



**SUPPLY AND DELIVERY OF DRUGS AND MEDICINES FOR THE UNIVERSITY CLINIC OF MinSU MAIN CAMPUS**  
Name of Project

**BAC Resolution Recommending Approval**  
**Resolution No. 07, s. 2025**

**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) No. 2024-232 for the project "Supply and Delivery of Drugs and Medicines for the University Clinic of MinSU Main Campus" with an Approved Budget for the Contract (ABC) amounting to Five Hundred Ninety-Nine Thousand Nine Hundred Thirty-Seven Pesos and 35/100 (Php599,937.35);

**WHEREAS**, in response to the advertisement of the project, six (6) suppliers/bidders were found in the document request list, however two (2) supplier/bidder in the name of CPA PHARMACY and HALO PHARMACY submitted price quotation before the deadline;

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

Approved Budget for the Contract (ABC)	Name of Bidder	Price Quotation
Php599,937.35	CPA Pharmacy	Php463,490.00
	HALO Pharmacy	Php583,059.23

**WHEREAS**, the BAC examined and verified the price quotation submitted by the abovementioned supplier and were found to be complying and responsive;

**NOW, THEREFORE, BE IT RESOLVED** that the BAC hereby recommends to the Head of Procuring Entity the approval of awarding the contract involving the project, "Supply and Delivery of Drugs and Medicines for the University Clinic of MinSU Main Campus" as follows:

- a. to CPA Pharmacy for being the supplier/bidder with the Lowest Calculated Responsive Bid (SCRB);

**RESOLVED**, this 23<sup>rd</sup> day of January, 2025 at MinSU-Main Campus, Alcate, Victoria, Oriental Mindoro,

  
**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. APABLE, DBMHM**  
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 11641154  
Procuring Entity MINDORO STATE UNIVERSITY  
Title Supply and Delivery of Drugs and Medicines for the University Clinic of MinSU Main Campus  
Area of Delivery Oriental Mindoro

<b>Solicitation Number:</b>	RFQ No. 2024-232	<b>Status</b>	Closed
<b>Trade Agreement:</b>	Implementing Rules and Regulations	<b>Associated Components</b>	1
<b>Procurement Mode:</b>	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	<b>Bid Supplements</b>	0
<b>Classification:</b>	Goods	<b>Document Request List</b>	6
<b>Category:</b>	Drugs and Medicines	<b>Date Published</b>	04/01/2025
<b>Approved Budget for the Contract:</b>	PHP 599,937.35	<b>Last Updated / Time</b>	04/01/2025 00:00 AM
<b>Delivery Period:</b>	30 Day/s	<b>Closing Date / Time</b>	07/01/2025 17:00 PM
<b>Client Agency:</b>			
<b>Contact Person:</b>	Christian B. Apostol BAC Secretariat Head Alcate Victoria Oriental Mindoro Philippines 5205 63-43-2862368  cbapotel21@gmail.com		

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.

CIEDELLE PIOL-SALAZAR, J.D., Ph.D.

BAC Chairperson

Note: 1. All entries must be typewritten.

2. Delivery Period within \_\_\_\_ calendar days.

3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for Equipment, from date of acceptance by the procuring entity.

4. Price validity shall be a period of 30 calendar days.

5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.

6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).

7. Mode of delivery: [ ] Pick-up (Schedule) [ ] Door to Door Delivery

Item

No. Unit ITEM AND DESCRIPTION QTY. UNIT

PRICE TOTAL AMOUNT

- 1 sachets Acetylcysteine Oral Powder 200mg 500
- 2 boxes Aluminum Hydroxide Magnesium + Magnesium 20
- 3 boxes Amoxicillin 500mg By 100's 13
- 4 tablets Azithromycin 500mg 230
- 5 tubes Benzocaine + Boric Acid + Eucalyptus Burn 20
- 6 tablets Betahistine Hcl 24mg By 100's 249
- 7 boxes Butamirate Citrate 50mg By 100's 12
- 8 sachets Calamine + Zinc Oxide Lotion 60ml 71
- 9 tablets Cefuroxime 500mg 800
- 10 boxes Cetirizine 10mg By 100's 9
- 11 tablets Celecoxib 400mg 800
- 12 boxes Cinnarizine 25mg By 100's 5
- 13 boxes Chlorphenamine Maleate 4mg By 100's 8
- 14 boxes Clindamycin Hcl 300mg 7
- 15 boxes Cloxacilin 500mg By 100's 7
- 16 boxes Clonidine 75mcg 2
- 17 boxes Cotrimoxazole 400mg By 100's 10
- 18 boxes Co Amoxiclav 625mg 18
- 19 boxes Cotrimoxazole 800mg By 100's 7
- 20 boxes Dequalinium Chloride 16
- 21 boxes Dexamethasone 500mcg By 100's 5
- 22 caps Diphenhydramine 50mg 100
- 23 boxes Domperidone 10mg By 100's 6
- 24 boxes Ferrous SO4 60mg By 100's (Individually Packed) 22
- 25 bottles Hexetidine 250ml 32
- 26 bottles Hypromellose 15ml Eye Drops 55
- 27 boxes Ibuprofen 400mg 12



<b>Created by</b>	Annabelle Quinto Madrigal
<b>Date Created</b>	03/01/2025

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.





