



SUPPLY AND DELIVERY OF MEDICINES AT THE UNIVERSITY CLINIC OF MinSU MAIN CAMPUS

Name of Project

BAC Resolution Recommending Approval  
Resolution No. 200, 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 Medicines at the University Clinic of MinSU Main Campus" with an Approved Budget for the Contract (ABC) amounting to Two Hundred Fifteen Thousand Nine Hundred Fifty Pesos (Php215,950.00);

WHEREAS, in response to the said advertisement, nine (9) suppliers were found in the document request list however, five (5) suppliers in the name of CPA PHARMACY, K-MEDICAL EQUIPMENT AND SUPPLIES INC., THIRD DEGREE PHARMA AND MEDICAL SUPPLIES TRADING, PHGC HEALTH CARE PRODUCTS TRADING and EMMANUELLE PHARMA AND MEDICAL SUPPLIES DISTRIBUTION submitted price quotation before the deadline;

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

Approved Budget for the Contract (ABC)	Name of Bidder	Price Quotation
Php215,950.00	CPA Pharmacy	Php172,689.50
	K-Medical Equipment And Supplies Inc.	Php188,891.39
	Third Degree Pharma And Medical Supplies Trading	Php209,868.00
	PHGC Health Care Products Trading	Php212,069.00
	Emmanuelle Pharma And Medical Supplies Distribution	Php255,782.24

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);

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 Medicines at the University Clinic of MinSU Main Campus " to CPA Pharmacy amounting to One Hundred Seventy-Two Thousand Six Hundred Eighty-Nine Pesos and 50/100 (Php172,689.50) with official address Poblacion I, Victoria, Oriental Mindoro as the supplier/bidder with the Lowest Calculated Responsive Bid (LCRB);

RESOLVED, at MinSU Main Campus, Alcate, Victoria, Oriental Mindoro, this 25<sup>th</sup> day of September, 2024.

CIEDELLE P. SALAZAR, J.D., Ph.D  
BAC Chairperson

Engr. MARK LESTER A. MAGPANTAY  
BAC Vice-Chairperson

ATTY. SHERLYN A. LAYESA  
BAC Member

FRANIE M. AFABLE, DBMHM  
BAC Member

MELGAR G. FADRIQUELAN  
BAC Member

Approved/Disapproved

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

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





Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number	11253370		
Procuring Entity	MINDORO STATE UNIVERSITY		
Title	Supply and Delivery of Medicines at the University Clinic of MinSU Main Campus		
Area of Delivery	Oriental Mindoro		
Solicitation Number:	RFQ No. 2024-179	Status	Closed
Trade Agreement:	Implementing Rules and Regulations	Associated Components	1
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification:	Goods	Document Request List	9
Category:	Medical Supplies and Laboratory Instrument	Date Published	21/09/2024
Approved Budget for the Contract:	PHP 215,950.00	Last Updated / Time	21/09/2024 00:00 AM
Delivery Period:	30 Day/s	Closing Date / Time	24/09/2024 17:00 PM
Client Agency:			
Contact Person:	MARK LESTER A MAGPANTAY Head, BAC Secretariat Alcate Victoria Oriental Mindoro Philippines 5205 63-9-154612960  macmagpantay@minsu.edu.ph		

<b>Description</b>			
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: [ <input type="checkbox"/> ] Pick-up (Schedule) [ <input type="checkbox"/> ] Door to Door Delivery			
Item No. Unit ITEM AND DESCRIPTION QTY. UNIT PRICE TOTAL AMOUNT			
1	sachets	Acetylcysteine Oral powder 200mg	200
2	tablets	Amoxicillin 500 mg.	200
3	tablets	Ascorbic acid 500mg	2000
4	tablets	Azithromycin 500mg	60
5	tablets	Betahistine HCl Serc 24mg	50
6	sachets	Calamine + zinc oxide lotion 60ml	40
7	pieces	Camphor, Menthol Eucalyptus oil 10g	30
8	tablets	Cefuroxime 500mg	300
9	tablets	Cetirizine 10mg	800
10	tablets	Celecoxib 400mg	400
11	tablets	Co- Amoxiclav 625 mg	300
12	capsules	Cloxacillin 500mg	300
13	tablets	Clonidine Catapress 75mcg	50
14	tablets	Domperidone 10mg	200
15	capsules	Ferrous SO4 60mg(individually packed)	300
16	boxes	Lidocaine 2% + Epinephrine 1:100.000	3



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**Created by** Annabelle Quinto Madrigal

**Date Created** 15/09/2024

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REQUEST FOR QUOTATION

Supply and Delivery of Medicines at the University Clinic of MinSU Main Campus

PR No: PR24-0339

RFQ No.: 2024-179

ABC Amount: Php215,950.00

Company Name : CPA PHARMACY

Address : POBLACION 1, VICTORIA, ORIENTAL MINDORO

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

NEMESIO H. DAVALOS, Ph.D.

BAC Chairperson

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

Item No.	Unit	ITEM AND DESCRIPTION	QTY.	UNIT PRICE	TOTAL AMOUNT
1	sachets	Acetylcysteine Oral powder 200mg	200	21.00	4,200.00
2	tablets	Amoxicillin 500 mg.	200	3.50	700.00
3	tablets	Ascorbic acid 500mg	2000	1.50	3,000.00
4	tablets	Azithromycin 500mg	60	30.00	1,800.00
5	tablets	Betahistine HCl Serc 24mg	50	115.00	5,750.00
6	sachets	Calamine + zinc oxide lotion 60ml	40	50.00	2,000.00
7	pieces	Camphor, Menthol Eucalyptus oil 10g	30	70.00	2,100.00
8	tablets	Cefuroxime 500mg	300	22.00	6,600.00
9	tablets	Cetirizine 10mg	800	1.50	1,200.00
10	tablets	Celecoxib 400mg	400	6.00	2,400.00
11	tablets	Co- Amoxiclav 625 mg	300	20.00	6,000.00
12	capsules	Cloxacillin 500mg	300	6.00	1,800.00
13	tablets	Clonidine Catapress 75mcg	50	45.00	2,250.00
14	tablets	Domperidone 10mg	200	5.00	1,000.00
15	capsules	Ferrous SO4 60mg(individually packed)	300	2.50	750.00
16	boxes	Lidocaine 2% + Epinephrine 1:100.000	3	1,300.00	3,900.00
17	tablets	Loratadine 10mg by 100's	2200	6.00	13,200.00
18	tablets	Meclizine HCL	250	16.50	4,125.00
19	capsules	Mefenamic Acid 500mg capsule	300	2.50	750.00
20	bottles	Methyl Salicylate Camphor + Menthol 120 ml	40	135.00	5,400.00
21	boxes	Methyl Salicylate E-menthol Tocopherol by 10's Medicated patch	60	80.00	4,800.00
22	bottles	Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	20	190.00	3,800.00
23	tablets	Multivitamins	500	2.00	1,000.00
24	capsules	Omeprazole 40mg	300	7.00	2,100.00
25	tablets	Paracetamol 500mg	2003	1.50	3,004.50
26	bottles	Povidone Iodine oral gargle 1% Antiseptic 120ml	30	230.00	6,900.00
27	capsules	Salbutamol Guaifenesin	1000	3.00	3,000.00
28	amps	Tetanus Antitoxin 1500iu	245	210.00	51,450.00

