELITA R. ABO

REVENUE DISTRICT OFFICER  
(Signature over Printed Name)

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

ADDITIONAL TAX TYPE



For BIR BC Use Only Item:



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

BIR Form No.  
**1701**

January 2018 (ENCS)  
Page 1

## Annual Income Tax Return

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



1701 01/18ENCS P1

1 Month ☒ 12 For the Year (YYYY) 2023 2 Amended Return? ☐ Yes ☒ No 3 Short Period Return? ☐ Yes ☒ No

### PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER

4 Taxpayer Identification Number (TIN)	279 - 702 - 171 - 000	5 RDO Code	063
6 Taxpayer Type	<input checked="" type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Compensation Earner		
7 Alphabetic Tax Code (ATC)	<input type="checkbox"/> 11012 Business Income-Graduated IT Rates <input type="checkbox"/> 11014 Income from Profession-Graduated IT Rates <input type="checkbox"/> 11013 Mixed Income-Graduated IT Rates <input type="checkbox"/> 11011 Compensation Income <input type="checkbox"/> 11015 Business Income-8% IT Rate <input type="checkbox"/> 11017 Income from Profession-8% IT Rate <input type="checkbox"/> 11016 Mixed Income-8% IT Rate		
8 Taxpayer's Name (Last Name, First Name, Middle Name)/ESTATE OF (First Name, Middle Name, Last Name)/TRUST FAO: (First Name, Middle Name, Last Name)	GREGORIO, JENNIBETH RAYOS		
9 Registered Address (Indicate complete address. If the registered address is different from the current address, got to the RDO to update registered address by using BIR Form No. 1905)	PANTALAN, POBLACION, MANSALAY, ORIENTAL MINDORO		
	9A ZIP Code	5213	
10 Date of Birth (MM/DD/YYYY)	11 Email Address		
11/10/1988	clientmail08@gmail.com		
12 Citizenship	13 Claiming Foreign Tax Credits?	14 Foreign Tax Number, if applicable	
FILIPINO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15 Contact Number (Landline/Cellphone No.)	16 Civil Status (if applicable)		
0000000000000000	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow/er		
17 If married, spouse has income?	18 Filing Status		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Joint Filing <input checked="" type="checkbox"/> Separate Filing		
19 Income EXEMPT from Income Tax?	20 Income subject to SPECIAL/PREFERENTIAL RATE?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
[If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]			
21A Method of Deduction (choose one)			
<input type="checkbox"/> Graduated Rates <input type="checkbox"/> Itemized Deduction <input type="checkbox"/> Optional Standard Deduction (OSD)			
[Sec. 34(A-J), NIRC] [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]			
21 Tax Rate* (choose one)	[8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NIRC [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]]		

### PART II - TOTAL TAX PAYABLE (Do NOT Enter Centavos; 49 Centavos or Less drop down; 50 or more round up)

Particular	A. Taxpayer/Filer	B. Spouse
22 Tax Due (From Part VI Item 5)	0.00	0.00
23 Less: Total Tax Credits/Payments (From Part VII Item 10)	0.00	0.00
24 Tax Payable/(Overpayment) (Item 22 Less Item 23)	0.00	0.00
25 Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of Item 22)	0.00	0.00
26 Amount of Tax payable/(Overpayment) (Item 24 Less Item 25)	0.00	0.00
Add Penalties 27 Interest	0.00	0.00
28 Surcharge	0.00	0.00
29 Compromise	0.00	0.00
30 Total Penalties (Sum of Items 27 to 29)	0.00	0.00
31 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30)	0.00	0.00
32 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)	0.00	0.00

If overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable)

☐ To be refunded ☐ To be issued a Tax Credit Certificate (TCC) ☐ To be carried over as a tax credit for next year/quarter

I declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, are true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized Representative, indicate TIN and attach authorization letter)

JENNIBETH R. GREGORIO

Printed Name and Signature of Taxpayer/Authorized Representative

33 Number of Attachments 00

### PART III - DETAILS OF PAYMENT

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
34 Cash/Bank Debit Memo				
35 Check				
36 Tax Debit Memo				
37 Others (specify below)				

Stamp of Receiving Office/AAB and Date of Receipt



1701

January 2018 (ENCs)  
Page 2**Annual Income Tax Return**  
Individuals (including MIXED Income Earner), Estates and Trusts

1701 01/18ENCs P2

TIN	Taxpayer/Filer's Last Name
279 702 171 000	GREGORIO

**PART IV - Background Information of Spouse**

1 Spouse's Taxpayer Identification Number (TIN)	2 RDO Code
3 Filer's Spouse Type <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Compensation Earner	
4 Alphabetic Tax Code (ATC) <input type="checkbox"/> 0012 Business Income-Graduated IT Rates <input type="checkbox"/> 0014 Income from Profession-Graduated IT Rates <input type="checkbox"/> 0013 Mixed Income-Graduated IT Rates <input type="checkbox"/> 0011 Compensation Income <input type="checkbox"/> 0015 Business Income-8% IT Rate <input type="checkbox"/> 0017 Income from Profession-8% IT Rate <input type="checkbox"/> 0016 Mixed Income-8% IT Rate	
5 Spouse's Name (Last Name, First Name, Middle Name)	
6 Contact Number	7 Citizenship
8 Claiming Foreign Tax Credits? <input type="checkbox"/> Yes <input type="checkbox"/> No	9 Foreign tax number (if applicable)
10 Income EXEMPT from Income Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	11 Income subject to SPECIAL/PREFERENTIAL RATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
[If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]	
12A Method of Deduction (choose one) 12 Tax Rate* (Choose Method of Deduction in Item 12A) (choose one) <input type="checkbox"/> Graduated Rates <input type="checkbox"/> Itemized Deduction [Sec. 34(A-J), NIRC] <input type="checkbox"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]] <input type="checkbox"/> 8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NIRC [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]	

**PART V - Computation of Tax****Schedule 1 - Gross Compensation Income and tax Withheld** (Attach Additional Sheet/s, if necessary)

On Items 1 and 2, enter the required information for each of your employer/s and mark (X) whether the information is for the Taxpayer or the Spouse. On Item 3A, enter the Total Gross Compensation and Total tax Withheld for the Taxpayer and on Item 3B, for the Spouse. (DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)

a. Name of Employer			
1	<input type="checkbox"/> Taxpayer PEARLS PORT SERVICES	b. Employer's TIN	445 860 789 0000
2	<input type="checkbox"/> Spouse	b. Employer's TIN	
(Continuation of Table Above)		c. Compensation Income	d. Tax Withheld
1		0.00	0.00
2		0.00	0.00
3A	Gross Compensation Income and Total Tax Withheld for TAXPAYER (To Part V Schedule 2 Item 4A and Part VII Item 5A)	202,325.00	0.00
3B	Gross Compensation Income and Total Tax Withheld for SPOUSE (To Part V Schedule 2 Item 4B and Part VII Item 5B)	0.00	0.00

**Schedule 2 - Taxable Compensation Income**  
(round up)

(DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)

Particulars	A. Taxpayer/Filer	B. Spouse
4 Gross Compensation Income (From Part V Schedule 1 Item 3A/3B)	202,325.00	0.00
5 Less: Non-Taxable / Exempt Compensation	35,825.00	0.00
6 Taxable Compensation Income (Item 4 Less Item 5)	166,500.00	0.00
7 Tax Due-Compensation Income (Item 6 x applicable income Tax Rate)	0.00	0.00

**Schedule 3 - Taxable Business Income** (If graduated rates, fill in items 8 to 24; if 8% flat income tax rate, fill in items 25 to 30)

3A - For Graduated Income Tax Rates		
8 Sales/revenues/receipts/Fees	0.00	0.00
9 Less: Sales Returns, Allowances and Discounts	0.00	0.00
10 Net Sales/Revenues/Receipts/Fees (Item 8 Less Item 9)	0.00	0.00
11 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)	0.00	0.00
12 Gross Income/(Loss) from Operation (Item 10 less Item 11)	0.00	0.00
Less: Deductions Allowable under Existing Laws		
13 Ordinary Allowable Itemized Deductions (From Part V Schedule 4 Item 18)	0.00	0.00
14 Special Allowable Itemized Deductions (From Part V Schedule 5 Item 3 and/or Item 5)	0.00	0.00
15 Allowable for Net Operating Loss Carry Over (NOLCO) (From Part V Schedule 5 Item 8 and/or Item 13)	0.00	0.00
16 Total Allowable Itemized Deductions (Sum of Items 13 to 15)	0.00	0.00
OR		
17 Optional Standard Deduction (OSD) (40% of Item 10)	0.00	0.00
18 Net Income/(Loss) (If Itemized, Item 12 Less Item 16; If OSD, Item 10 Less Item 17)	0.00	0.00
Add: Other Non-Operating Income (specify below)		
19	0.00	0.00
20	0.00	0.00
21 Amount Received/Share in Income by a Partner from General Professional Partnership (GPP)	0.00	0.00
22 Total Other Non-Operating Income (Sum of Items 19 to 21)	0.00	0.00
23 Taxable Income-Business (Sum of Items 18 and 22)	0.00	0.00
24 Total Taxable Income - Compensation & Business (Sum of Items 6 and 23)	166,500.00	0.00
25 Total Tax Due-Compensation and Business Income (under graduated rates) (Item 24 x applicable income tax rate) (To Part VI Item 1)	0.00	0.00



**Annual Income Tax Return**  
Individuals (including MIXED Income Earner), Estates and Trusts

1701 01/18ENCS P3

TIN	Taxpayer/Filer's Last Name
279 702 171 000	GREGORIO

**3.B - For 8% Flat Income Tax Rate**

(DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)