## REQUEST FOR QUOTATION

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

PR No.: PR24-0427

RFQ No. 2024-232

ABC Amount: Php599,937.35

Company Name : Halo Pharmacy  
Address : Sanfago City, Isabela

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.

CIEDELLE PIOL-SALAZAR, J.D., 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-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	500	24.00	12,000
2	boxes	Aluminum Hydroxide Magnesium + Magnesium	20	114	2,280
3	boxes	Amoxicillin 500mg By 100's	13	217.50	2,827.50
4	tablets	Azithromycin 500mg	230	43.50	10,005
5	tubes	Benzocaine + Boric Acid + Eucalyptus Burn	20	547.50	10,950
6	tablets	Betahistine Hcl 24mg By 100's	249	5.48	1,363.28
7	boxes	Butamirate Citrate 50mg By 100's	12	1,080	12,960
8	sachets	Calamine + Zinc Oxide Lotion 60ml	71	54.00	3,834
9	tablets	Cefuroxime 500mg	800	15.00	12,000
10	boxes	Cetirizine 10mg By 100's	9	84.00	756.00
11	tablets	Celecoxib 400mg	800	3.98	3,180
12	boxes	Cinnarizine 25mg By 100's	5	187.50	937.50
13	boxes	Chlorphenamine Maleate 4mg By 100's	8	84.00	672.00
14	boxes	Clindamycin Hcl 300mg	7	487.50	3,412.50
15	boxes	Cloxacilin 500mg By 100's	7	300	2,100
16	boxes	Clonidine 75mcg	2	630	1,260
17	boxes	Cotrimoxazole 400mg By 100's	10	187.50	1,875
18	boxes	Co Amoxiclav 625mg	18	187.50	3,375
19	boxes	Cotrimoxazole 800mg By 100's	7	247.50	1,732.50
20	boxes	Dequalinium Chloride	16	1,440	23,040
21	boxes	Dexamethasone 500mcg By 100's	5	1,890	9,450
22	caps	Diphenhydramine 50mg	100	2.48	247.50
23	boxes	Domperidone 10mg By 100's	6	133.50	801.00
24	boxes	Ferrous SO4 60mg By 100's (Individually Packed)	22	129	2,838
25	bottles	Hexetidine 250ml	32	637.50	20,400
26	bottles	Hypromellose 15ml Eye Drops	55	187.50	10,312.50
27	boxes	Ibuprofen 400mg	12	127.50	1,530
28	nebules	Ipratropium Bromide 500mcg, 2.5ml	50	18.00	900.00
29	boxes	Loperamide 2mg By 100's	7	84.00	588.00

MSU-BAC-FR-05.01





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

Contact Number

MSU-BAC-FR-05.01

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





Poblacion 1, Victoria, Oriental Mindoro

TIN : 129-326-144-00000

Yolanda D. Matanguihan – Owner/Pharmacist

Email Address: ydmatanguihan\_cpa@yahoo.com

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

TAB	REQUIREMENTS
A	Duly signed original copy of Request for Quotation (RFQ)
B	PhilGEPS Registration Certificate
C	Valid Mayor's/Business Permit
D	Omnibus Sworn Statement
E	BIR Certificate of Registration
F	Latest Income Tax
G	Latest Business Tax
H	Tax Clearance
I	DTI Registration
J	FDA Registration/LTO





# Mindoro State University

Victoria, Oriental Mindoro 5205 Philippines

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



## REQUEST FOR QUOTATION

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

PR No.: PR24-0427

RFQ No. 2024-232

ABC Amount: Php599,937.35

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.

**CIEDELLE PIOL-SALAZAR, J.D., 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	500	21.00	10,500.00
2	boxes	Aluminum Hydroxide Magnesium + Magnesium	20	250.00	5,000.00
3	boxes	Amoxicillin 500mg By 100's	13	300.00	3,900.00
4	tablets	Azithromycin 500mg	230	30.00	6,900.00
5	tubes	Benzocaine + Boric Acid + Eucalyptus Burn	20	150.00	3,000.00
6	tablets	Betahistine Hcl 24mg By 100's	249	24.00	5,976.00
7	boxes	Butamirate Citrate 50mg By 100's	12	1,100.00	13,200.00
8	sachets	Calamine + Zinc Oxide Lotion 60ml	71	50.00	3,550.00
9	tablets	Cefuroxime 500mg	800	18.00	14,400.00
10	boxes	Cetirizine 10mg By 100's	9	150.00	1,350.00
11	tablets	Celecoxib 400mg	800	6.00	4,800.00
12	boxes	Cinnarizine 25mg By 100's	5	250.00	1,250.00
13	boxes	Chlorphenamine Maleate 4mg By 100's	8	120.00	960.00
14	boxes	Clindamycin Hcl 300mg	7	700.00	4,900.00
15	boxes	Cloxacilin 500mg By 100's	7	700.00	4,900.00
16	boxes	Clonidine 75mcg	2	4,500.00	9,000.00
17	boxes	Cotrimoxazole 400mg By 100's	10	300.00	3,000.00
18	boxes	Co Amoxiclav 625mg	18	360.00	6,480.00
19	boxes	Cotrimoxazole 800mg By 100's	7	400.00	2,800.00
20	boxes	Dequalinium Chloride	16	1,100.00	17,600.00
21	boxes	Dexamethasone 500mcg By 100's	5	400.00	2,000.00
22	caps	Diphenhydramine 50mg	100	1.50	150.00
23	boxes	Domperidone 10mg By 100's	6	600.00	3,600.00
24	boxes	Ferrous SO4 60mg By 100's (Individually Packed)	22	200.00	4,400.00
25	bottles	Hexetidine 250ml	32	420.00	13,440.00
26	bottles	Hypromellose 15ml Eye Drops	55	200.00	11,000.00
27	boxes	Ibuprofen 400mg	12	500.00	6,000.00
28	nebulas	Ipratropium Bromide 500mcg,. 2.5ml	50	95.00	4,750.00
29	boxes	Loperamide 2mg By 100's	7	120.00	840.00