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

[illegible]

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

September 24, 2024

Date \_\_\_\_\_

MSU-BAC-FR-05.01





#### General Conditions

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

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

#### Ocular Inspection

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

#### Award

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

#### Evaluation of Quotations

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

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

#### Instructions

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

#### Liquidation Damages

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

#### Warranty

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

#### Payment

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

MSU-BAC-FR-05.01





K-MEDICAL EQUIPMENT AND SUPPLIES INC.  
Address: 161A 18TH Ave Brgy San Roque Cubao Quezon City  
Email Address: kmedsuppliestrading@gmail.com  
Contact No: 09684032443

QUOTATION

Date: September 23, 2024

Procuring Entity: **MINDORO STATE UNIVERSITY**  
Reference No: **11253370**

Company Name: **K- Medical Equipment and Supplies Incorporated**  
Company Address: **161A 18TH Ave Brgy. San Roque Cubao Quezon City**  
PhilGEPS Reg No: **335464**

Table 1

SN	Description	Qty	Unit	Price	Total
1	Acetylcysteine Oral powder 200mg	200	Sachets	20.5	4100
2	Amoxicillin 500 mg.	200	Tab	3.19	638
3	Ascorbic acid 500mg	2000	Tab	1.43	2860
4	Azithromycin 500mg	60	Tab	9.46	567.6
5	Betahistine HCl Serc 24mg	50	Tab	19.14	957
6	Calamine + zinc oxide lotion 60ml	40	Sachets	165	6600
7	Camphor, Menthol Eucalyptus oil 10g	30	Pcs	197.05	5911.5
8	Cefuroxime 500mg	300	Tab	20.9	6270
9	Cetirizine 10mg	800	Tab	0.94	752
10	Celecoxib 400mg	400	Tab	0.95	380
11	Co- Amoxiclav 625 mg	300	Caps	19.5	5850
12	Cloxacillin 500mg	300	Caps	5.83	1749
13	Clonidine Catapres 75mcg	50	Tab	7.81	390.5
14	Domperidone 10mg	200	Tab	1.3	260
15	Ferrous SO4 60mg(individually packed	300	Caps	2.31	693
16	Lidocaine 2% + Epinephrine 1:100.000	3	Bxs	1936	5808
17	Loratadine 10mg by 100's	2200	Tab	2.3	5060
18	Meclizine HCL	250	Tab	2.64	660
19	Mefenamic Acid 500mg capsule	300	Caps	1.4	420
20	Methyl Salicylate Camphor + Menthol 120 ml	40	BtIs	245.3	9812
21	Methyl Salicylate E-menthol Tocopherol by 10's Medicated	60	Bxs	247.5	14850
22	Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	20	BtIs	407	8140
23	Multivitamins	500	Tab	1.21	605
24	Omeprazole 40mg	300	Caps	6.71	2013
25	Paracetamol 500mg	2003	Tab	1.43	2864.29
26	Povidone Iodine oral gargle 1% Antiseptic 120ml	30	BtIs	525	15750
27	Salbutamol Guaifenesin	1000	Caps	1.78	1780
28	Tetanus Antitoxin 1500iu	245	Amps	223.3	54708.5
29	Tetanus Toxoid absorbed 40iu/ml	150	Amps	102.3	15345
30	Vitex Negundo L. Lagundi Leaf 600mg	600	Tab	3.7	2220
31	Vitex Negundo L. Lagundi Leaf 120ml syrup	20	BtIs	99	1980
32	tablets Vitamin B 1 B2 B12 by 100's	200	Tab	1.03	206
33	capsules Vitamin C non acidic	500	Caps	13.2	6600
34	bottles D5Lr 1L	4	BtIs	123	492
35	bottles PNSS 1L	4	BtIs	123	492
36	bottles D5NaCl 1L	5	BtIs	123	615
37	bottles PLR 1L	4	BtIs	123	492
***Nothing Follows***					
TOTAL:				Php 188,891.39	

Looking forward to do business with you soon

PREPARED BY:  
  
Jenny Lou Libot  
Assistant

APPROVED BY:  
  