Particulars	A. Taxpayer/Filer	B. Spouse
26 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)	0.00	0.00
Add: Other Non-Operating Income (specify below)		
27	0.00	0.00
28 Total Income (Sum of Items 26 and 27)	0.00	0.00
Less: Allowable reduction from gross sales/receipts and other non-operating income of purely self-employed individuals and/or professionals in the amount of P250,000 (not applicable if with compensation income)	0.00	0.00
29 Taxable Income/(Loss) (Item 28 Less Item 29)	0.00	0.00
30 Tax Due-Business Income (Item 30 x 8% Flat Income Tax Rate)	0.00	0.00
31 Total Tax Due-Compensation & Business Income (under flat rate)(Sum of Items 7 and 31) (To Part VI Item 1)	0.00	0.00

**Schedule 4 - Ordinary Allowable Itemized Deductions (attach additional sheet/s, if necessary)**

1	Amortizations	0.00	0.00
2	Bad Debts	0.00	0.00
3	Charitable and Other Contributions	0.00	0.00
4	Depletion	0.00	0.00
5	Depreciation	0.00	0.00
6	Entertainment, Amusement and Recreation	0.00	0.00
7	Fringe Benefits	0.00	0.00
8	Interest	0.00	0.00
9	Losses	0.00	0.00
10	Pension Trusts	0.00	0.00
11	Rental	0.00	0.00
12	Research and Development	0.00	0.00
13	Salaries, Wages and Allowances	0.00	0.00
14	SSS, GSIS, Philhealth, HDMF and Other Contributions	0.00	0.00
15	Taxes and Licenses	0.00	0.00
16	Transportation and Travel	0.00	0.00
17	Others (Deductions Subject to Withholding Tax and Other Expenses) (specify below; Add additional sheet(s), if necessary)		
a	Janitorial and Messengerial Services	0.00	0.00
b	Professional Fees	0.00	0.00
c	Security Services	0.00	0.00
d		0.00	0.00
18	Total Ordinary Allowable itemized Deductions (Sum of Items 1 to 17d) (To part V Schedule 3 A Item 13)	0.00	0.00


**Schedule 5 - Special Allowable Itemized Deductions (attach additional sheet/s, if necessary)**

5.A - Taxpayer/Filer	Description	Legal Basis	Amount
1			0.00
2			0.00
3	Total Special Allowable Itemized Deductions-Taxpayer/Filer (Sum of Items 1 and 2) (To part V Schedule 3 A Item 14A)		0.00
5.B - Spouse			
4			0.00
5			0.00
6	Total Special Allowable Itemized Deductions-Spouse (Sum of Items 4 and 5) (To part V Schedule 3 A Item 14B)		0.00

**Schedule 6 - Computation of Net Operating Loss carry Over (NOLCO)**

6.A - Computation of NOLCO		A. Taxpayer/Filer	B. Spouse		
Description					
1	Gross Income	0.00	0.00		
2	Less: Ordinary Allowable Itemized Deductions	0.00	0.00		
3	Net Operating Loss (Item 1 Less Item 2) (To Schedule 6.A.1 Item 7A and/or Schedule 6.A.2 Item 12A)	0.00	0.00		
6.A.1 - Taxpayer/Filer's Detailed Computation of Available NOLCO					
Year Incurred	Net Operating Loss A. Amount	B. NOLCO Applied Previous Year/s	C. NOLCO Expired	D. NOLCO Applied Current Year	E. Net Operating Loss (Unapplied) [(E)=A-(B+C+D)]
4	0.00	0.00	0.00	0.00	0.00
5	0.00	0.00	0.00	0.00	0.00
6	0.00	0.00	0.00	0.00	0.00
7	0.00	0.00	0.00	0.00	0.00



1701 January 2018 (ENCS) Page 3		Annual Income Tax Return Individuals (including MIXED Income Earner), Estates and Trusts		 1701 01/18ENCS P3					
TIN 279 702 171 000		Taxpayer/Filer's Last Name GREGORIO							
3.B - For 8% Flat Income Tax Rate (DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)									
Particulars		A. Taxpayer/Filer		B. Spouse					
26 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)		0.00		0.00					
Add: Other Non-Operating Income (specify below)									
27		0.00		0.00					
28 Total Income (Sum of Items 26 and 27)		0.00		0.00					
Less: Allowable reduction from gross sales/receipts and other non-operating income of purely self-employed individuals and/or professionals in the amount of P250,000 (not applicable if with compensation income)		0.00		0.00					
29		0.00		0.00					
30 Taxable Income/(Loss) (Item 28 Less Item 29)		0.00		0.00					
31 Tax Due-Business Income (Item 30 x 8% Flat Income Tax Rate)		0.00		0.00					
32 Total Tax Due-Compensation & Business Income (under flat rate)(Sum of Items 7 and 31) (To Part VI Item 1)		0.00		0.00					
Schedule 4 - Ordinary Allowable Itemized Deductions (attach additional sheet/s, if necessary)									
1 Amortizations		0.00		0.00					
2 Bad Debts		0.00		0.00					
3 Charitable and Other Contributions		0.00		0.00					
4 Depletion		0.00		0.00					
5 Depreciation		0.00		0.00					
6 Entertainment, Amusement and Recreation		0.00		0.00					
7 Fringe Benefits		0.00		0.00					
8 Interest		0.00		0.00					
9 Losses		0.00		0.00					
10 Pension Trusts		0.00		0.00					
11 Rental		0.00		0.00					
12 Research and Development		0.00		0.00					
13 Salaries, Wages and Allowances		0.00		0.00					
14 SSS, GSIS, Philhealth, HDMF and Other Contributions		0.00		0.00					
15 Taxes and Licenses		0.00		0.00					
16 Transportation and Travel		0.00		0.00					
17 Others (Deductions Subject to Withholding Tax and Other Expenses) (specify below; Add additional sheet/s, if necessary)									
a Janitorial and Messengerial Services		0.00		0.00					
b Professional Fees		0.00		0.00					
c Security Services		0.00		0.00					
d		0.00		0.00					
18 Total Ordinary Allowable itemized Deductions (Sum of Items 1 to 17d) (To part V Schedule 3.A Item 13)		0.00		0.00					
Schedule 5 - Special Allowable Itemized Deductions (attach additional sheet/s, if necessary)									
5.A - Taxpayer/Filer		Description		Legal Basis		Amount			
1						0.00			
2						0.00			
3 Total Special Allowable Itemized Deductions-Taxpayer/Filer (Sum of Items 1 and 2) (To part V Schedule 3.A Item 14A)						0.00			
5.B - Spouse						0.00			
4						0.00			
5						0.00			
6 Total Special Allowable Itemized Deductions-Spouse (Sum of Items 4 and 5) (To part V Schedule 3.A Item 14B)						0.00			
Schedule 6 - Computation of Net Operating Loss carry Over (NOLCO)									
6.A - Computation of NOLCO		Description		A. Taxpayer/Filer		B. Spouse			
1 Gross Income				0.00		0.00			
2 Less: Ordinary Allowable Itemized Deductions				0.00		0.00			
3 Net Operating Loss (Item 1 Less Item 2) (To Schedule 6.A.1 Item 7A and/or Schedule 6.A.2 Item 12A)				0.00		0.00			
6.A.1 - Taxpayer/Filer's Detailed Computation of Available NOLCO									
Net Operating Loss		B. NOLCO Applied Previous Year/s		C. NOLCO Expired		D. NOLCO Applied Current Year		E. Net Operating Loss (Unapplied) [(E)=A-(B+C+D)]	
Year Incurred		A. Amount							
4		0.00		0.00		0.00		0.00	
5		0.00		0.00		0.00		0.00	
6		0.00		0.00		0.00		0.00	
7		0.00		0.00		0.00		0.00	
8 Total NOLCO - taxpayer/Filer (Sum of Items 4D to 7D) (To Part V Schedule 3.A Item 15A)						0.00			



1701

January 2018 (ENCS)  
Page 4**Annual Income Tax Return**  
Individuals (including MIXED Income Earner), Estates and Trusts

1701 01/18ENCS P4

TIN 279 702 171 000 Taxpayer/Filer's Last Name GREGORIO

## (Continuation of Schedule 6)

## 6.A.2 - Spouse's Detailed Computation of Available NOLCO

Year Incurred	Net Operating Loss A. Amount	B. NOLCO Applied Previous Year/s	C. NOLCO Expired	D. NOLCO Applied Current Year	E. Net Operating Loss (Unapplied) [(E)=A-(B+C+D)]
09	0.00	0.00	0.00	0.00	0.00
10	0.00	0.00	0.00	0.00	0.00
11	0.00	0.00	0.00	0.00	0.00
12	0.00	0.00	0.00	0.00	0.00
				0.00	

13 Total NOLCO - Spouse (Sum of Items 9D to 12D) (To Part V Schedule 3 A Item 15B)

## PART VI - Summary of Income Tax Due

1 Regular Rate-Income Tax Due (From Part V, Either Item 25 or Item 32)	0.00	0.00
2 Special Rate-Income Tax Due (From Part X Item 17B/17F)	0.00	0.00
3 Less: Share of Other Government Agency, if remitted directly to the Agency	0.00	0.00
4 Net Special Rate-Income Tax Due/Share of National Govt. (Item 2 Less Item 3)	0.00	0.00
5 Total Income Tax Due (Sum of Items 1 & 4) (To Part II Item 22)	0.00	0.00