MSU-BAC-FR-05.01





TOTAL	100
-------	-----

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





January 7, 2025

Date

#### General Conditions

- 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.
  - Supplier shall submit the following requirements:
    - Duly signed original copy of Request for Quotation (RFQ). Prices shall be quoted in Philippine Pesos.
    - PhilGEPS Registration
    - Valid Mayor's/Business Permit
    - Omnibus Sworn Statement
    - BIR Certificate of Registration
    - Latest Income/Business Tax Return
    - TAX Clearance
    - DTI Registration/SEC Certificate
    - 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:

- Completeness of Submission
- Compliance with Item & Description Requirements
- Price

#### Instructions

- 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.
- 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.
- All duties, excise, and other taxes and revenue charges shall be paid by the supplier.
- 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



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.*



List of Eligibility Documents

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

DTI Certificate	DTI Certificate Number : 2209456 Issued By / Signatory : RAMON M. LOPEZ Registration Date : 01-Oct-2020 Expiration Date : 01-Oct-2025
Mayors Permit	Expiration Date : 31-Dec-2024 Permit Number : 888 0345 Place of Issue : VICTORIA ORIENTAL MINDORO Issued By / Signatory : JOSELITO C. MALABANAN Issuance Date : 10-Jan-2024
Tax Clearance	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
Audited Financial Statement	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
PCAB License	Expiration Date : - Issued By / Signatory : Issuance Date : - License Number : License First Issue Date : - Principal Classification : Category :





# Republic of the Philippines

## Province of Oriental Mindoro

### MUNICIPALITY OF VICTORIA

#### KNOW ALL MEN BY THESE PRESENT

Pursuant to the provision of Tax Ordinance Number 06-2012, otherwise known as the revised Revenue Code of Victoria, Oriental Mindoro, after the taxes and Charges, etc., and compliance with the existing requirements permit is hereby granted to herein taxpayer.

## Mayor's Permit of Business

Status: Renew	Permit Number: 888-0156	Date of Issuance: 06 Jan 2025 A	Date of Expiration: December 31, 2025
O.R. Number: 4334381	O.R. Date: 1/06/2025	Amount Paid: 32,730.00	Capital Gross Sales: 4,200,000.00
Taxpayer's Name: MATANGUIHAN, YOLANDA			
Business Name: CPA PHARMACY			
Nature of Business: DRUGSTORE, MEDICAL AND DENTAL SUPPLIES AND EQUIPMENT (WHOLESALE/RETAILER) OFFICE EQUIPMENT, MACHINERY AND ELECTRONIC EQUIPMENT			
Address: OLD MARKET, POBLACION I, 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:

By the Authority of the Mayor

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.

Emergency Hotline: PNP(09190937530/09063526303), BFP(09557700007, 09156031500), MDRRMO(09770127197/09109183097), MHO(0917634866)



## Omnibus Sworn Statement


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

### AFFIDAVIT

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

1. I am the sole proprietor of CPA PHARMACY with office address at Poblacion 1, Victoria, Oriental Mindoro;
2. As the owner and sole proprietor of CPA PHARMACY, I have full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding for Supply and Delivery of Drugs and Medicines for the University Clinic 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 Drugs and Medicines for the University Clinic of MinSU Main Campus.
9. CPA PHARMACY did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with the unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

IN WITNESS WHEREOF, I have hereunto set my hand this 7<sup>th</sup> day of January, 2025 at Victoria Oriental Mindoro, Philippines.


  
YOLANDA D. MATANGUIHAN  
Affiant

### ACKNOWLEDGEMENT

SUBSCRIBE AND SWORN to before me this 7<sup>th</sup> day of January, 2025 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. 15791150 issued on January 6, 2025 at Victoria, Oriental Mindoro, Philippines.

Witness my hand and seal this 7<sup>th</sup> day of January, 2025.

