



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

Name of Project

BAC Resolution Recommending Approval Resolution No. 82, s. 2023

WHEREAS, the Mindoro State University (MinSU), through Bids and Awards Committee (BAC) has advertised in the PhilGEPS and MinSU Website the Request for Quotation (RFQ) for the project “Supply and Delivery of Drugs and Medicines for the University Clinic at MinSU Main Campus” with an Approved Budget for the Contract (ABC) in the amount of Three Hundred Sixty Thousand Eight Hundred Twenty-one Pesos (Php 360,821.00);

WHEREAS, in response to the said advertisement, six (6) suppliers were found in the document request list however, only three (3) suppliers in the name of **LUNARMED PHARMA TRADING**, **CPA PHARMACY**, and **RBJM PHARMACEUTICAL TRADING** 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
Php 360,821.00	Lunarmed Pharma Trading	Php 236,216.80
	CPA Pharmacy	Php 269,860.00
	RBJM Pharmaceutical Trading	Php 310,850.00

WHEREAS, upon careful examination, validation and verification of all the eligibility, technical and financial requirements submitted by the bidders named **CPA PHARMACY** and **RBJM PHARMACEUTICAL TRADING** passed the evaluation of bid and were found to be complying and responsive; however, the price quotation submitted by **LUNARMED PHARMA TRADING** was found to be unresponsive and uncompliant due to the following reasons:

1. The supplier submitted incomplete documents;
2. The supplier cannot supply the total of twenty (20) items indicated in the RFQ due to unavailability which are listed below;
 - 1) Calamine Lotion 60ml,
 - 2) Celecoxib 400mg,
 - 3) Clorpheniramine Maleate 4mg by 100's,
 - 4) Clobetasol cream 15mg,
 - 5) Dexamethasone 500mcg by 100's,
 - 6) Dextromethophan HBr 10mg,
 - 7) Dextromethophan HBr 15mg/5ml syrup 54ml,
 - 8) Diphenhydramine HCl 50mg / ampule by 10's,
 - 9) Efficascent oil 25ml,
 - 10) Ferrous SO4 60mg/100's,
 - 11) Hypromellose 15ml eye drops,
 - 12) Ipratropium Bromide 500mcg, 2.5ml,
 - 13) Methyl Salicylate Camphor + Menthol 120ml,
 - 14) Methyl Salicylate E-menthol Tocopherol by 10's
 - 15) Medicated patch,
 - 16) Methyl Salicylate Menthol Crystals Eucalyptus Oil 10 ml,
 - 17) Neomycin SO4 PolymycinB SO4 Dexamethasone drops,
 - 18) Neomycine SO4 PolymycinB SO4 Dexamethasone Ointment,
 - 19) Salbutamol 100mcg/dose 200 actuations breath actuated metered dose inhaler, Tetanus Toxoid absorbed 40iu/ml and,
 - 20) Terbutaline Sulfate 5mg);

WHEREAS, the BAC declared **CPA PHARMACY** as the supplier with the Lowest Calculated Responsive Bid (LCRB) for the reason that the first supplier in ranking was unresponsive and non-compliant;



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

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WHEREAS, in response to the said advertisement, six (6) suppliers were found in the document request list however, only three (3) suppliers in the name of **LUNARMED PHARMA TRADING, CPA PHARMACY, and RBJM PHARMACEUTICAL TRADING** submitted price quotation before the deadline;

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

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1. The supplier submitted incomplete documents;
2. The supplier cannot supply the total of twenty (20) items indicated in the RFQ due to unavailability which are listed below;
 - 1) Calamine Lotion 60ml,
 - 2) Celecoxib 400mg,
 - 3) Clorpheniramine Maleate 4mg by 100's,
 - 4) Clobetasole cream 15mg,
 - 5) Dexamethasone 500mcg by 100's,
 - 6) Dextromethophan HBr 10mg,
 - 7) Dextromethophan HBr 15mg/5ml syrup 54ml,
 - 8) Diphenhydramine HCl 50mg / ampule by 10's,
 - 9) Efficascent oil 25ml,
 - 10) Ferrous SO4 60mg/100's,
 - 11) Hypromellose 15ml eye drops,
 - 12) Ipratropium Bromide 500mcg, 2.5ml,
 - 13) Methyl Salicylate Camphor + Menthol 120ml,
 - 14) Methyl Salicylate E-menthol Tocopherol by 10's
 - 15) Medicated patch,
 - 16) Methyl Salicylate Menthol Cystals Eucalyptus Oil 10 ml,
 - 17) Neomycin SO4 PolymycinB SO4 Dexamethasone drops,
 - 18) Neomycine SO4 PolymycinB SO4 Dexamethasone Ointment,
 - 19) Salbutamol 100mcg/dose 200 actuations breath actuated metered dose inhaler,
 - Tetanus Toxoid absorbed 40iu/ml and,
 - 20) Terbutaline Sulfate 5mg);


WHEREAS, the BAC declared **CPA PHARMACY** as the supplier with the Lowest Calculated Responsive Bid (LCRB) for the reason that the first supplier in ranking was unresponsive and non-compliant;