## PART VII - Tax Credits/Payments (attach proof)

1 Prior Year's Excess Credits	0.00	0.00
2 Tax Payments for the First Three (3) Quarters	0.00	0.00
3 Creditable Tax Withheld for the First Three (3) Quarters	0.00	0.00
4 Creditable Tax Withheld per BIR Form No. 2307 for the 4th Quarter	0.00	0.00
5 Creditable Tax Withheld per BIR Form No. 2316 (From Part V Schedule 1 Item 3Ad/3Bd)	0.00	0.00
6 Tax Paid in Return Previously Filed, if this is an Amended Return	0.00	0.00
7 Foreign Tax Credits, if applicable	0.00	0.00
8 Special Tax Credits, if applicable (To Part VIII Item 6)	0.00	0.00
9 Other Tax Credits/Payments (specify)	0.00	0.00
10 Total Tax Credits/Payments (Sum of Items 1 to 9) (To Part II Item 23)	0.00	0.00

## PART VIII - Tax Relief Availment

## VIII.A - Special Rate

1 Regular Income Tax Otherwise Due (Part X Item 16B and/or Item 16F X applicable regular income tax rate)	0.00	0.00
2 Tax Relief on Special Allowable Itemized Deductions (Part X Item 7B and/or Item 7F X applicable regular income tax rate)	0.00	0.00
3 Sub-Total - Tax Relief (Sum of Items 1 and 2)	0.00	0.00
4 Less: Income Tax Due (From Part X Item 17B and/or Item 17F)	0.00	0.00
5 Tax Relief Availment Before Special Tax Credit (Item 3 Less Item 4)	0.00	0.00
6 Add: Special Tax Credit, if any (From Part VII Item 8)	0.00	0.00
7 Total Tax Relief Availment-SPECIAL (Sum of Items 5 and 6)	0.00	0.00

## VIII.B - Exempt

8 Regular Income Tax Otherwise Due (Part X Item 16A and/or Item 16E X applicable regular income tax rate)	0.00	0.00
9 Tax Relief on Special Allowable Itemized Deductions (Part X Item 7A and/or Item 7E X applicable regular income tax rate)	0.00	0.00
10 Total Tax Relief Availment-EXEMPT (Sum of Items 8 and 9)	0.00	0.00

## PART IX - Reconciliation of Net Income per Books Against Taxable Income (Attach additional sheet/s, if necessary)

Particulars	A. Taxpayer/Filer	B. Spouse
1 Net Income/(Loss) per Books	0.00	0.00
Add: Non-Deductible Expenses/Taxable Other Income		
2	0.00	0.00
3	0.00	0.00
4	0.00	0.00
5 Total (Sum of Items 1 to 4)	0.00	0.00
Less: A) Non-Taxable Income and Income Subjected to Final Tax		
6	0.00	0.00
7	0.00	0.00
B) Special/Other Allowable Deductions		
8	0.00	0.00
9	0.00	0.00
10 Total (Sum of Items 6 to 9)	0.00	0.00
11 Net Taxable Income/(Loss) (Item 5 Less Item 10)	0.00	0.00





anthony marko <clientmail08@gmail.com>

## Tax Return Receipt Confirmation

ebirforms-noreply@bir.gov.ph <ebirforms-noreply@bir.gov.ph>  
To: clientmail08@gmail.com

Tue, Mar 12, 2024 at 3:46 PM

**This confirms receipt of your submission with the following details subject to validation by BIR:**

File name: 279702171000-1701v2018-122023.xml

Date received by BIR: 12 March 2024

Time received by BIR: 03:27 PM

Penalties may be imposed for any violation of the provisions of the NIRC and issuances thereof.

### **FOR RETURNS WITH TAX PAYABLE:**

**Please pay through any of the following ePayment Channels:**

#### **Land Bank of the Philippines Link.BizPortal**

- LBP ATM Cards
- Bancnet ATM/Debit Cards
- PCHC PayGate or PESONeT (RCBC, Robinsons Bank, UnionBank, PSBank, BPI, Asia United Bank)

#### **DBP PayTax Online**

- Credit Cards (MasterCard/Visa)
- Bancnet ATM/Debit Cards

#### **Unionbank of the Philippines**

- Unionbank Online (for Unionbank Individual and Corporate Account Holders)
- UPAY via InstaPay (For Individual Non-Unionbank Account Holders)

#### **Taxpayer Agent/ Tax Software Provider-TSP**

- (Gcash/PayMaya/MyEG)

**This is a system-generated email. Please do not reply.**

**Bureau of Internal Revenue**



BIR Form No.  
**2316**

January 2018 (ENCS)

Certificate of Compensation  
Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

<b>1</b> For the Year (YYYY) <b>2023</b>		<b>2</b> For the Period From (MM/DD) <b>01 31</b> To (MM/DD) <b>12 31</b>	
<b>Part I - Employee Information</b>		<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>	
<b>3</b> TIN <b>279 702 171 0000</b>		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
<b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>GREGORIO, JENNIBETH R</b>		<b>5</b> RDC Code <b>063</b>	
<b>6</b> Registered Address <b>POBLACION MANSALAY OR MDO 5213</b>		<b>6A</b> Zip Code	
<b>6B</b> Local Home Address		<b>6C</b> Zip Code	
<b>6D</b> Foreign Address		<b>6E</b> Zip Code	
<b>7</b> Date of Birth (MM/DD/YYYY) <b>11 10 1988</b>		<b>8</b> Telephone Number	
<b>9</b> Statutory Minimum Wage rate per day <b>0.00</b>		<b>27</b> Basic Salary (including the exempt P250,000 & 1/3 of the Statutory Minimum Wage of the MWE) <b>0.00</b>	
<b>10</b> Statutory Minimum Wage rate per month <b>0.00</b>		<b>28</b> Holiday Pay (MWE) <b>0.00</b>	
<b>11</b> <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		<b>29</b> Overtime Pay (MWE) <b>0.00</b>	
<b>Part II - Employer Information (Present)</b>		<b>30</b> Night Shift Differential (MWE) <b>0.00</b>	
<b>12</b> Taxpayer <b>445 860 789 0000</b>		<b>31</b> Hazard Pay (MWE) <b>0.00</b>	
<b>13</b> Employer's Name <b>GREGORIO, FEDERICO GALLOS</b>		<b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000) <b>15,125.00</b>	
<b>14</b> Registered Address <b>POBLACION MANSALAY ORIENTAL MINDORO</b>		<b>33</b> De Minimis Benefits <b>0.00</b>	
<b>15</b> Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		<b>34</b> SSS, GSIS, PHIC & Pag-Ibig Contributions and Union Dues (Employee share only) <b>20,700.00</b>	
<b>Part III - Employer Information (Previous)</b>		<b>35</b> Salaries & Other Forms of Compensation <b>0.00</b>	
<b>16</b> TIN		<b>36</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>35,825.00</b>	
<b>17</b> Employer's Name		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
<b>18</b> Registered Address		<b>37</b> Basic Salary <b>166,500.00</b>	
<b>18A</b> Zip Code		<b>38</b> Representation	
<b>Part IVA - Summary</b>		<b>39</b> Transportation	
<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <b>202,325.00</b>		<b>40</b> Cost of Living Allowance (COLA)	
<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <b>35,825.00</b>		<b>41</b> Food Housing Allowance	
<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <b>166,500.00</b>		<b>42</b> Others (Specify)	
<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>		<b>42A</b> <b>0.00</b>	
<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>166,500.00</b>		<b>42B</b>	
<b>24</b> Tax Due <b>0.00</b>		<b>Supplementary</b>	
<b>25</b> Amount of Taxes Withheld		<b>43</b> Commission	
<b>25A</b> Present Employer <b>0.00</b>		<b>44</b> Profit Sharing	
<b>25B</b> Previous Employer <b>0.00</b>		<b>45</b> Fees Including Director's Fees	
<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b>		<b>46</b> Taxable 13th Month Pay Benefits <b>0.00</b>	
		<b>47</b> Hazard Pay	
		<b>48</b> Overtime Pay	
		<b>49</b> Others (Specify)	
		<b>49A</b>	
		<b>49B</b>	
		<b>50</b> Total Taxable Compensation Income (Sum of Items 37 and 49B) <b>166,500.00</b>	
<b>I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of my/our 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. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.</b>			
<b>FEDERICO G. GREGORIO</b>			
<b>51</b> Present Employer/ Authorized Agent Signature Over Printed Name		Date Signed <b>01 19 2024</b>	
<b>CONFORME: JENNIBETH R GREGORIO</b>			
<b>52</b> Employee Signature Over Printed Name		Date Signed <b>01 19 2024</b>	
CTC/Valid ID No. <b>CCT 2622661434</b> Place of Issue <b>MANSALAY OR MDO</b>		Date of Issue <b>01 09 2024</b>	
		Amount Paid if CTC <b>505.00</b>	
<b>To be accomplished under substituted filing</b>			
<b>I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.</b>		<b>I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.</b>	
<b>53</b> Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		<b>JENNIBETH R GREGORIO</b>	
		<b>54</b>	



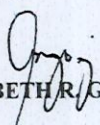
**STATEMENT OF MANAGEMENT'S RESPONSIBILITY**  
**FOR ANNUAL INCOME TAX RETURN**

The management of **JENNIBETH R. GREGORIO** is responsible for all information and representations contained in the Annual Income Tax Return for the year ended December 31, 2023. Management is likewise responsible for all information and representations contained in the financial statements accompanying the Annual Income Tax Return covering the same reporting period. Furthermore, the Management is responsible for all information and representations contained in all the other tax returns filed for the reporting period, including, but not limited, to the value added tax and/or percentage tax returns, withholding tax returns, documentary stamp tax returns, and any and all other tax returns.