Doc. No. 310;  
Page No. 63;  
Book No. LXVI;  
Series of 2025

  
ATTY. ARISTEDES A. MARAMOT  
NOTARY PUBLIC  
Until Dec. 31, 2026 NP No. 24-285  
PTR No. 4332927/Victoria/01-02-25  
Roll No. 41130/April 15, 1996  
IBP No. 495052/01-02-25/Or. Mdo  
MCLE Compl. No. VIII-0013894  
Valid Until April 14, 2028



**Omnibus Sworn Statement**


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

**AFFIDAVIT**

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

1. I am the sole proprietor of CPA PHARMACY with office address at Poblacion 1, Victoria, Oriental Mindoro;
2. As the owner and sole proprietor of CPA PHARMACY, I have full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding for Supply and Delivery of Drugs and Medicines for the University Clinic 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 Drugs and Medicines for the University Clinic of MinSU Main Campus.
9. CPA PHARMACY did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with the unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

IN WITNESS WHEREOF, I have hereunto set my hand this 7<sup>th</sup> day of January, 2025 at Victoria Oriental Mindoro, Philippines.


  
YOLANDA D. MATANGUIHAN  
Affiant

**ACKNOWLEDGEMENT**

SUBSCRIBE AND SWORN to before me this 7<sup>th</sup> day of January, 2025 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. 15791150 issued on January 6, 2025 at Victoria, Oriental Mindoro, Philippines.

Witness my hand and seal this 7<sup>th</sup> day of January, 2025.

Doc. No. 310;  
Page No. 63;  
Book No. LXVI;  
Series of 2025

  
ATTY. ARISTEDES A. MARAMOT  
NOTARY PUBLIC  
Until Dec. 31, 2026 NP No. 24-285  
PTR No. 4332927/Victoria/01-02-25  
Roll No. 41130/April 15, 1996  
IBP No. 495052/01-02-25/Or. Mdo  
MCLE Compl. No. VIII-0013894  
Valid Until April 14, 2028



BIR FORM  
**2303**

REVISED: APRIL 2019

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

OCN: 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 Head Office	Branch
<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: 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> REGISTERED ADDRESS POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES	X Head Office	Branch

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.



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

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

		January 15 of the succeeding year.	
TAXPAYER TYPE/S		SINGLE PROPRIETORSHIP ONLY (RESIDENT CITIZEN)	
BUSINESS INFORMATION DETAILS			
		CATEGORY	REGISTRATION DATE
TRADE NAME 1	CPA PHARMACY		October 1, 2007
(PSIC)	46594-WHOLESALE OF PROFESSIONAL AND SCIENTIFIC AND MEASURING AND CONTROLLING EQUIPMENT	Secondary	
Line of Business	WHOLESALE OF PROFESSIONAL AND SCIENTIFIC AND MEASURING AND CONTROLLING EQUIPMENT		
(PSIC)	47722-RETAIL SALE OF MEDICAL, SURGICAL AND ORTHOPEDIC GOODS/INSTRUMENTS AND DENTAL SUPPLIES	Primary	
Line of Business	RETAIL SALE OF MEDICAL, SURGICAL AND ORTHOPEDIC GOODS/INSTRUMENTS AND DENTAL SUPPLIES		
(PSIC)	47720-RETAIL SALE OF PHARMACEUTICAL AND MEDICAL GOODS, COSMETIC AND TOILET ARTICLES IN SPECIALIZED STORES	Secondary	
Line of Business	RETAIL SALE OF OTHER GOODS IN SPECIALIZED STORES		
(PSIC)	46429-WHOLESALE OF MISCELLANEOUS CONSUMER GOODS, N.E.C.	Secondary	
Line of Business	WHOLESALE OF HOUSEHOLD GOODS		
(PSIC)	47739-OTHER RETAIL SALE OF NEW GOODS IN SPECIALIZED STORES, N.E. C.	Secondary	
Line of Business	RETAIL SALE OF OTHER GOODS IN SPECIALIZED STORES		

REMINDERS:

- 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.
- Filing of required tax return/s to conform with the above tax types, whether with or without business





Bureau of Internal Revenue

Republic of the Philippines

[Home](#) | [Login](#) | [Revenue Issuances](#) | [FAQs](#) | [Job Aids](#) | [BIR Main](#) | [Downloads](#) | [Logout](#)

efps

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.	: 422400062533365
Amount Payable (Over Remittance)	: 4,619.40
Accounting Type	: C - Calendar
For Tax Period	: 09/30/2024
Date Filed	: 11/07/2024
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	09/30/2024
Transacting Bank	SBTC (027000)
Reference Number	422400062533365
Payment Transaction Number	244987552
Payment Transaction Date	11/07/2024
Actual Amount Paid	4619.40
SBTC's Confirmation Number	BI-110724-90426

Please refer to the Tax Return Inquiry facility to check the status of your payment.