Kate Tolibao  
President





### REQUEST FOR QUOTATION

Supply and Delivery of Medicines at the University Clinic of MinSU Main Campus

PR No: PR24-0339

RFQ No.: 2024-179

ABC Amount: Php215,950.00

Company Name : Third Degree Pharma and Medical Supplies Trading

Address : Sitio Pantalan, Brgy. 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
1	sachets	Acetylcysteine Oral powder 200mg	200	22.00	4,400.00 ✓
2	tablets	Amoxicillin 500 mg.	200	4.00	800.00 ✓
3	tablets	Ascorbic acid 500mg	2000	2.30	4,600.00 ✓
4	tablets	Azithromycin 500mg	60	35.00	2,100.00 ✓
5	tablets	Betahistine HCl Serc 24mg	50	45.00	2,250.00 ✓
6	sachets	Calamine + zinc oxide lotion 60ml	40	135.00	5,400.00 ✓
7	pieces	Camphor, Menthol Eucalyptus oil 10g	30	80.00	2,400.00 ✓
8	tablets	Cefuroxime 500mg	300	15.00	4,500.00 ✓
9	tablets	Cetirizine 10mg	800	4.00	3,200.00 ✓
10	tablets	Celecoxib 400mg	400	21.00	8,400.00 ✓
11	tablets	Co- Amoxiclav 625 mg	300	16.00	4,800.00 ✓
12	capsules	Cloxacillin 500mg	300	8.00	2,400.00 ✓
13	tablets	Clonidine Catapress 75mcg	50	20.00	1,000.00 ✓
14	tablets	Domperidone 10mg	200	45.00	9,000.00 ✓
15	capsules	Ferrous SO4 60mg(individually packed)	300	5.00	1,500.00 ✓
16	boxes	Lidocaine 2% + Epinephrine 1:100.000	3	2,010.00	6,030.00 ✓
17	tablets	Loratadine 10mg by 100's	2200	6.50	14,300.00 ✓
18	tablets	Mecizine HCL	250	8.00	2,000.00 ✓
19	capsules	Mefenamic Acid 500mg capsule	300	6.32	1,896.00 ✓
20	bottles	Methyl Salicylate Camphor + Menthol 120 ml	40	549.00	21,960.00 ✓
21	boxes	Methyl Salicylate E-menthol Tocopherol by 10's Medicated patch	60	68.00	4,080.00 ✓
22	bottles	Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	20	89.00	1,780.00 ✓
23	tablets	Multivitamins	500	2.00	1,000.00 ✓
24	capsules	Omeprazole 40mg	300	40.00	12,000.00 ✓





25	tablets	Paracetamol 500mg	2003	4.00	8,012.00	✓
26	bottles	Povidone Iodine oral gargle 1% Antiseptic 120ml	30	125.00	3,750.00	✓
27	capsules	Salbutamol Guaifenesin	1000	4.50	4,500.00	✓
28	amps	Tetanus Antitoxin 1500iu	245	168.00	41,160.00	✓
29	amps	Tetanus Toxoid absorbed 40iu/ml	150	120.00	18,000.00	✓
30	tablets	Vitex Negundo L. Lagundi Leaf 600mg	600	4.00	2,400.00	✓
31	bottles	Vitex Negundo L. Lagundi Leaf 120ml syrup	20	100.00	2,000.00	✓
32	tablets	Vitamin B 1 B2 B12 by 100's	200	20.00	4,000.00	✓
33	capsules	Vitamin C nonacidic	500	4.00	2,000.00	✓
34	bottles	D5Lr 1L	4	130.00	520.00	✓
35	bottles	PNSS 1L	4	130.00	520.00	✓
36	bottles	D5NaCl 1L	5	130.00	650.00	✓
37	bottles	PLR 1L	4	140.00	560.00	✓
XX						
TOTAL					209, 868.00	✓

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

Jennibeth R. Gregorio  
Supplier's Signature over Printed Name  
279-702-171-000  
TIN No. of Establishment  
0917-163-1640  
Contact Number  
09-23-2024  
Date





REQUEST FOR QUOTATION

Supply and Delivery of Medicines at the University Clinic of MinSU Main Campus

PR No: PR24-0339

RFQ No.: 2024-179

ABC Amount: Php215,950.00

Company Name : PHGC Health Care Products Trading

Address : Bl. 8 Lot 11B Kapayapaan St. Franville V Subd. Caloocan City

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
1	sachets	Acetylcysteine Oral powder 200mg	200	20.00	4,000.00 ✓
2	tablets	Amoxicillin 500 mg.	200	20.00	4,000.00 ✓
3	tablets	Ascorbic acid 500mg	2000	3.00	6,000.00 ✓
4	tablets	Azithromycin 500mg	60	20.00	1,200.00 ✓
5	tablets	Betahistine HCl Serc 24mg	50	100.00	5,000.00 ✓
6	sachets	Calamine + zinc oxide lotion 60ml	40	100.00	4,000.00 ✓
7	pieces	Camphor, Menthol Eucalyptus oil 10g	30	80.00	2,400.00 ✓
8	tablets	Cefuroxime 500mg	300	20.00	6,000.00 ✓
9	tablets	Cetirizine 10mg	800	3.00	2,400.00 ✓
10	tablets	Celecoxib 400mg	400	70.00	28,000.00 ✓
11	tablets	Co- Amoxiclav 625 mg	300	20.00	6,000.00 ✓
12	capsules	Cloxacillin 500mg	300	20.00	6,000.00 ✓
13	tablets	Clonidine Catapress 75mcg	50	40.00	2,000.00 ✓
14	tablets	Domperidone 10mg	200	5.00	1,000.00 ✓
15	capsules	Ferrous SO4 60mg(individually packed) + Folic acid	300	5.00	1,500.00 ✓
16	boxes	Lidocaine 2% + Epinephrine 1:100.000	3	3,000.00	9,000.00 ✓
17	tablets	Loratadine 10mg by 100's	2200	3.00	6,600.00 ✓
18	tablets	Meclizine HCL	250	16.00	4,000.00 ✓
19	capsules	Mefenamic Acid 500mg capsule	300	3.00	900.00 ✓
20	bottles	Methyl Salicylate Camphor + Menthol 120 ml	40	120.00	4,800.00 ✓
21	boxes	Methyl Salicylate E-menthol Tocopherol by 10's Medicated patch	60	70.00	4,200.00 ✓
22	bottles	Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	20	180.00	3,600.00 ✓
23	tablets	Multivitamins	500	3.00	1,500.00 ✓
24	capsules	Omeprazole 40mg	300	5.00	1,500.00 ✓
25	tablets	Paracetamol 500mg	2003	3.00	6,009.00 ✓
26	bottles	Povidone Iodine oral gargle 1% Antiseptic 120ml	30	260.00	7,800.00 ✓
27	capsules	Salbutamol Guaifenesin	1000	12.00	12,000.00 ✓
28	amps	Tetanus Antitoxin 1500iu	245	150.00	36,750.00 ✓