In this regard, the Management affirms that the attached audited financial statements for the year ended December 31, 2023 and the accompanying Annual Income Tax Return are in accordance with the books and records of **JENNIBETH R. GREGORIO** complete and correct in all material respects. Management likewise affirms that:

- (a) the Annual Income Tax Return has been prepared in accordance with the provisions of the National Internal revenue Code, as amended, and pertinent tax regulations and other issuances of the Department of Finance and the Bureau of Internal Revenue;
- (b) any disparity of figures in the submitted reports arising from the preparation of financial statements pursuant to financial accounting standards and the preparation of the income tax return pursuant to tax accounting rules has been reported as reconciling items and maintained in the company's books and records in accordance with the requirements of Revenue Regulations No. 8-2007 and other relevant issuances;
- (c) **JENNIBETH R. GREGORIO** filed all applicable tax returns, reports and statements required to be filed under Philippine tax laws for the reporting period, and all taxes and other impositions shown thereon to be due and payable have been paid for the reporting period, except those contested in good faith.

Signed under Oath:

  
**JENNIBETH R. GREGORIO**



**THIRD DEGREE PHARMA AND MEDICAL SUPPLIES TRADING**  
 Sitio Pantalan, Poblacion, Mansalay, Oriental Mindoro

**STATEMENT OF FINANCIAL POSITION**  
 As of December 31, 2023

2023

**ASSETS**

Current Assets	
Cash	822,325.00
Total Current Assets	822,325.00
Noncurrent Assets	
Store Furnitures & Equipment	150,000.00
Total Noncurrent Assets	150,000.00
Less: Accumulated Depreciation	-
Total Noncurrent Assets-Net	150,000.00
<b>TOTAL ASSETS</b>	<b>972,325.00</b>

**LIABILITIES AND EQUITY**

Liabilities	
Accrued Taxes & Other Payables	-
Total Liabilities	-
Equity	
Beginning Balance	970,000.00
Add: Net Income for the year	202,325.00
Total	1,172,325.00
Less: Drawings	200,000.00
Ending Balance	972,325.00
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>972,325.00</b>



**THIRD DEGREE PHARMA AND MEDICAL SUPPLIES TRADING**  
Sitio Pantalan, Poblacion, Mansalay, Oriental Mindoro

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**STATEMENTS OF INCOME**  
For the Year Ended December 31, 2023

	2023
GROSS SALES	-
Less: Cost of Sales	
Beginning Inventory	-
Add Purchases	-
Total Goods Available for Sale	-
Less: Ending Inventory	-
Cost of Sales	-
GROSS INCOME	-
Less Operating Expenses	
Salaries and Wages	
Taxes and Licenses	
Light and Water	
Office/Store Supplies	
Depreciation	
Miscellaneous	
Total Operating Expense	-
OPERATING INCOME	-
Add: Compensation Income	202,325.00
INCOME BEFORE INCOME TAX	202,325.00
Less: Income Tax	-
NET INCOME FOR THE YEAR	202,325.00



**THIRD DEGREE PHARMA AND MEDICAL SUPPLIES TRADING**  
Sitio Pantalan, Poblacion, Mansalay, Oriental Mindoro

**STATEMENT OF CASH FLOWS**  
For the Year Ended December 31, 2023

	2023
CASH FLOWS FROM OPERATING ACTIVITIES	
Net Income	202,325.00
Net Cash Provided by Operating Activities	202,325.00
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchase of Furnitures & Fixtures	(150,000.00)
Net Cash Used in Investing Activities	(150,000.00)
CASH FLOWS FROM FINANCING ACTIVITIES	
Capital Investments	970,000.00
Personal Drawings	(200,000.00)
Net Cash Used in Financing Activities	770,000.00
NET INCREASE IN CASH	822,325.00
Cash Balance at Beginning of Year	-
CASH BALANCE AT END OF THE YEAR	822,325.00





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-063-01-02-R0004-2024-E

# TAX CLEARANCE CERTIFICATE

(Pursuant to Executive Order No. 398)

## GREGORIO, JENNIBETH RAYOS

(THIRD DEGREE PHARMA AND MEDICAL SUPPLIES TRADING)

Name of Taxpayer

SITIO PANTALAN, POBLACION, MANSALAY, ORIENTAL MINDORO

Address

**279-702-171-00000**

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 2nd day of January, 2024.

NOTE: THIS CERTIFICATE SHALL BE VALID AND EFFECTIVE FROM DATE OF ISSUE UNTIL JANUARY 02, 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 NOVEMBER 28, 2023 UNDER EFPS PAYMENT TRANSACTION NO. 238036775. ANY ERASURE MADE ON THIS TCC SHALL RENDER IT NULL AND VOID.

NOT VALID  
WITHOUT BIR  
DRY SEAL

**LEVINE F. ILAGAN**

Chief, Collection Division

By: **AMIHAN L. VALDEZ**

OIC-Asst. Chief, Collection Division

DOCUMENTARY STAMP TAX  
DATE OF PAYMENT: 11/28/2023  
PAYMENT CONFIRMATION:  
238036854  
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

**THIRD DEGREE PHARMA AND MEDICAL SUPPLIES TRADING**  
(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

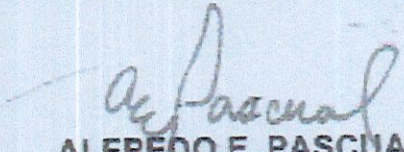
**JENNIBETH R. GREGORIO**

is valid from 10 August 2022 to 10 August 2027 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 10 August 2022 in the Philippines.

  
**ALFREDO E. PASCUAL**  
Secretary

**Business Name No. 4077591**

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



GOFV652613835458

Documentary Stamp Tax Paid Php 30.00





REQUEST FOR QUOTATION

Supply and Delivery of Office Supplies, Medical and Dental & Laboratory Supplies, And Drugs & Medicines for the MinSU Bongabong Campus

PR No.: 2024-093  
RFQ No. 2024-135  
ABC Amount: Pbp446,704.00

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
Lot 1 - Office Supplies					
1	boxes	Gel ballpen (blk/blue)	2	280.00	560.00
2	pcs	Pentel pen black fine	5	50.00	250.00
3	pcs	Pentel pen black broad	5	50.00	250.00
4	reams	Bond paper long subs 20	10	230.00	2,300.00
5	reams	Bond paper short subs 20	10	245.00	2,450.00
6	reams	Bond paper A4 subs 20	10	270.00	2,700.00
7	set	Printer ink #664 (B/C/M/Y)	5	950.00	4,750.00
8	ream	White folder long 14 pts	5	950.00	4,750.00
9	bxs	Paper clips coated 50mm	5	40.00	200.00
10	bots	Glue 240gr	5	200.00	1,000.00
11	bxs	Staple wire #35	5	60.00	300.00
12	boxes	plastic fastener	1	96.00	96.00
Lot 2 - Medical, Dental & Lab. Supplies					
1	boxes	Disposable gloved - med	20	300.00	6,000.00
2	boxes	Disposable gloved - large	20	300.00	6,000.00
3	boxes	Kenesiology muscle tape (green, yellow, black)	5	750.00	3,750.00
4	pcs	3M Steri-strips skin Closure application	20	150.00	3,000.00
5	packs	Cotton bads 200 tips/pack	10	80.00	800.00
6	bots	Methyl Salicylate Menthol Crystal Eucalyptus oil 10ml	25	100.00	2,500.00
7	bots	Menthol & Methyl Salicylate + Eucalyptus oil + campur 10ml	25	100.00	2,500.00
8	bots	Cool pain spray 250ml	20	500.00	10,000.00
9	boxes	Methyl Salicylate 1 -Menthol Tocopherol Acetate (vit E) dl - Camphor	20	85.00	1,700.00
10	packs	Dental Cotton roll	10	200.00	2,000.00
11	packs	Cotton balls 300's	20	110.00	2,200.00
12	boxes	BD Ultra Fine II Insulin syringe 0.3ml	5	1,700.00	8,500.00
13	boxes	Dental Needle	10	500.00	5,000.00
14	packs	Paper towel 3's	200	200.00	40,000.00