[ [eFPS Main](#) | [BIR Main](#) | [Help](#) | [Print](#) ]





Guidelines and Instructions | Help

Reference No:42240006253365

Date Filed:November 07 2024 10:23 AM


Batch Number:0



For BIR Use

BCS/Item

1701Q 01/18ENCS 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 (ENCS)</div> <div>Page 1</div>	
1 For the Year (YYYY) 2024		2 Quarter <input type="radio"/> 1st <input type="radio"/> 2nd <input checked="" 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) 09/15/1963		12 Email Address ydmatanguihan_cpa@yahoo.com			
13 Citizenship FILIPINO		14 Foreign Tax Number (if applicable)		15 Claiming Foreign Tax Credits? <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]]					



62 Total Tax Credits/Payments (Sum of Items 55 to 61) (To Part III, Item 27).	45,068	0
63 Tax Payable/(Overpayment) (Item 46 or 54, Less Item 62) (To Part III, Item 28).	4,619	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).	4,619	0

TABLE 1 – Tax Rates (effective January 1, 2018 to December 31, 2022)		TABLE 2 – Tax Rates (effective January 1, 2023 and onwards)	
If Taxable Income is:	Tax Due is:	If Taxable Income is:	Tax Due is:
Not over P250,000	0%	Not over P250,000	0%
Over P250,000 but not over P400,000	20% of the excess over P250,000	Over P250,000 but not over P400,000	15% of the excess over P250,000
Over P400,000 but not over P800,000	P30,000 + 25% of the excess over P400,000	Over P400,000 but not over P800,000	P22,500 + 20% of the excess over P400,000
Over P800,000 but not over P2,000,000	P130,000 + 30% of the excess over P800,000	Over P800,000 but not over P2,000,000	P102,500 + 25% of the excess over P800,000
Over P2,000,000 but not over P8,000,000	P490,000 + 32% of the excess over P2,000,000	Over P2,000,000 but not over P8,000,000	P402,500 + 30% of the excess over P2,000,000
Over P8,000,000	P2,410,000 + 35% of the excess over P8,000,000	Over P8,000,000	P2,202,500 + 35% of the excess over P8,000,000

Attachments

Add Attachment

Remove Attachment





Guidelines and Instructions | Help

Reference No:422400062533365

Date Filed:November 07 2024 10:23 AM

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

MATANGUIHAN, YOLANDA DIMAANO

129

- 326

- 144

- 000

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)

857,830

0

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

669,492

0

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

188,338

0

Less: Allowable Deductions

39 Total Allowable Itemized Deductions

122,166

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)

66,172

0

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

469,765

0

43 Non-Operating Income (specify)

0

0

44 Amount Received/Shared in Income by a Partner from General Professional Partnership (GPP)

0

0

45 Total Taxable Income/(Loss) To Date (Sum of Items 41 to 44)

535,937

0

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

49,687

0

Schedule II – For 8% IT Rate

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

0

0

48 Add: Non-Operating Income (specify)

0

0

49 Total Income for the quarter (Sum of Items 47 and 48)

0

0

50 Add: Total Taxable Income/(Loss) Previous Quarter (Item 51 of previous quarter)

0

0

51 Cumulative Taxable Income/(Loss) as of This Quarter (Sum of Items 49 and 50)

0

0

52 Less: Allowable reduction from gross sales/receipts and other non-operating income of purely self-employed individuals and/or professionals in the amount of ₱ 250,000

0

0

53 Taxable Income/(Loss) To Date (Item 51 Less Item 52)

0

0

54 TAX DUE (Item 53 × 8% Tax Rate) (To Part III, Item 26).

0

0

Schedule III – Tax Credits/Payments

55 Prior Year's Excess Credits

0

0

56 Tax Payment/s for the Previous Quarter/s

10,614

0

57 Creditable Tax Withheld for the Previous Quarter/s

22,789

0

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

11,665

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



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)	49,687	0
27 Less: Tax Credits/Payments (From Part V, Schedule III-Item 62)	45,068	0
28 Tax Payable/(Overpayment) (Item 26 Less Item 27) (From Part V, Item 63)	4,619	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)	4,619	0
31 Aggregate Amount Payable/(Overpayment) (Sum of Item 30A and 30B)		4,619

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



**PNB****BTR-BIR PAYMENT SLIP**

DATE:

10 25 24

Dr. Hindoro-Victoria BRANCH is happy to serve you  
You have made a BILLS PAYMENT  
of PHP 2,701.34 on 10-25-2024 13:14:43  
to BUREAU OF INTERNAL REVENUE . . . . 25500  
Payer : YOLANDA DIMAANO MATANGUINAN  
Account no. 129326144000  
Txn Refs: 885630097702410250053  
Mode of Payment: Cash  
Service Charge: PHP 0.00

Processed by Pablo, Loy Joy Seq# 192  
Thank you for banking with us. With PNB, You First!

Before leaving the counter, please confirm the correctness of the transaction details as shown on the verification. This document is considered valid when machine validated.