MSU-BAC-FR-05.01









#### General Conditions

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

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

#### Ocular Inspection

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

#### Award

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

#### Evaluation of Quotations

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

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

#### Instructions

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

#### Liquidation Damages

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

#### Warranty

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

#### Payment

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

MSU-BAC-FR-05.01





REQUEST FOR QUOTATION

Supply and Delivery of Medicines at the University Clinic of MinSU Main Campus

PR No: PR24-0339

RFQ No.: 2024-179

ABC Amount: Php215,950.00

Company Name : Emmanuelle Pharma and Medical Supplies Distribution

Address : 209 Riverside Drive Provident Village Marikina City

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 24/09/2024 17:00 PM 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) [ / ] Door to Door Delivery

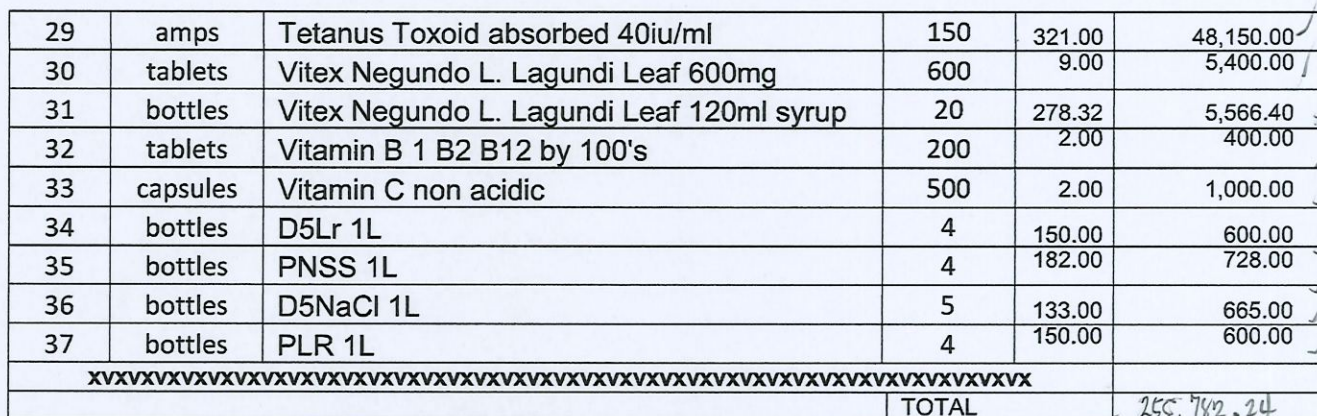
Item No.	Unit	ITEM AND DESCRIPTION	QTY.	UNIT PRICE	TOTAL AMOUNT
1	sachets	Acetylcysteine Oral powder 200mg	200	16.00	3,200.00
2	tablets	Amoxicillin 500 mg.	200	5.00	1,000.00
3	tablets	Ascorbic acid 500mg	2000	2.00	4,000.00
4	tablets	Azithromycin 500mg	60	42.00	2,520.00
5	tablets	Betahistine HCl Serc 24mg	50	23.00	1,150.00
6	sachets	Calamine + zinc oxide lotion 60ml	40	29.82	1,192.80
7	pieces	Camphor, Menthol Eucalyptus oil 10g	30	65.50	1,965.00
8	tablets	Cefuroxime 500mg	300	25.00	7,500.00
9	tablets	Cetirizine 10mg	800	2.00	1,600.00
10	tablets	Celecoxib 400mg	400	19.00	7,600.00
11	tablets	Co- Amoxiclav 625 mg	300	23.00	6,900.00
12	capsules	Cloxacillin 500mg	300	11.00	3,300.00
13	tablets	Clonidine Catapress 75mcg	50	13.00	650.00
14	tablets	Domperidone 10mg	200	6.00	1,200.00
15	capsules	Ferrous SO4 60mg(individually packed)	300	2.00	600.00
16	boxes	Lidocaine 2% + Epinephrine 1:100.000	3	2,704.68	8,114.04
17	tablets	Loratadine 10mg by 100's	2200	4.60	10,120.00
18	tablets	Meclizine HCL	250	4.00	1,000.00
19	capsules	Mefenamic Acid 500mg capsule	300	3.00	900.00
20	bottles	Methyl Salicylate Camphor + Menthol 120 ml	40	188.00	7,520.00
21	boxes	Methyl Salicylate E-menthol Tocopherol by 10's Medicated patch	60	221.00	13,260.00
22	bottles	Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	20	165.00	3,300.00
23	tablets	Multivitamins	500	2.00	1,000.00
24	capsules	Omeprazole 40mg	300	9.50	2,850.00
25	tablets	Paracetamol 500mg	2003	2.00	4,006.00
26	bottles	Povidone Iodine oral gargle 1% Antiseptic 120ml	30	388.00	11,640.00
27	capsules	Salbutamol Guaifenesin	1000	3.00	3,000.00
28	amps	Tetanus Antitoxin 1500iu	245	333.00	81,585.00

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

(SGD) Fe Melissa D. Navarro

Supplier's Signature over Printed Name  
172-699-816-00000

TIN No. of Establishment  
(02) 8671 2386 / 0917 512 5050

Contact Number

September 23, 2024  
Date

MSU-BAC-FR-05.01

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





#### General Conditions

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

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

#### Ocular Inspection

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

#### Award

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

#### Evaluation of Quotations

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

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

#### Instructions

1. Supplier shall be responsible for the source(s) of its goods/services/equipment, and which shall be in accordance with the schedule and specifications of the RFQ or contract. Failure of the supplier to comply with this provision shall be ground for cancellation of the award or purchase order issued to the supplier.
2. Supplier that accepted an award, purchase order, or contract but failed to deliver the required goods/services/equipment within the time called for in the award, purchase order, or contract shall be disqualified from participating in MinSU or any of MinSU campuses future procurement activities. This is without prejudice to the imposition of other sanctions prescribed under R.A. 9184 and its IRR-A against the supplier.
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MSU-BAC-FR-05.01



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:	<b>MATANGUIHAN, YOLANDA</b>
Business Name:	<b>CPA PHARMACY</b>
Nature of Business:	Drugstore, Medical and Dental Supplies and Equipment (Wholesaler/Retailer) Office Equipment, Machinery and Electronic Equipment
Address:	<b>OLD MARKET, Victoria, Oriental Mindoro</b>

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

IN WITNESS WHEREOF, I have hereunto set my hand this 23<sup>rd</sup> day of September, 2024 at Victoria Oriental Mindoro, Philippines.