MSU-BAC-FR-05.01





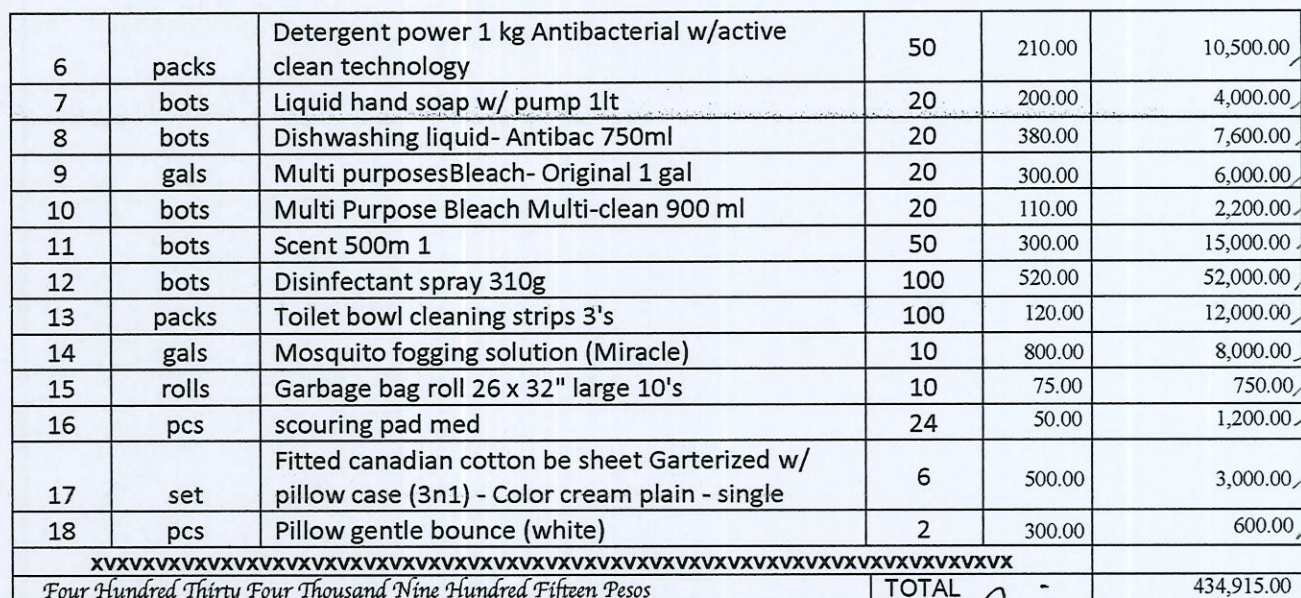
15	packs	Dental polyster bib	5	350.00	1,750.00	
16	boxes	Denjec Gauze 27 short disposable needle	3	300.00	900.00	
17	boxes	One Touch Select strips	10	1,500.00	15,000.00	
18	boxes	Lancet needle 200pcs/box	5	320.00	1,600.00	113,200
<b>Lot 3 - Drugs &amp; Medicines</b>						
1	tabs	Acetylcysteine 600mg	200	35.00	7,000.00	
2	tabs	magnesium Hydroxide 100mg	500	2.50	1,250.00	
3	tabs	Amlodopine Besilate 5mg	100	2.00	200.00	
4	tabs	Amoxicillin 500mg	500	3.50	1,750.00	
5	tabs	Ascorbic Acid (Vit.C) 500mg	2000	1.50	3,000.00	
6	tabs	Azithromycin 500mg	120	38.00	4,560.00	
7	tabs	Betahistine 16 mg	250	25.00	6,250.00	
8	bots	Calamine 8% lotion (60ml)	10	90.00	900.00	
9	tabs	Cefuroxime 500mg	1000	24.00	24,000.00	
10	caps	Celecoxib 200mg	200	6.00	1,200.00	
11	tabs	Ciprofloxacin 500mg	500	5.00	2,500.00	
12	tabs	Co-amoxiclav 625mg	1500	25.00	37,500.00	
13	tabs	Cetirizine 10mg	50	1.50	75.00	
14	bots	PNSS 500ml	5	130.00	650.00	
15	bots	D5 water 500ml	5	130.00	650.00	
16	tube	Erythromycin 0.5% 3.5g (Eye ointment)	10	200.00	2,000.00	
17	bots	Hydrogen peroxide 3% 120ml	10	45.00	450.00	
18	tabs	Hyosiene 10 mg	200	6.00	1,200.00	
19	bots	Hypromellose 0.3% 10ml (Eye drops)	20	180.00	3,600.00	
20	tabs	Ibuprofen 400mg	400	6.00	2,400.00	
21	tabs	Lagundi Vitex Negundo L 600mg	3000	6.50	19,500.00	
22	tabs	Lasartan 50mg	100	2.50	250.00	
23	caps	Mefenamic acid 500mg	460	3.00	1,380.00	
24	caps	Multivitamins	2000	2.50	5,000.00	
25	tube	Mupirocin 2% ointment 5g	20	150.00	3,000.00	
26	caps	Omeprazole 20mg	200	6.00	1,200.00	
27	tabs	Paracetamol 500mg	2000	1.50	3,000.00	
28	tabs	Loratadine 10mg	99	6.00	594.00	
29	bots	Povidone Iodine 1% 120ml (wound solution)	8	300.00	2,400.00	
30	bots	Povidone Iodine 1% 120ml (oral solution)	20	300.00	6,000.00	
31	ampule	Salbutamol 1mg/ml, 2.5ml respiratory	20	25.00	500.00	
32	tabs	Sambong Blumea Balsamifera 500mg	1000	6.00	6,000.00	
33	caps	Tranexamine Acid 500mg	200	11.00	2,200.00	
34	bxs	Lidocaine 2% E-100 w/Epinephrine 1:1000,000 injectable solution (50 glass/bx)	8	1,800.00	14,400.00	
35	tabs	Meclizine HCl 25mg	500	16.00	8,000.00	174,559.00
<b>Lot 4 - Other supplies &amp; materials</b>						
1	packs	Resealable plastic 6.2 x 9cm	5	70.00	350.00	
2	packs	Resealable plastic 7 x 10cm	5	100.00	500.00	
3	packs	Resealable plastic 9 x 13cm	5	120.00	600.00	
4	packs	Resealable plastic 20 x 30cm	5	390.00	1,950.00	
5	packs	Disposable cups 6.5 oz 50's	20	65.00	1,300.00	

MSU-BAC-FR-05.01





Email: [universitypresident@minsu.edu.ph](mailto:universitypresident@minsu.edu.ph)  
Website: [www.minsu.edu.ph](http://www.minsu.edu.ph)  
Mobile: +63 977 846 72 28



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

YOLANDA D. MATANGUIHAN

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

TIN No. of Establishment  
09176562195

Contact Number

July 16, 2024

Date \_\_\_\_\_

### 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

MSU-BAC-FR-05.01

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





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-2025

Issued this 27th day of May 2024.

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



Documentary Stamp Tax Paid Php 30.00  
Certificate Reference No: 200501-6243-40225844



## 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.*

Certificate Reference No: 200501-6243-40225844

<sup>1</sup>Refer to Section 4 of the Guidelines for the Use of the Government of the Philippines - Official Merchant's Registry



# List of Eligibility Documents

of

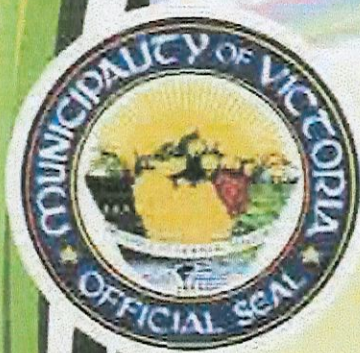
**CPA PHARMACY**

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-2024 Permit Number : 888 0345 Place of Issue : VICTORIA ORIENTAL MINDORO Issued By / Signatory : JOSELITO C. MALABANAN Issuance Date : 10-Jan-2024
<b>Tax Clearance</b>	Expiration Date : 01-Mar-2025 TCC Number : RR9A-063-02-29-R0407-2024-E Issued By / Signatory : AMIHAN L. VALDEZ Issuance date : 29-Feb-2024
<b>Audited Financial Statement</b>	Date of Filing : 10-Apr-2024 Current Asset : 2,618,117.50 Total Asset : 3,255,741.50 Current Liabilities : 43,625.14 Total Liabilities : 43,625.14 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 Office Supplies, Medical and Dental & Laboratory Supplies, and Drugs & Medicines for the 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 inquire or secure Supplemental/Bid Bulletin(s) issued for the Supply and Delivery of Office Supplies, Medical and Dental & Laboratory Supplies, And Drugs & Medicines for the 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 16<sup>th</sup> day of July 2024, at Victoria Oriental Mindoro, Philippines.


  
YOLANDA D. MATANGUIHAN  
Affiant

### ACKNOWLEDGEMENT

SUBSCRIBE AND SWORN to before me this 16<sup>th</sup> day of July, 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 16<sup>th</sup> day of July 2024.

Doc. No. 305  
Page No. 62  
Book No. LVV  
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



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 Office Supplies, Medical and Dental & Laboratory Supplies, and Drugs & Medicines for the 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 inquire or secure Supplemental/Bid Bulletin(s) issued for the Supply and Delivery of Office Supplies, Medical and Dental & Laboratory Supplies, And Drugs & Medicines for the 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 16<sup>th</sup> day of July 2024, at Victoria Oriental Mindoro, Philippines.


  
YOLANDA D. MATANGUIHAN  
Affiant

ACKNOWLEDGEMENT

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Doc. No. 305  
Page No. 62  
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ATTY. ARISTEDES A. MARAMOT  
Notary Public  
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Roll No. 41130 /April 15, 1996  
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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 - CAVAMIRO (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> X	<b>Head Office</b>	<b>Branch</b>
<b>REGISTERED ADDRESS</b> POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES		

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



BIR FORM  
**2303**

REVISED: APRIL 2019

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

OCN: 063RC2022000002713

Date OCN Generated: July 18, 2022

UPDATED ON 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					
		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		Secondary	
<b>Line of Business</b>		WHOLESALE OF PROFESSIONAL AND SCIENTIFIC AND MEASURING AND CONTROLLING EQUIPMENT			
<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			
<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			
<b>(PSIC)</b>		46429-WHOLESALE OF MISCELLANEOUS CONSUMER GOODS N.E.C.		Secondary	
<b>Line of Business</b>		WHOLESALE OF HOUSEHOLD GOODS			
<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			

**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: 063RC2022000002713

Date OCN Generated: July 18, 2022

UPDATED ONLY 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.