ACCOUNT NAME <b>BTR - BIR</b>		Taxpayer may confirm their Tax Payment with their name YDD/LTDG (where they fill the income and pay internal revenue taxes).			
TAXPAYER'S NAME YOLANDA D MATANGUINAN		TAX TYPE VAT			
TIN 129-326-144-0000		TAX FORM 2550 Q			
TAX PERIOD 09-30-2024					
<b>MODE OF PAYMENT</b>					
<input checked="" type="checkbox"/> CASH					
NOTES	QTY	AMOUNT	NOTES	QTY	AMOUNT
1,000	2	2,000.00	100		
500	1	500.00	50		
200	1	200.00	20		
TOTAL COINS		1,74	CASH PAYMENT		2,701.34
<input type="checkbox"/> CHECK		CHECK PAYMENT			
<input type="checkbox"/> DEBIT MY ACCOUNT NO.					
AMOUNT IN FIGURES		2,701.34			
AMOUNT IN WORDS		Two Thousand Seven Hundred One P300 + 34			
<input checked="" type="checkbox"/> I/we consent to the collection and processing of personal data provided herein that will be used for facilitating the BTR-BIR 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 laws, rules and regulations as may be amended from time to time.					
ACCOUNTHOLDER'S SIGNATURE Yan					
Signature Verified by:			Approved by:		

TAXPAYER COPY

Form 2000.3-REV 03/21





PhilGEPS

Philippine Government Electronic Procurement System

Central Portal for  
Philippine Government  
Procurement Opportunities

[Help](#)

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 11631705  
Procuring Entity MINDORO STATE UNIVERSITY  
Title Supply and Delivery of Drugs and Medicines for the University Clinic of MinSU Main Campus  
Area of Delivery Oriental Mindoro

Solicitation Number:	RFQ No. 2024-232	Status	Closed
Trade Agreement:	Implementing Rules and Regulations		
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Associated Components	1
Classification:	Goods	Bid Supplements	0
Category:	Drugs and Medicines		
Approved Budget for the Contract:	PHP 599,937.35	Document Request List	2
Delivery Period:	30 Day/s		
Client Agency:		Date Published	24/12/2024
Contact Person:	Christian B. Apostol BAC Secretariat Head Alcate Victoria Oriental Mindoro Philippines 5205 63-43-2862368  cbapotol21@gmail.com	Last Updated / Time	24/12/2024 00:00 AM
		Closing Date / Time	27/12/2024 01:00 AM

Description

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

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

Item

No. Unit ITEM AND DESCRIPTION QTY. UNIT  
PRICE TOTAL AMOUNT  
1 sachets Acetylcysteine Oral Powder 200mg 500  
2 boxes Aluminum Hydroxide Magnesium + Magnesium 20  
3 boxes Amoxicillin 500mg By 100's 13  
4 tablets Azithromycin 500mg 230  
5 tubes Benzocaine + Boric Acid + Eucalyptus Burn 20  
6 tablets Betahistine Hcl 24mg By 100's 249  
7 boxes Butamirate Citrate 50mg By 100's 12  
8 sachets Calamine + Zinc Oxide Lotion 60ml 71  
9 tablets Cefuroxime 500mg 800  
10 boxes Cetirizine 10mg By 100's 9  
11 tablets Celecoxib 400mg 800  
12 boxes Cinnarizine 25mg By 100's 5  
13 boxes Chlorphenamine Maleate 4mg By 100's 8  
14 boxes Clindamycin Hcl 300mg 7



[illegible]

**Created by** Annabelle Quinto Madrigal

**Date Created** 23/12/2024

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.



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

**APPROVED BUDGET FOR THE CONTRACT (ABC)**  
**Supply and Delivery of Drugs and Medicines for the University Clinic of MinSU Main Campus**  
**Alcate, Victoria, Oriental Mindoro**  
Project Name and Location

Stations: Mindoro State University  
Length:

Contract Duration:															
ITEM NO.	DESCRIPTION	QUANTITY	UNIT	CURRENT MARKET PRICE	TOTAL COST	VAT, OTHER TAXES AND/OR DUTIES APPLICABLE	FREIGHT & INSURANCE	OTHER INDIRECT COSTS	OTHER COST FACTORS				TOTAL COST	UNIT COST	
									INFLATION,			VALUE			
									%	INFLATION,					VALUE
										(10)	(11)				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)			
1	Acetylcysteine Oral Powder 200mg	500	sachets	21.50	10,750.00										
2	Aluminum Hydroxide Magnesium + Magnesium	20	boxes	185.00	3,700.00										
3	Amoxicillin 500mg By 100's	13	boxes	600.00	7,800.00										
4	Azithromycin 500mg	230	tablets	79.67	18,324.10										
5	Benzocaine + Boric Acid + Eucalyptus Burn	20	tubes	120.00	2,400.00										
6	Betahistine Hcl 24mg By 100's	249	tablets	42.50	10,582.50										
7	Butamirate Citrate 50mg By 100's	12	boxes	1,550.00	18,600.00										
8	Calamine + Zinc Oxide Lotion 60ml	71	sachets	66.00	4,686.00										
9	Cefuroxime 500mg	800	tablets	44.00	35,200.00										
10	Cetirizine 10mg By 100's	9	boxes	450.00	4,050.00										
11	Celecoxib 400mg	800	tablets	25.00	20,000.00										
12	Cinnarizine 25mg By 100's	5	boxes	220.00	1,100.00										
13	Chlorphenamine Maleate 4mg By 100's	8	boxes	99.00	792.00										
14	Clindamycin Hcl 300mg	7	boxes	370.00	2,590.00										
15	Cloxacilin 500mg By 100's	7	boxes	1,100.00	7,700.00										
16	Clonidine 75mcg	2	boxes	525.00	1,050.00										
17	Cotrimoxazole 400mg By 100's	10	boxes	121.00	1,210.00										
18	Co Amoxiclav 625mg	18	boxes	240.00	4,320.00										
19	Cotrimoxazole 800mg By 100's	7	boxes	390.00	2,730.00										
20	Dequalinium Chloride	16	boxes	850.00	13,600.00										
21	Dexamethasone 500mcg By 100's	5	boxes	700.00	3,500.00										
22	Diphenhydramine 50mg	100	caps	3.50	350.00										
23	Domperidone 10mg By 100's	6	boxes	1,500.00	9,000.00										
24	Ferrous SO4 60mg By 100's (Individually Packed)	22	boxes	255.00	5,610.00										
25	Hexetidine 250ml	32	bottles	620.00	19,840.00										
26	Hypromellose 15ml Eye Drops	55	bottles	298.00	16,390.00										
27	Ibuprofen 400mg	12	boxes	380.00	4,560.00										