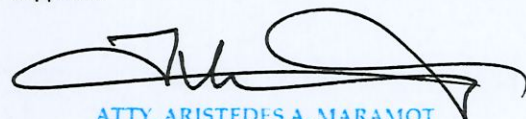
  
YOLANDA D. MATANGUIHAN  
Affiant

### ACKNOWLEDGEMENT

SUBSCRIBE AND SWORN to before me this 23<sup>rd</sup> day of September, 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 23<sup>rd</sup> day of September, 2024.

Doc. No. 367  
Page No. 75  
Book No. LCV1  
Series of 2024



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



Omnibus Sworn Statement

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

AFFIDAVIT

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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:
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  - b. Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
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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.

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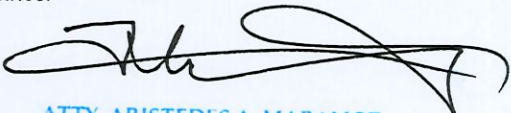
  
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Doc. No. 367  
Page No. 75  
Book No. 441  
Series of 2024

  
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Roll No. 41130 /April 15, 1996  
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Valid until 04-14-2025



BIR FORM  
**2303**

REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS  
KAGAWARAN NG PANANALAPI  
KAWANIHAN NG RENTAS INTERNAS

REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON)

REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

OCN: 063RC20220000002713

Date OCN Generated: July 18, 2022

UPDATED ON Jul 18 2022

**CERTIFICATE OF REGISTRATION**

**TIN & BRANCH CODE**

129-326-144-00000

**NAME OF TAXPAYER**

MATANGUIHAN, YOLANDA DIMAANO

**TIN ISSUANCE DATE**

October 1, 2007

**REGISTERING OFFICE**

X

Head Office

Branch

**REGISTERED ADDRESS**

POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES

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



BIR FORM  
**2303**

REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS  
KAGAWARAN NG PANANALAPI  
KAWANIHAN NG RENTAS INTERNAS

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

OCN: 063RC20220000002713

Date OCN Generated: July 18, 2022

UPDATED QNL 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> REGISTERED ADDRESS POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES	X Head Office	Branch

January 15 of the succeeding year.

<b>TAXPAYER TYPE/S</b>	SINGLE PROPRIETORSHIP ONLY (RESIDENT CITIZEN)	
<b>BUSINESS INFORMATION DETAILS</b>	<b>CATEGORY</b>	<b>REGISTRATION DATE</b>
<b>TRADE NAME 1</b> (PSIC) CPA PHARMACY		October 1, 2007
<b>Line of Business</b> (PSIC) 46594-WHOLESALE OF PROFESSIONAL AND SCIENTIFIC AND MEASURING AND CONTROLLING EQUIPMENT	Secondary	
<b>Line of Business</b> (PSIC) 47722-RETAIL SALE OF MEDICAL, SURGICAL AND ORTHOPEDIC GOODS/INSTRUMENTS AND DENTAL SUPPLIES	Primary	
<b>Line of Business</b> (PSIC) 47720-RETAIL SALE OF PHARMACEUTICAL AND MEDICAL GOODS, COSMETIC AND TOILET ARTICLES IN SPECIALIZED STORES	Secondary	
<b>Line of Business</b> (PSIC) 46429-WHOLESALE OF MISCELLANEOUS CONSUMER GOODS, N.E.C.	Secondary	
<b>Line of Business</b> (PSIC) 47739-OTHER RETAIL SALE OF NEW GOODS IN SPECIALIZED STORES, N.E.C.	Secondary	
<b>Line of Business</b> (PSIC) 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: 063RC20220000002713

Date OCN Generated: July 18, 2022

UPDATED ON 18 2022

**CERTIFICATE OF REGISTRATION**

**TIN & BRANCH CODE**

129-326-144-00000

**NAME OF TAXPAYER**

MATANGUIHAN, YOLANDA DIMAANO

**TIN ISSUANCE DATE**

October 1, 2007

**REGISTERING OFFICE**

X

Head Office

Branch

**REGISTERED ADDRESS**

POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES

operation, to avoid penalties.

- For new business registrants, application for registration of manual Books of Accounts (B/A's) 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/A's 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.



*[Signature]*  
**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.	: 422400061068642
Amount Payable (Over Remittance)	: 9,132.00
Accounting Type	: C - Calendar
For Tax Period	: 06/30/2024
Date Filed	: 08/07/2024
Tax Type	: IT

[Proceed to Payment](#)

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





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	06/30/2024
Transacting Bank	SBTC (027000)
Reference Number	422400061068642
Payment Transaction Number	243224567
Payment Transaction Date	08/07/2024
Actual Amount Paid	9132.00
SBTC's Confirmation Number	BI-080724-90579
Please refer to the Tax Return Inquiry facility to check the status of your payment.	






Guidelines and Instructions | Help  
Reference No:422400061068642  
Date Filed:August 07 2024 12:04 PM  
Batch Number:0



For BIR Use Only

BCS/Item



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas  
Internas

Quarterly Income Tax Return

For Individuals, Estates and Trusts

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

BIR Form No.

1701Q

January 2018 (ENCS)  
Page 1

1 For the Year

2 Quarter

3 Amended Return?

4 Number of Sheet/s Attached

(YYY) 2024

☐ 1st ☐ 2nd ☐ 3rd

☐ Yes ☐ No

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

☐ Single Proprietor ☐ Professional ☐ Estate ☐ Trust

8 Alphanumeric Tax Code (ATC)

☐ II012 Business Income–Graduated IT Rates ☐ II014 Income from Profession–Graduated IT Rates ☐ II013 Mixed Income–Graduated IT Rates ☐ II015 Business Income–8% IT Rate ☐ II017 Income from Profession–8% IT Rate ☐ 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

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

☐ Yes ☐ No

16 Tax Rate\* (choose one, for income from business/ profession)

☐ Graduated Rates per Tax Table – page 2 Choose Method of Deduction in Item 16A) ☐ 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

☐ Itemized Deduction [Sec. 34(A-J), NIRC] ☐ 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

☐ Single Proprietor ☐ Professional ☐ Compensation Earner

20 ATC

☐ II012 Business Income–Graduated IT Rates ☐ II014 Income from Profession–Graduated IT Rates ☐ II013 Mixed Income–Graduated IT Rates ☐ II011 Compensation Income ☐ II015 Business Income–8% IT Rate ☐ II017 Income from Profession–8% IT Rate ☐ 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?