**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

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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

Proceed to Payment

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**efps**  
e-Filing and Payment System

Bureau of Internal Revenue  
Republic of the Philippines

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

TIN	129 - 326 - 144 - 000
Taxpayer's Name	MATANGUIHAN, YOLANDA DIMAANO
Tax Type	IT
Return Period	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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Reference No:422400059270424

Date Filed:April 21 2024 04:18 PM

Batch Number:0




For BIR Use

Only

BCS/

Item

1701Q 01/18ENC5 P1

 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		<div>Quarterly Income Tax Return</div> <div>For Individuals, Estates and Trusts</div> <div>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.</div>		<div>BIR Form No.</div> <div>1701Q</div> <div>January 2018 (ENC5)</div> <div>Page 1</div>	
1 For the Year (YYYY) 2024		2 Quarter <input checked="" type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd		3 Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No	
				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		<input checked="" type="radio"/> Single Proprietor <input type="radio"/> Professional <input type="radio"/> Estate <input type="radio"/> Trust			
8 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			
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				<input type="radio"/> Yes <input checked="" type="radio"/> No	
16 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)]					
16A 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]]					
Part II – Background Information on Spouse (if applicable)					
17 Spouse's TIN		129 - 326 - 144 - 000		18 RDO Code	
19 Filer's Spouse Type		<input type="radio"/> Single Proprietor <input type="radio"/> Professional <input type="radio"/> Compensation Earner			
20 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			
21 Spouse's Name (Last Name, First Name, Middle Name)					
22 Citizenship		23 Foreign Tax Number, if applicable		24 Claiming Foreign Tax Credits?	
				<input type="radio"/> Yes <input checked="" type="radio"/> No	
25 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)]					
25A 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

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Reference No:422400059270424  
Date Filed:April 21 2024 04:18 PM  
Batch Number:0

BIR Form No.

1701Q

January 2018 (ENCs)

Page 2

Quarterly Income Tax Return

For Individuals, Estates and Trusts

1701Q 01/18ENCs P2

TIN

129 - 326 - 144 - 000

Taxpayer/Filer's Last Name

MATANGUIHAN, YOLANDA DIMAANO

PART V – COMPUTATION OF TAX DUE

(DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up)

Declaration this Quarter

A) Taxpayer/Filer

B) Spouse

If graduated rate, fill in items 36 to 46; if 8%, fill in items 47 to 54

Schedule I – For Graduated IT Rate

36 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)

1,029,523

0

37 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)

658,208

0

38 Gross Income/(Loss) from Operation (Item 36 Less Item 37)

371,315

0

Less: Allowable Deductions

39 Total Allowable Itemized Deductions

111,435

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)

259,880

0

Add: 42 Taxable Income/(Loss) Previous Quarter/s

0

0

43 Non-Operating Income (specify)

0

0

Add

Delete

Upload Attachment

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)

259,880

0

46 TAX DUE (Item 45 × Applicable Tax Rate based on Tax Table below) (To Part III, Item 26)

1,482

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

Add

Delete

Upload Attachment

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

0

0

57 Creditable Tax Withheld for the Previous Quarter/s

0

0

58 Creditable Tax Withheld per BIR Form No. 2307 for this Quarter

0

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

Add

Delete

Upload 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

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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	: 2550Q
Reference No.	: 102400059270330
Amount Payable (Over Remittance)	: 2,962.78
Accounting Type	: C - Calendar
For Tax Period	: 03/31/2024
Quarter	: 1
Date Filed	: 04/21/2024
Tax Type	: VT

Proceed to Payment

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e-Filing and Payment System

Bureau of Internal Revenue  
Republic of the Philippines

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

TIN	129 - 326 - 144 - 000
Taxpayer's Name	MATANGUIHAN, YOLANDA DIMAANO
Tax Type	VT
Return Period	03/31/2024
Transacting Bank	SBTC (027000)
Reference Number	102400059270330
Payment Transaction Number	241063184
Payment Transaction Date	04/21/2024
Actual Amount Paid	2962.78
SBTC's Confirmation Number	BI-042124-90047
Please refer to the Tax Return Inquiry facility to check the status of your payment.	

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Reference No:102400059270330  
Date Filed:April 21, 2024 03:43 PM  
Batch Number:0

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) <input checked="" type="radio"/> Calendar <input type="radio"/> Fiscal December ▼ 202	2 Quarter <input checked="" type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 4th	3 Return Period (MM/DD/YYYY) From To 01/01/2024 03/31/2024	4 Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No	5 Short Period Return? <input type="radio"/> Yes <input checked="" type="radio"/> No
6 TIN 129 326 144 000	7 RDO Code 063	8 No. of sheets attached 0	9 Line of Business	WHOLESALE OF MISCELLANEOUS
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? <input type="radio"/> Yes <input checked="" type="radio"/> No 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 Sch. 1 )	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 Sch. 2 )	21A 0.00	21B 0.00	
21C/D Purchase of Capital Goods exceeding P1Million (see Sch. 3 )	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 Sch. 3 )		23A 0.00	
23B Input Tax on Sale to Gov't. closed to expense (see Sch. 4 )		23B 0.00	



<b>23C</b>	Input Tax allocable to Exempt Sales (see Sch. 5 )	<b>23C</b>	0.00
<b>23D</b>	VAT Refund / TCC claimed	<b>23D</b>	0.00
<b>23E</b>	Others	<b>23E</b>	0.00
<b>23F</b>	Total (Sum of Item 23A, 23B, 23C, 23D & 23E)	<b>23F</b>	0.00
<b>24</b>	Total Allowable Input Tax (Item 22 less Item 23F)	<b>24</b>	61,382.42
<b>25</b>	Net VAT Payable (Item 19B less Item 24)	<b>25</b>	48,923.62
<b>26</b>	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 Sch. 6 )	<b>26B</b>	45,960.84
<b>26C</b>	Advance Payment for Sugar and Flour Industries (see Sch. 7 )	<b>26C</b>	0.00
<b>26D</b>	VAT withheld on Sales to Government (see Sch. 8 )	<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		
<b>28A</b>	0.00	<b>28B</b>	0.00
	Interest		
<b>28C</b>	0.00	<b>28D</b>	0.00
	Compromise		
<b>29</b>	Total Amount Payable (Overpayment) (Sum of Item 27& 28D)	<b>29</b>	2,962.78

## Attachments

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Attachment Details

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Payment Details

Proceed to Payment

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REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE

Annex "M"

**BUREAU OF INTERNAL REVENUE**

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

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

**TAX CLEARANCE CERTIFICATE**

(Pursuant to Executive Order No. 398)

**MATANGUIHAN, YOLANDA**

**DIMAANO**

(CPA PHARMACY)

Name of Taxpayer

**POBLACION I, VICTORIA, ORIENTAL MINDORO**

Address

**129-326-144-00000**

Taxpayer Identification Number

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

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

Issued this 29th day of February, 2024.

NOTE: THIS CERTIFICATE SHALL BE VALID AND EFFECTIVE FROM DATE OF ISSUE UNTIL MARCH 01, 2025 ONLY OR UNTIL REVOKED FOR VIOLATION OF THE CRITERIA SPECIFIED UNDER REVENUE REGULATIONS NO. 8-2016, AS AMENDED AND REVENUE MEMORANDUM ORDER NO. 46-2018, WHICHEVER COMES EARLIER. THIS SHALL NOT BE USED ON SALES/TRANSFER OF REAL PROPERTIES.

CERTIFICATION FEE OF P100 WAS PAID ON FEBRUARY 19, 2024 UNDER EFPS PAYMENT TRANSACTION NO. 249717015. ANY ERASURE MADE ON THIS TCC SHALL RENDER IT NULL AND VOID.



**AMIHAN L. VALDEZ**

Asst. Chief, Collection Division

Officer-in-Charge

02/29/2024

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

**WARNING: Counterfeiting is punishable by law. For authenticity, please visit BIR website [www.bir.gov.ph/index.php/tax-clearance/released-tax-clearance.html](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*



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

**APPROVED BUDGET FOR THE CONTRACT (ABC)**  
**Supply and Delivery of Office Supplies, Medical and Dental & Laboratory Supplies, And Drugs & Medicines for the MinSU Bongabong Campus**  
**Labasan, Bongabong, Oriental Mindoro**  
Project Name and Location

Stations: Mindoro State University

Length:

Length:

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	CURRENT MARKET PRICE	TOTAL COST	VAT, OTHER TAXES AND/OR DUTIES APPLICABLE	FREIGHT & INSURANCE	OTHER INDIRECT COSTS	Contract Duration:					TOTAL COST	UNIT COST
									OTHER COST FACTORS		INFLATION, CURRENCY	VALUE	VALUE		
									%						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)			
			</												

1327













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



PURCHASE REQUEST

Fund Cluster:

Office/Section :		PR No.: 2024-093		Date: April 17, 2024	
		Responsibility Center Code :			
Stock/ Property	Unit	Item Description	Qty	Unit Cost	Total Cost
		Lot 1 - Office Supplies			-
1	boxes	Gel ballpen (blk/blue)	2	350.00	700.00
2	pcs	Pentel pen black fine	5	80.00	400.00
3	pcs	Pentel pen black broad	5	80.00	400.00
4	reams	Bond paper long subs 20	10	260.00	2,600.00
5	reams	Bond paper short subs 20	10	240.00	2,400.00
6	reams	Bond paper A4 subs 20	10	260.00	2,600.00
7	set	Printer ink #664 (B/C/M/Y)	5	1,800.00	9,000.00
8	ream	White folder long 14 pts	5	800.00	4,000.00
9	bxs	Paper clips coated 50mm	5	35.00	175.00
10	bots	Glue 240gr	5	85.00	425.00
11	bxs	Staple wire #35	5	45.00	225.00
12	boxes	plastic fastener	1	35.00	35.00
					-
		Lot 2 - Medical, Dental & Lab. Supplies			-
1	boxes	Disposable gloved - med	20	500.00	10,000.00
2	boxes	Disposable gloved - large	20	500.00	10,000.00
3	boxes	Kenesiology muscle tape (green, yellow, black)	5	400.00	2,000.00
4	pcs	3M Steri-strips skin Closure application	20	150.00	3,000.00
5	packs	Cotton bads 200 tips/pack	10	35.00	350.00
6	bots	Methyl Salicylate Menthol Crystal Eucalyptus oil 10ml	25	179.00	4,475.00
7	bots	Menthol & Methyl Salicylate + Eucalyptus oil + campur 10ml	25	60.00	1,500.00
8	bots	Cool pain spray 250ml	20	845.00	16,900.00
9	boxes	Methyl Salicylate I -Menthol Tocopherol Acetate (vit E) dl - Camphor	20	60.00	1,200.00
		Page 1 Total			72,385.00