28	Ipratropium Bromide 500mcg., 2.5ml	50	nebulas	115.00	5,750.00						
29	Loperamide 2mg By 100's	7	boxes	380.00	2,660.00						
30	Loratadine 10mg By 100's	19	boxes	900.00	17,100.00						
31	Mefenamic Acid 500mg Capsule By 100's	8	boxes	3,625.00	29,000.00						
32	Mefenamic Acid 500mg Tablets By 100's	11	boxes	400.00	4,400.00						
33	Metoclopramide 10mg By 100's	2	boxes	800.00	1,600.00						
34	Metronidazole 500mg By 100's	4	boxes	1,999.00	7,996.00						
35	Mupirocin Ointment 5g	21	tubes	179.50	3,769.50						
36	Methyl Salicylate Camphor + Menthol 120ml	60	bottles	140.00	8,400.00						
37	Methyl Salicylate E-Menthol Tocopherol By	159	boxes	65.00	10,335.00						
38	Methyl Salicylate Menthol Crystals Eucalyptus	120	bottles	175.00	21,000.00						
39	Omeprazole Inhibita 40mg By 100's	12	boxes	2,500.00	30,000.00						
40	Oral Rehydration Salt	1000	sachets	4.79	4,790.00						
41	Neomycin So4 Polymycinb So4	13	pieces	555.00	7,215.00						
42	Neomycin So4 Polymycinb So4	13	tubes	555.00	7,215.00						
43	Paracetamol 150mg/Ml, 2ml Ampule By 10's	1	boxes	460.00	460.00						
44	Paracetamol 500mg By 100's	40	boxes	225.00	9,000.00						
45	Paracetamol Propyphenazone Caffeine	5	boxes	1,200.00	6,000.00						
46	Povidone Iodine Oral Gargle 1% Antiseptic	70	bottles	220.00	15,400.00						
47	Salbutamol 2mg Tab By 100's	2	boxes	439.00	878.00						
48	Salbutamol 100mcg/Dose 200 Actuations	5	ing=haler	91.45	457.25						
49	Sambong	35	boxes	645.00	22,575.00						
50	Silver Sulfadiazine Cream 1% 15g	15	tubes	67.00	1,005.00						
51	Tetanus Antitoxin 1500iu	200	amps	110.00	22,000.00						
52	Tetanus Toxoid Absorbed 40iu/Ml	150	amps	120.00	18,000.00						
53	Tetrahydrozoline Hcl	27	bottles	200.00	5,400.00						
54	Terbutaline Sulfate 5mg	1	boxes	1,220.00	1,220.00						
55	Tranexamic Acid 500mg By 100's	6	boxes	490.00	2,940.00						
56	Vitex Negundo L. Lagundi Leaf 600mg By 100's	50	boxes	270.00	13,500.00						
57	Vitamin B1 B2 B12 By 100's	14	boxes	1,012.00	14,168.00						
58	Ascorbic Acid Tablet By 100's	15	boxes	300.00	4,500.00						
59	Clobetasol Tube 500mcg/G	8	tubes	250.00	2,000.00						
60	Multivitamins	10	boxes	300.00	3,000.00						
61	Acety:Cysteine Oral Effervescent Tablet 600mg	200	tablets	36.30	7,260.00						
62	Amlodipine 5mg	202	tablets	4.50	909.00						
63	Losartan 50mg	200	tablets	15.90	3,180.00						
64	Erythromycin 0.5% 3.5g Eye Ointment	10	tubes	197.00	1,970.00						
65	Lidocaine 2% E-100 With Epinephrine	15	boxes	2,050.00	30,750.00						
66	Meclizine Hcl 25mg	500	tablets	13.75	6,875.00						