☐ Yes ☐ No

25 Tax Rate\*

☐ Graduated Rates per Tax Table – page 2 Choose Method of Deduction in Item 25A)



Choose one, for income from business/profession

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

Itemized Deduction [Sec. 34(A-J), NIRC]

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/Filter	B) Spouse
26 Tax Due (From Part V, Schedule I-Item 46 OR Schedule II-Item 54)	36,453	0
27 Less: Tax Credits/Payments (From Part V, Schedule III-Item 62)	27,321	0
28 Tax Payable/(Overpayment) (Item 26 Less Item 27) (From Part V, Item 63)	9,132	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)	9,132	0
31 Aggregate Amount Payable/(Overpayment) (Sum of Item 30A and 30B)		9,132

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

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

Part IV – Details of Payment

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

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

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

Attachments

Add Attachment

Remove Attachment





Guidelines and Instructions | Help  
Reference No:422400061068642  
Date Filed:August 07 2024 12:04 PM  
Batch Number:0

BIR Form No.		Quarterly Income Tax Return		Batch Number:	
1701Q		For Individuals, Estates and Trusts		1701Q 01/18ENCS P2	
January 2018 (ENCS)					
Page 2					
TIN		Taxpayer/Filer's Last Name			
129 - 326 - 144 - 000		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)				1,871,830	0
37 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)				1,352,155	0
38 Gross Income/(Loss) from Operation (Item 36 Less Item 37)				519,675	0
Less: Allowable Deductions					
39 Total Allowable Itemized Deductions				309,790	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)				209,885	0
Add: 42 Taxable Income/(Loss) Previous Quarter/s				259,880	0
43 Non-Operating Income (specify)				0	0
				Add	Delete
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)				469,765	0
46 TAX DUE (Item 45 × Applicable Tax Rate based on Tax Table below) (To Part III, Item 26)				36,453	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
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				1,482	0
57 Creditable Tax Withheld for the Previous Quarter/s				9,126	0
58 Creditable Tax Withheld per BIR Form No. 2307 for this Quarter				16,713	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
<div><div></div><div>AddDeleteUpload Attachment</div></div>		
62 Total Tax Credits/Payments (Sum of Items 55 to 61) (To Part III, Item 27)	27,321	0
63 Tax Payable/(Overpayment) (Item 46 or 54, Less Item 62) (To Part III, Item 28)	9,132	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)	9,132	0

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

If Taxable Income is:	Tax Due is:
Not over ₱250,000	0%
Over ₱250,000 but not over ₱400,000	20% of the excess over ₱250,000
Over ₱400,000 but not over ₱800,000	₱30,000 + 25% of the excess over ₱400,000
Over ₱800,000 but not over ₱2,000,000	₱130,000 + 30% of the excess over ₱800,000
Over ₱2,000,000 but not over ₱8,000,000	₱490,000 + 32% of the excess over ₱2,000,000
Over ₱8,000,000	₱2,410,000 + 35% of the excess over ₱8,000,000

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

If Taxable Income is:	Tax Due is:
Not over ₱250,000	0%
Over ₱250,000 but not over ₱400,000	15% of the excess over ₱250,000
Over ₱400,000 but not over ₱800,000	₱22,500 + 20% of the excess over ₱400,000
Over ₱800,000 but not over ₱2,000,000	₱102,500 + 25% of the excess over ₱800,000
Over ₱2,000,000 but not over ₱8,000,000	₱402,500 + 30% of the excess over ₱2,000,000
Over ₱8,000,000	₱2,202,500 + 35% of the excess over ₱8,000,000

Attachments

Add AttachmentRemove Attachment





PNB

BTR-BIR PAYMENT  
SLIP

PLEASE WRITE HEAVILY

DATE:

07 24 24  
M M D D Y Y

Dr. Mindoro-Victoria BRANCH is happy to serve you!  
You have made a BILLS PAYMENT  
of PHP 2,879.79 on 07-24-2024 09:46:16  
to BUREAU OF INTERNAL REVENUE 25500  
Payor: YOLANDA DIMAANO MATANGUIHAN  
Account no. 129326144000  
Txn Ref#: 88563691024072400202  
Mode of Payment: Cash  
Service Charge: PHP 0.00

Processed by Jerome L. Rosales Seq# 175  
Thank you for banking with us. With PNB, You First!

Before leaving the counter, please ensure the correctness of the transaction details as seen on the validation. This document is considered valid when machine validated.

ACCOUNT NAME <b>BTR - BIR</b>			Taxpayer may confirm their Tax Payment with their items BDO/LTDO (where they file tax returns and pay internal revenue taxes).																						
TAXPAYER'S NAME <b>YOLANDA D. MATANGUIHAN</b>																									
TIN <b>129-326-144-00000</b>			TAX TYPE <b>VAT</b>																						
TAX PERIOD <b>06.30-2024</b>			TAX FORM <b>2550R</b>																						
<b>MODE OF PAYMENT</b>																									
<input type="checkbox"/> CASH																									
NOTES	QTY	AMOUNT	NOTES	QTY	AMOUNT																				
1,000	2	2000.00	100	3	300.00																				
500	1	500.00	50																						
200			20																						
TOTAL COINS		<b>79.79</b>	CASH PAYMENT		<b>2879.70</b>																				
<input type="checkbox"/> CHECK			CHECK PAYMENT																						
<input type="checkbox"/> DEBIT MY ACCOUNT NO.																									
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
AMOUNT IN FIGURES: <b>2,879.79</b>																									
AMOUNT IN WORDS: <b>Two Thousand Eight Hundred Seventy Nine Pesos and 79 c</b>																									
<input checked="" type="checkbox"/> We consent to the collection and processing of personal data provided herein that will be used for facilitating the BIR-BTR transaction. All personal data will be processed in accordance with the Bank's Data Privacy Policy provided in the Bank's website (www.pnb.com.ph) and applicable data privacy laws, rules and regulations which may be amended from time to time.																									
ACCOUNTHOLDER'S SIGNATURE																									
Signature Verified by:			Approved by:																						

TAXPAYER'S COPY

Form 3050.3 REV Sept 12













REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
**BUREAU OF INTERNAL REVENUE**  
REVENUE REGION NO. 9A - CaBaMiRo  
CITY OF STO. TOMAS, BATANGAS  
QF-TCC-01-01-2023.00

Annex "M"

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

# TAX CLEARANCE CERTIFICATE

(Pursuant to Executive Order No. 398)

**MATANGUIHAN, YOLANDA**

**DIMAANO**

(CPA PHARMACY)

Name of Taxpayer

**POBLACION I, VICTORIA, ORIENTAL MINDORO**

Address

**129-326-144-00000**

Taxpayer Identification Number

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

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

Issued this 29th day of February, 2024.