Purpose:

for college clinic (MBC)

STF - 1071  
164-200  
06-888  
06-20301  
50-20301

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





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



## PURCHASE REQUEST

Fund Cluster:

Office/Section :		PR No.: 2024-093		Date: April 17, 2024	
		Responsibility Center Code :			
Stock/ Property	Unit	Item Description	Qty	Unit Cost	Total Cost
10	packs	Dental Cotton roll	10	350.00	3,500.00
11	packs	Cotton balls 300's	20	50.00	1,000.00
12	boxes	BD Ultra Fine II Insulin syringe 0.3ml	5	580.00	2,900.00
13	boxes	Dental Needle	10	650.00	6,500.00
14	packs	Paper towel 3's	200	50.00	10,000.00
15	packs	Dental polyster bib	5	200.00	1,000.00
16	boxes	Denjec Gauze 27 short disposable needle	3	340.00	1,020.00
17	boxes	One Touch Select strips	10	1,000.00	10,000.00
18	boxes	Lancet needle 200pcs/box	5	200.00	1,000.00
		<b>Lot 3 - Drugs &amp; Medicines</b>			
1	tabs	Acetylcysteine 600mg	200	33.00	6,600.00
2	tabs	magnesium Hydroxide 100mg	500	1.85	925.00
3	tabs	Amlodipine Besilate 5mg	100	4.50	450.00
4	tabs	Amoxicillin 500mg	500	6.00	3,000.00
5	tabs	Ascorbic Acid (Vit.C) 500mg	2000	4.00	8,000.00
6	tabs	Azithromycin 500mg	120	79.00	9,480.00
7	tabs	Betahistine 16 mg	250	34.50	8,625.00
8	bots	Calamine 8% lotion (60ml)	10	110.00	1,100.00
9	tabs	Cefuroxime 500mg	1000	44.00	44,000.00
10	caps	Celecoxib 200mg	200	19.00	3,800.00
11	tabs	Ciprofloxacin 500mg	500	8.00	4,000.00
12	tabs	Co -amoxiclav 625mg	1500	19.00	28,500.00
13	tabs	Cetirizine 10mg	50	4.50	225.00
14	bots	PNSS 500ml	5	100.00	500.00
15	bots	D5 water 500ml	5	92.00	460.00
16	tube	Erythromycin 0.5% 3.5g (Eye ointment)	10	179.50	1,795.00
		<b>Page 2 Total</b>			<b>158,380.00</b>

Purpose:

for college clinic (MBC)

STF - 1071  
164 - 200  
06-838  
8020307000

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





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



## PURCHASE REQUEST

Fund Cluster:

Office/Section :		PR No.: 2024-093		Date: April 17, 2024	
		Responsibility Center Code :			
Stock/ Property	Unit	Item Description	Qty	Unit Cost	Total Cost
					-
17	bots	Hydrogen peroxide 3% 120ml	10	38.00	380.00
18	tabs	Hyosiene 10 mg	200	6.20	1,240.00
19	bots	Hypromellose 0.3% 10ml (Eye drops)	20	298.00	5,960.00
20	tabs	Ibuprofen 400mg	400	3.10	1,240.00
21	tabs	Lagundi Vitex Negundo L 600mg	3000	3.35	10,050.00
22	tabs	Lasartan 50mg	100	9.00	900.00
23	caps	Mefenamic acid 500mg	460	36.25	16,675.00
24	caps	Multivitamins	2000	4.90	9,800.00
25	tube	Mupirocin 2% ointment 5g	20	179.50	3,590.00
26	caps	Omeprazole 20mg	200	19.10	3,820.00
27	tabs	Paracetamol 500mg	2000	2.25	4,500.00
28	tabs	Loratadine 10mg	99	9.00	891.00
29	bots	Povidone Iodine 1% 120ml (wound solution)	8	45.00	360.00
30	bots	Povidone Iodine 1% 120ml (oral solution)	20	153.00	3,060.00
31	ampule	Salbutamol 1mg/ml, 2.5ml respiratory	20	18.00	360.00
32	tabs	Sambong Blumea Balsamifera 500mg	1000	6.50	6,500.00
33	caps	Tranexamine Acid 500mg	200	48.99	9,798.00
34	bxs	Lidocaine 2% E-100 w/Epinephrine	8	2,050.00	16,400.00
		1:1000,000 injectable solution (50 glass/bx)			-
35	tabs	Meclizine HCl 25mg	500	13.75	6,875.00
					-
					-
					-
		Page 3 Total			102,399.00

Purpose:

for college clinic (MBC)

STF - 1071  
164 - 200  
06 - 828  
50 2030 7000

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





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



## PURCHASE REQUEST

Fund Cluster:

Office/Section :		PR No.: 2024-093		Date: April 17, 2024	
		Responsibility Center Code :			
Stock/ Property	Unit	Item Description	Qty	Unit Cost	Total Cost
		<b>Lot 4 - Other supplies &amp; materials</b>			
1	packs	Resealable plastic 6.2 x 9cm	5	110.00	550.00
2	packs	Resealable plastic 7 x 10cm	5	130.00	650.00
3	packs	Resealable plastic 9 x 13cm	5	150.00	750.00
4	packs	Resealable plastic 20 x 30cm	5	350.00	1,750.00
5	packs	Disposable cups 6.5 oz 50's	20	50.00	1,000.00
6	packs	Detergent power 1 kg Antibacterial w/ active clean technology	50	220.00	11,000.00
7	bot	Liquid hand soap w/ pump 1lt	20	150.00	3,000.00
8	bot	Dishwashing liquid- Antibac 750ml	20	230.00	4,600.00
9	gals	Multi purposes Bleach- Original 1 gal	20	210.00	4,200.00
10	bots	Multi Purpose Bleach Multi-clean 900 ml	20	150.00	3,000.00
11	bots	Scent 500ml	50	380.00	19,000.00
12	bots	Disinfectant spray 310g	100	435.00	43,500.00
13	packs	Toilet bowl cleaning strips 3's	100	90.00	9,000.00
14	gals	Mosquito fogging solution (Miracle)	10	800.00	8,000.00
15	rolls	Garbage bag roll 26 x 32" large 10's	10	50.00	500.00
16	pcs	scouring pad med	24	35.00	840.00
17	set	Fitted canadian cotton be sheet Garterized w/ pillow case (3n1) - Color cream plain - single	6	250.00	1,500.00
18	pcs	Pillow gentle bounce (white)	2	350.00	700.00
					-
					-
		Page 1 Total			72,385.00
		Page 2 Total			158,380.00
		Page 3 Total			102,399.00
		<b>GRAND TOTAL</b>			<b>446,704.00</b>

Purpose:

for college clinic (MBC)

STF - 1071  
164-200  
06-838  
5026399.00

Requested by:

Recommending Approval:

Certified Allotment Available:

Signature :

Printed Name :

JOANNE MARIE O. SAPINIT

CIEDELLE P. SALAZAR, Ph.D.

ROVELYN P. ROXAS

Designation :

Nurse II

Campus Executive Director

Budget Officer III

Approved by:

Signature :

Printed Name :

CHRISTIAN ANTHONY C. AGUTAYA, Ph.D.

Designation :

OIC -University President



PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

END-USER UNIT: 1.0000

Charged to STF - Fiduciary Proposed (Medical/Dental Fees)  
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		
	OFFICE SUPPLIES EXPENSE																	
• <i>W</i> /	Gel Ballpen (black)	box	1	350.00	350.00	Public Bidding						✓						
• <i>W</i>	Gel Ballpen (blue)	box	1	350.00	350.00	Public Bidding						✓						
• <i>W</i>	Pentelpen black (fine)	pcs	5	80.00	400.00	Public Bidding						✓						
• <i>W</i>	Pentelpen black (broad)	pcs	5	80.00	400.00	Public Bidding						✓						
• <i>W</i>	Bond Paper, subs. 20 (8.5"x13") Long	ream	10	260.00	2,600.00	Public Bidding						✓						
• <i>W</i>	Bond Paper, subs. 20 (8.5"x11") Short	ream	10	240.00	2,400.00	Public Bidding						✓						
• <i>W</i>	Bond Paper, subs. 20 (210x297mm) A4	ream	10	260.00	2,600.00	Public Bidding						✓						
• <i>W</i> /	EPSON 664 ink, yellow	pcs	5	450.00	2,250.00	Public Bidding						✓						
•	EPSON 664 ink, magenta	pcs	5	450.00	2,250.00	Public Bidding						✓						
•	EPSON 664 ink, cyan	pcs	5	450.00	2,250.00	Public Bidding						✓						
•	EPSON 664 black ink	pcs	5	450.00	2,250.00	Public Bidding						✓						
• <i>W</i> /	Long Folder 100's	ream	5	800.00	4,000.00	Public Bidding						✓						
• <i>W</i>	Paper Fastener	box	1	35.00	35.00	Public Bidding						✓						
• <i>W</i>	Paper Clips Coated 50mm	box	5	35.00	175.00	Public Bidding						✓						
• <i>W</i>	Glue 240g	pcs	5	85.00	425.00	Public Bidding						✓						
• <i>W</i>	Staple wire No. 35	box	5	45.00	225.00	Public Bidding						✓						
	TOTAL				22,960.00													