2241







MinSU MAIN CAMPUS

LOG#

Routing Slip

PR No. PR24-0427

PARTICULARS: Supp & Medicines - Clinic - FY 2025

	Date	Remarks/ number	Signature
<b>PURCHASE REQUEST (3 Copies)</b>			
To supply office for pricing			
To budget office for obligation	<u>11/20/24</u>		
To records office for recording	<u>11/21/24</u>		
To OP for approval	<u>NOV 21 2024</u>		
To records office for release	<u>11/26/24</u>		
To supply office for canvass, etc, & preparation of PO (below			
To BAC office for posting			
Above 50T			
ABC Preparation			
To OP for approval of ABC	<u>DEC 09 2024</u>		
To BAC for posting			
BAC reso			
PO			
PO to supply office for numbering			
<b>PURCHASE ORDER (4 Copies)</b>			
Budget office for ORS & Attachment of supporting docs			
To accountant for availability of funds			
To OP for approval			
To records office			
To supply office			
For signature of supplier			
Copy of PO for submission to COA			
To supplier for delivery			
Supply office for preparation of required documents			
To accounting office for processing of DV			
<b>DISBURSEMENT VOUCHER</b>			
To OP for approval			
To cashier for preparation of checks			
To OP for signature of Checks			
To cashier for release of check			

Republic of the Philippines  
STATE UNIVERSITY  
Main Campus  
Marikina, Oriental Mindoro



REQUEST

Fund Cluster:

e :		Date: <u>11/18/2024</u>	
on	Qty	Unit Cost	Total Cost
0mg	500	21.50	10,750.00
m+Magnesium	20	185.00	3,700.00
	13	600.00	7,800.00
	230	79.67	18,324.10
ryptus Burn	20	120.00	2,400.00
	249	42.50	10,582.50
's	12	1,550.00	18,600.00
il	71	66.00	4,686.00
	800	44.00	35,200.00
	9	450.00	4,050.00
	800	25.00	20,000.00
	5	220.00	1,100.00
100's	8	99.00	792.00
	7	370.00	2,590.00
	7	1,100.00	7,700.00
	2	525.00	1,050.00
	10	121.00	1,210.00
	18	240.00	4,320.00
	7	390.00	2,730.00
	16	850.00	13,600.00
	5	700.00	3,500.00
	100	3.50	350.00
	6	1,500.00	9,000.00
	22	255.00	5,610.00
	32	620.00	19,840.00
	55	298.00	16,390.00
TOTAL 1			<u>225,874.60</u>

rsity's Clinic FY 2025

MDS-14-7  
101-200-01-03

proval:

Certified Allotment Available:

Approved by:

NES

ROVELYN P. ROXAS

ENYA MARIE D. APOSTOL, Ph.D.

nance

SAO - Finance

SUC President III

Printed Name :	<u>MERVIN L. ICALLA</u>	<u>JOELENE C. LEYNES</u>	<u>ROVELYN P. ROXAS</u>	<u>ENYA MARIE D. APOSTOL, Ph.D.</u>
Designation :	Director of Auxiliary and General Services	VP for Admin and Finance	SAO - Finance	SUC President III





PURCHASE REQUEST

Fund Cluster:

Office/Section : Accounting		PR No.: PR24- 0427 Responsibility Center Code :		Date: 11/18/2024	
Stock/ Property No.	Unit	Item Description	Qty	Unit Cost	Total Cost
		Drugs			
53	bottles	Tetrahydrozoline HCl	27	200.00	5,400.00
54	boxes	Terbutaline Sulfate 5mg	1	1,220.00	1,220.00
55	boxes	Tranexamic Acid 500 mg by 100's	6	490.00	2,940.00
56	boxes	Vitex Negundo L. Lagundi Leaf 600mg by 100's	50	270.00	13,500.00
57	boxes	Vitamin B 1 B2 B12 by 100's	14	1,012.00	14,168.00
58	boxes	Ascorbic Acid tablet by 100's	15	300.00	4,500.00
59	tubes	Clobetasol tube 500mcg/g	8	250.00	2,000.00
60	boxes	Multivitamins	10	300.00	3,000.00
61	tablets	Acetylcysteine Oral Effervescent tablet 600mg	200	36.30	7,260.00
62	tablets	Amlodipine 5mg	202	4.50	909.00
63	tablets	Losartan 50mg	200	15.90	3,180.00
64	tubes	Erythromycin 0.5% 3.5g Eye Ointment	10	197.00	1,970.00
65	boxes	Lidocaine 2% E-100 with Epinephrine	15	2,050.00	30,750.00
66	tablets	Meclizine HCl 25mg	500	13.75	6,875.00
67	tablets	Ascorbic Acid Vitamin C 500mg	1500	4.05	6,075.00
68	capsule	Multivitamins	1500	4.20	6,300.00
69	tablets	Dicycloverine 10mg	500	3.90	1,950.00
70	bottles	PNSS 500ml	5	100.00	500.00
		SUB TOTAL 3			112,497.00
		SUB TOTAL 1			225,874.60
		SUB TOTAL 2			261,565.75
		SUB TOTAL 3			112,497.00
		GRAND TOTAL			599,937.35
Purpose: Drugs and Medicines for University's Clinic FY 2025					
MDS -14- 7 101-200 -11B					
Requested by:		Recommending Approval:		Certified Allotment Available:	
Approved by:					
Signature :		Signature :		Signature :	
Printed Name : MERVIN L. ICALLA		JOELENE C. LEYNES		ROVELYN P. ROXAS	
Designation : Director of Auxiliary and General Services		VP for Admin and Finance		SAO - Finance	
				ENYA MARIE D. APOSTOL, Ph.D.	
				SUC President III	