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



**AMIHAN L. VALDEZ**

Asst. Chief, Collection Division

Officer-in-Charge

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

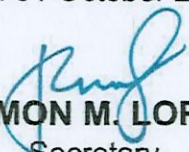
**YOLANDA DIMAANO MATANGUIHAN**

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 Medicines at the University Clinic of MinSU Main Campus**  
**Alcate, Victoria, 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
										%	INFLATION, CURRENCY	VALUE	%	INFLATION, CURRENCY			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)					
1	Acetylcysteine Oral powder 200mg	200	sachets	21.50	4,300.00												
2	Amoxicillin 500 mg.	200	tablets	6.00	1,200.00												
3	Ascorbic acid 500mg	2000	tablets	2.25	4,500.00												
4	Azithromycin 500mg	60	tablets	120.00	7,200.00												
5	Betahistine HCl Serc 24mg	50	tablets	53.75	2,687.50												
6	Calamine + zinc oxide lotion 60ml	40	sachets	66.00	2,640.00												
7	Camphor, Menthol Eucalyptus oil 10g	30	pieces	50.00	1,500.00												
8	Cefuroxime 500mg	300	tablets	23.00	6,900.00												
9	Cetirizine 10mg	800	tablets	27.00	21,600.00												
10	Celecoxib 400mg	400	tablets	25.00	10,000.00												
11	Co- Amoxiclav 625 mg	300	tablets	24.00	7,200.00												
12	Cloxacillin 500mg	300	capsules	6.90	2,070.00												
13	Clonidine Catapress 75mcg	50	tablets	52.50	2,625.00												
14	Domperidone 10mg	200	tablets	15.00	3,000.00												
15	Ferrous SO4 60mg(individually packed)	300	capsules	2.60	780.00												
16	Lidocaine 2% + Epinephrine 1:100.000	3	boxes	1,900.00	5,700.00												
17	Loratadine 10mg by 100's	2200	tablets	6.00	13,200.00												
18	Mecizine HCL	250	tablets	15.00	3,750.00												
19	Mefenamic Acid 500mg capsule	300	capsules	36.60	10,980.00												
20	Methyl Salicylate Camphor + Menthol 120 ml	40	bottles	140.00	5,600.00												
21	Methyl Salicylate E-menthol Tocopherol by 10's Medicated patch	60	boxes	65.00	3,900.00												
22	Methyl Salicylate Menthol Crystals	20	bottles	175.00	3,500.00												
23	Eucalyptus Oil 10ml	500	tablets	4.00	2,000.00												
24	Multivitamins	300	capsules	48.00	14,400.00												
25	Omeprazole 40mg	2003	tablets	2.50	5,007.50												

KG1



26	Povidone Iodine oral gargle 1% Antiseptic 120ml	30	bottles	220.00	6,600.00					
27	Salbutamol Gualifenessin	1000	capsules	4.00	4,000.00					
28	Tetanus Antitoxin 1500iu	245	amps	110.00	26,950.00					
29	Tetanus Toxoid absorbed 40iu/ml	150	amps	120.00	18,000.00					
30	Vitex Negundo L. Lagundi Leaf 600mg	600	tablets	5.70	3,420.00					
31	Vitex Negundo L. Lagundi Leaf 120ml syrup	20	bottles	75.00	1,500.00					
32	Vitamin B 1 B2 B12 by 100's	200	tablets	11.00	2,200.00					
33	Vitamin C non acidic	500	capsules	10.00	5,000.00					
34	D5Lr 1L	4	bottles	120.00	480.00					
35	PNSS 1L	4	bottles	120.00	480.00					
36	D5NaCl 1L	5	bottles	120.00	600.00					
37	PLR 1L	4	bottles	120.00	480.00					
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				-					
	<b>GRAND TOTAL</b>				<b>215,950.00</b>					

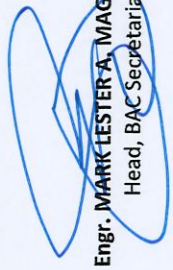
Prepared by


Submitted by

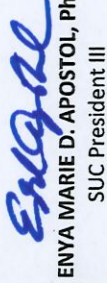
Recommending Approval

Approved

  
**RENIELITO C. RISCO**  
 Member, BAC Secretariat

  
**Engr. MARK LESTER A. MAGPANTAY**  
 Head, BAC Secretariat

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

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





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



PURCHASE REQUEST

PR24-0339

Fund Cluster:

STF

Office/Section :		PR No <del>PR24-0318</del>		Date: 07/22/2024	
		Responsibility Center Code :			
Stock/ Property No.	Unit	Item Description	Qty	Unit Cost	Total Cost
1	sachets	Acetylcysteine Oral powder 200mg	200	21.50	4,300.00
2	tablets	Amoxicillin 500 mg.	200	6.00	1,200.00
3	tablets	Ascorbic acid 500mg	2000	2.25	4,500.00
4	tablets	Azithromycin 500mg	60	120.00	7,200.00
5	tablets	Betahistine HCl Serc 24mg	50	53.75	2,687.50
6	sachets	Calamine + zinc oxide lotion 60ml	40	66.00	2,640.00
7	pieces	Camphor, Menthol Eucalyptus oil 10g	30	50.00	1,500.00
8	tablets	Cefuroxime 500mg	300	23.00	6,900.00
9	tablets	Cetirizine 10mg	800	27.00	21,600.00
10	tablets	Celecoxib 400mg	400	25.00	10,000.00
11	tablets	Co- Amoxiclav 625 mg	300	24.00	7,200.00
12	capsules	Cloxacillin 500mg	300	6.90	2,070.00
13	tablets	Clonidine Catapres 75mcg	50	52.50	2,625.00
14	tablets	Domperidone 10mg	200	15.00	3,000.00
15	capsules	Ferrous SO4 60mg(individually packed)	300	2.60	780.00
16	boxes	Lidocaine 2% + Epinephrine 1:100.000	3	1,900.00	5,700.00
17	tablets	Loratadine 10mg by 100's	2200	6.00	13,200.00
18	tablets	Meclizine HCL	250	15.00	3,750.00
19	capsules	Mefenamic Acid 500mg capsule	300	36.60	10,980.00
20	bottles	Methyl Salicylate Camphor + Menthol 120 ml	40	140.00	5,600.00
21	boxes	Methyl Salicylate E-menthol Tocopherol by 10's Medicated patch	60	65.00	3,900.00
22	bottles	Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	20	175.00	3,500.00
23	tablets	Multivitamins	500	4.00	2,000.00
24	capsules	Omeprazole 40mg	300	48.00	14,400.00
Subtotal 1:				141,232.50	
Purpose:					
Medicines needed at the University Clinic - Main Campus					
Requested by:		Recommending Approval:		Certified Allotment Available:	
Signature :		Signature :		Signature :	
Printed Name : MERVIN L. ICALLA		JOELENE C. LEYNES		ROVELYN ROXAS	
Designation : Director for Auxil & Gen. Services		VP for Admin and Finance		Budget Officer III	
				Approved by:	
				DR. ENYA MARIE D. APOSTOL	
				University President	

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



PURCHASE REQUEST

PR24-0339

Fund Cluster:

STF

Office/Section :		PR No <del>PR24-0315</del>		Date: 7/22/2024	
		Responsibility Center Code :			
Stock/ Property No.	Unit	Item Description	Qty	Unit Cost	Total Cost
25	tablets	Paracetamol 500mg	2003	2.50	5,007.50
26	bottles	Povidone Iodine oral gargle 1% Antiseptic 120ml	30	220.00	6,600.00
27	capsules	Salbutamol Guaifenessin	1000	4.00	4,000.00
28	amps	Tetanus Antitoxin 1500iu	245	110.00	26,950.00
29	amps	Tetanus Toxoid absorbed 40iu/ml	150	120.00	18,000.00
30	tablets	Vitex Negundo L. Lagundi Leaf 600mg	600	5.70	3,420.00
31	bottles	Vitex Negundo L. Lagundi Leaf 120ml syrup	20	75.00	1,500.00
32	tablets	Vitamin B 1 B2 B12 by 100's	200	11.00	2,200.00
33	capsules	Vitamin C non acidic	500	10.00	5,000.00
34	bottles	D5Lr 1L	4	120.00	480.00
35	bottles	PNSS 1L	4	120.00	480.00
36	bottles	D5NaCl 1L	5	120.00	600.00
37	bottles	PLR 1L	4	120.00	480.00
			Subtotal 2:		74,717.50
			Subtotal 1:		141,232.50
			Subtotal 2:		74,717.50
			Grand Total:		215,950.00

Purpose:

Medicines needed at the University Clinic - Main Campus

Requested by:		Recommending Approval:		Certified Allotment Available:		Approved by:	
Signature :		Signature :		Signature :		Signature :	
Printed Name : MERVIN L. ICALLA		JOELENE C. LEYNES		ROVELYN P. ROXAS		DR. ENYA MARIE D. APOSTOL	
Designation : Director for Auxl & Gen. Services		VP for Admin and Finance		Budget Officer III		University President	

STF - 1071  
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MINDORO STATE UNIVERSITY  
Office of the President  
Mindoro State University  
5205 Philippines

RECEIVED  
RECORDS OFFICE

BY:   
DATE: 12/18/24  
TIME: 1:19  
CONTROL # 2531



PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP) FY 2024

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

Charged to: Special Trust Fund

Projects, Programs and Activities (PPAs)

CODE	GENERAL DESCRIPTION	Qty.	Unit	Unit Price	ESTIMATED BUDGET	Mode of Procurement	SCHEDULE/MILESTONE OF ACTIVITIES															
							2nd Sem AY 2024-2025						Summer 2024-2025		1st Sem AY 2024-2025							
							Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec				
	DRUGS AND MEDICINE EXPENSES																					
	Acetylcysteine Oral powder 200mg	253	sachets	21.50	5,439.50	Public Bidding		✓														
	Aluminum Hydroxide Magnesium+Magnesium Hydroxide Simeticone	400	tablets	5.94	2,376.00	Public Bidding		✓														
	Amoxicillin 500 mg.	200	tablets	6.00	1,200.00	Public Bidding		✓														
	Ascorbic acid 500mg	3500	tablets	2.10	7,350.00	Public Bidding		✓														
	Azithromycin 500mg	60	tablets	120.00	7,200.00	Public Bidding		✓														
	Betahistine HCl Serc 24mg	50	tablets	53.75	2,687.50	Public Bidding		✓														
	Butamirate Citrate 50mg	400	tablets	15.75	6,300.00	Public Bidding		✓														
	Calamine + zinc oxide lotion 60ml	40	sachets	66.00	2,640.00	Public Bidding		✓														
	Camphor, Menthol Eucalyptus oil 10g	30	pieces	50.00	1,500.00	Public Bidding		✓														
	Cefuroxime 500mg	300	tablets	23.00	6,900.00	Public Bidding		✓														
	Cetirizine 10mg	800	tablets	27.00	21,600.00	Public Bidding		✓														
	Celecoxib 400mg	400	tablets	25.00	10,000.00	Public Bidding		✓														
	Co- Amoxiclav 625 mg	300	tablets	24.00	7,200.00	Public Bidding		✓														
	Clobetasole .05 % 5g ointment	6	tubes	220.00	1,320.00	Public Bidding		✓														
	Cloxacillin 500mg	300	capsules	6.90	2,070.00	Public Bidding		✓														