TOTAL BUDGET:

22,960.00

Prepared By:

JOANNE MARIE O. SAPINIT, R.N.  
Nurse II

Recommending Approval:

CIEDELLA P. SALAZAR, Ph.D  
Campus Executive Director

2024-097



*Charged to STF - Fiduciary Proposed (Medical/Dental Fees)  
Protect. Programs and Activities*

**TOTAL BUDGET:**

Recommending Approval:

**CIEDELLE P. SALAZAR,**  
Campus Executive Director

PR # 2024-094



PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

END-USER UNIT : Clinic

Charged to STF - Fiduciary Proposed (Medical/Dental Fees)  
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>MEDICAL, DENTAL, AND LABORATORY SUPPLIES</b>																	
	<i>First Aid Supplies:</i>																	
•	Disposable gloves (Medium) none powder	box	20	500.00	10,000.00	Public Bidding	✓											
•	Disposable gloves (Large) none powder	box	20	500.00	10,000.00	Public Bidding	✓											
•	Kinesiology muscle tape (green,yellow,black)	box	5	400.00	2,000.00	Public Bidding	✓											
•	3M Steri-Strips Skin Closure Application	pc	20	150.00	3,000.00	Public Bidding												
•	Cotton Bads 200ups/pack	packs	10	35.00	350.00	Public Bidding	✓											
•	Methyl Salicylate Menthol Crystals	bottle	25	179.00	4,475.00	Public Bidding	✓											
•	Eucalyptus oil 10ml	bottle	25	60.00	1,500.00	Public Bidding	✓											
•	Menthol + Methyl Salicylate + Eucalyptus oil + Camphor 10ml	bottle	25	845.00	16,900.00	Public Bidding	✓											
•	Cool Pain Spray 250ml	bottle	20	60.00	1,200.00	Public Bidding	✓											
•	Methyl-Salicylate L-Menthol Tocopherol Acetate (Vitamin E) dl-Camphor	box	20	60.00	1,200.00	Public Bidding	✓											
	<b>TOTAL</b>				49,425.00													

TOTAL BALANCE FORWARDED:

49,425.00

Prepared By:

JOANNE MARIE O. SAPINIT, R.N.  
Nurse II

Recommending Approval:

CIEDELLE P. SALAZAR, Ph.D.  
Campus Executive Director



# PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

[illegible]

**TOTAL BUDGET:**

Prepared By:

JOANNE MARIE O. SAPINIT, R.N.  
Nurse II

**Recommending Approval:**

**CIEDELLE P. SALAZAR, PI**  
Campus Executive Director

PR# 2024-091-



PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

END-USER UNIT

Charged to STF - Fiduciary Proposed (Medical/Dental Fees)  
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 MEDICINES EXPENSES																	
	Balance brought forward																
• <i>DS</i>	DS Water 500ml	bottle	5	92.00	460.00	Public Bidding						✓					
• <i>Ev</i>	Erythromycin 0.5% 3.5g Eye Ointment	tube	10	179.50	1,795.00	Public Bidding						✓					
• <i>H</i>	Hydrogen Peroxide 3% 120ml	bottle	10	38.00	380.00	Public Bidding						✓					
• <i>H</i>	Hyoecine 10mg	tablet	200	6.20	1,240.00	Public Bidding						✓					
• <i>H</i>	Hypromellose 0.3% 10ml Eye Drops	bottle	20	298.00	5,960.00	Public Bidding						✓					
• <i>I</i>	Ibuprofen 400mg	tablet	400	3.10	1,240.00	Public Bidding						✓					
• <i>L</i>	Lagundi Vitex Negundo L. 600mg	tablet	3000	3.35	10,050.00	Public Bidding						✓					
• <i>L</i>	Losartan 50mg	tablet	100	9.00	900.00	Public Bidding						✓					
• <i>M</i>	Mefenamic Acid 500mg	capsule	460	36.25	16,675.00	Public Bidding						✓					
• <i>M</i>	Multivitamins	capsule	2000	4.90	9,800.00	Public Bidding						✓					
• <i>M</i>	Mupirocin 2% Ointment 5g	tube	20	179.50	3,590.00	Public Bidding						✓					
• <i>O</i>	Omeprazole 20mg	capsule	200	19.10	3,820.00	Public Bidding						✓					
• <i>P</i>	Paracetamol 500mg	tablet	2000	2.25	4,500.00	Public Bidding						✓					
• <i>L</i>	Loratadine 10mg	tablet	99	9.00	891.00	Public Bidding						✓					
• <i>P</i>	Povidone Iodine 10% 120ml (wound solution)	bottle	8	45.00	360.00	Public Bidding						✓					
TOTAL					180,866.00												


TOTAL BALANCE FORWARDED:

180,866.00

Prepared By

JOANNE MARIE O. SAPINIT, R.N.  
Nurse II

Recommending Approval:

  
CIEDELLE T. SALAZAR, Ph.D.  
Campus Executive Director



PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

END-USER UNIT: A LARK

Charged to STF - Fiduciary Proposed (Medical Dental Fees)  
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 MEDICINES EXPENSES																
• 34	Acetylsalicylic acid 600mg	tablet	200	33.00	6,600.00	Public Bidding					✓					
• 60	Aluminum Hydroxide + Magnesium Hydroxide 200mg + 100mg Tablet	tablet	500	1.85	925.00	Public Bidding					✓					
• 60	Amlodipine 5mg	tablet	100	4.50	450.00	Public Bidding					✓					
• 60	Amoxicillin 500mg	capsule	500	6.00	3,000.00	Public Bidding					✓					
• 60	Ascorbic Acid Vitamin C 500mg	tablet	2000	4.00	8,000.00	Public Bidding										
• 60	Azithromycin 500mg	tablet	120	79.00	9,480.00	Public Bidding					✓					
• *	Betahistine 16mg	tablet	250	34.50	8,625.00	Public Bidding					✓					
• 60	Calamine 8% Lotion (60ml)	bottle	10	110.00	1,100.00	Public Bidding					✓					
• 60	Cefuroxime 500mg	tablet	1000	44.00	44,000.00	Public Bidding					✓					
• 60	Celecoxib 200mg	capsule	200	19.00	3,800.00	Public Bidding					✓					
• 60	Ciprofloxacin 500mg	tablet	500	8.00	4,000.00	Public Bidding					✓					
• 60	Co-Amoxiclav 625mg	tablet	1500	19.00	28,500.00	Public Bidding					✓					
• 60	Cetirizine 10mg	tablet	50	4.50	225.00	Public Bidding					✓					
• 60	PNSS 500ml	bottle	5	100.00	500.00	Public Bidding					✓					
TOTAL					119,205.00											

TOTAL BALANCE FORWARDED:

119,205.00

Prepared By:

JOANNE MARIE O. SAPINIT, R.N.  
Nurse II

Recommending Approval:

CIEDELLE P. SALAZAR, Ph.D  
Campus Executive Director



Charged to STF - Fiduciary Proposed (Medical/Dental Fees)  
Project, Programs and Activities

**TOTAL BUDGET:**

  
JOANNE MARIE O. SAPINIT, R.N.  
Nurse II

  
CIEDELLE P. SALAZAR  
Campus Executive Director

PR# 2024-096



PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

END-USER UNIT : CDR

Charged to STF - Fiduciary Proposed (Medical/Dental Fees)  
Project, Programs and Activities

CODE	GENERAL DESCRIPTION	UNIT	QTY	UNIT COST	TOTAL AMOUNT	MODE OF PROCUREMENT	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct
OTHER MATERIALS AND SUPPLIES EXPENSE																
•	Resealable plastic 6.2x9 cm	pack	5	110.00	550.00	Public Bidding	✓									
•	Resealable plastic 7x10cm	pack	5	130.00	650.00	Public Bidding	✓									
•	Resealable plastic 9x13cm	pack	5	150.00	750.00	Public Bidding	✓									
•	Resealable plastic 20x30cm	pack	5	350.00	1,750.00	Public Bidding	✓									
•	Disposable cups 6.5oz (50s)	pack	20	50.00	1,000.00	Public Bidding	✓									
•	Detergent Powder (1kg)	pc	50	220.00	11,000.00	Public Bidding	✓									
•	Liquid hand soap with pump (1L)	pc	20	150.00	3,000.00	Public Bidding	✓									
•	Joy Antibac Dishwashing Liquid (750ml)	bottle	20	230.00	4,600.00	Public Bidding	✓									
•	Zenrox Original 1 Gallon	gals	20	210.00	4,200.00	Public Bidding	✓									
•	Zenrox Multi-Clean 900ml	bottle	20	150.00	3,000.00	Public Bidding	✓									
•	Scent (500ml)	bottle	50	380.00	19,000.00	Public Bidding	✓									
•	Disinfectant Sprav 340g	bottle	100	435.00	43,500.00	Public Bidding	✓									
•	Toilet Bowl Cleaning Strips (Mr Muscle) 3's	pack	100	90.00	9,000.00	Public Bidding	✓									
•	Mosquito Fogging Solution 1 Gallon (MIRAC)	bottle	10	800.00	8,000.00	Public Bidding	✓									
•	Garbage bag roll 26"x32" (LARGE) 10pc/roll	roll	10	50.00	500.00	Public Bidding	✓									
TOTAL					110,500.00											

TOTAL BALANCE FORWARDED:

110,500.00

Prepared By:

JOANNE MARIE O. SAPINIT, R.N.  
Nurse II

Recommending Approval:

CIEDELLE P. SALAZAR, Ph.D  
Campus Executive Director