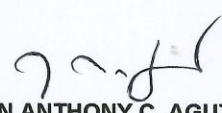


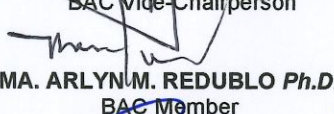
NOW, THEREFORE, the members of Bids and Awards Committee (BAC) **HEREBY RESOLVED AS IT IS HEREBY RESOLVED** recommended to the Head of Procuring Entity the approval of this resolution for the abovementioned procurement and awarding of contract for the **"Supply and Delivery of Drugs and Medicines for the University Clinic at MinSU Main Campus"** to CPA Pharmacy in the amount **Two Hundred Sixty-nine Thousand Eight Hundred Sixty Pesos (Php 269,860.00)** with official address at Poblacion I, Victoria, Oriental Mindoro as the supplier/bidder with the Lowest Calculated Responsive Bid (LCRB);

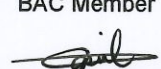
RESOLVED, at MinSU Main Campus, Alcate, Victoria, Oriental Mindoro, this 14th day of June, 2023.


NEMESIO H. DAVALOS, Ph.D.
BAC Chairperson


ANSELMO R. ULEP, JR.
BAC Vice-Chairperson


CHRISTIAN ANTHONY C. AGUTAYA Ph.D.
BAC Member


MA. ARLYN M. REDUBLO Ph.D.
BAC Member


CIEDELLE P. SALAZAR Ph.D
BAC Member


Engr. MARK KEYLORD S. ONAL
BAC Member


Approved/Disapproved

LEVY B. ARAGO, JR. Ph.D.
University President

Date: 07.05.23

APPROVED BUDGET FOR THE CONTRACT (ABC)

Supply and Delivery of Drugs and Medicines for the University Clinic at Minsu Main Campus
Alcate, Victoria, Oriental Mindoro
Project Name and Location

Stations: Mindoro State University

Length:

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)	(5)X(9)	%			(12)	(10%[(5)+(10)])	(11) / (3)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(5)X(9)	(12)	(11) / (3)						
1	Acetylcysteine 600mg	600	tablets	33.00	19,800.00														
2	Aluminum Hydroxide Magnesium + Magnesium Hydroxide Simeticone by 100's	10	boxes	185.00	1,850.00														
3	Amoxicillin 500mg by 100's	10	boxes	600.00	6,000.00														
4	Ascorbic Acid 500mg by 100's	20	boxes	400.00	8,000.00														
5	Betahistine HCl 24mg by 100's	50	tablets	42.50	2,125.00														
6	Bisacodyl 5mg by 100's	1	boxes	1,000.00	1,000.00														
7	Butamirate Citrate 50mg by 100's	10	boxes	1,550.00	15,500.00														
8	Calamine Lotion 60ml	7	bottles	110.00	770.00														
9	Cefuroxime 500mg	300	tablets	44.00	13,200.00														
10	Cetirizine 10mg by 100's	6	boxes	450.00	2,700.00														
11	Celecoxib 400mg	300	tablets	25.00	7,500.00														
12	Cinnarizine 25mg by 100's	6	boxes	220.00	1,320.00														
13	Chlorphenamine Maleate 4mg by 100's	5	boxes	99.00	495.00														
14	Clindamycin HCl 300mg	200	caps	37.00	7,400.00														
15	Globetasole cream 15mg	10	tubes	115.00	1,150.00														
16	Cloxacillin 500mg by 100's	10	boxes	1,100.00	11,000.00														
17	Clonidine 75mcg	50	tablets	52.50	2,625.00														
18	Cotrimoxazole 400mg. By 100's	5	boxes	121.00	605.00														
19	Co Amoxiclav 625mg	300	tablets	19.00	5,700.00														
20	Cotrimoxazole 800mg by 100's	2	boxes	390.00	780.00														
21	Dexamethasone 500mcg by 100's	10	boxes	718.00	7,180.00														
22	Dextromethophan HBr 10mg	500	caps	2.50	1,250.00														
23	Dextromethophan HBr 15mg/5ml syrup 54ml	15	bottles	45.00	675.00														
24	Dicycloverine 10mg	6	boxes	390.00	2,340.00														

670

[illegible]



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Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 9822676
Procuring Entity MINDORO STATE UNIVERSITY
Title Supply and Delivery of Drugs and Medicines for the University Clinic at MinSU Main Campus
Area of Delivery Oriental Mindoro

Solicitation Number:	RFQ 2023-89	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 360,821.00	Document Request List	6
Delivery Period:	10 Day/s		
Client Agency:		Date Published	06/06/2023
Contact Person:	Christine Alveyra Luzon - German 09178528744 Alcate Victoria Oriental Mindoro Philippines 5205 63-43-2862368 christineluzon2020@gmail.com	Last Updated / Time	06/06/2023 00:00 AM
		Closing Date / Time	13/06/2023 01:00 AM

Description

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

NEMESIO H. DAVALOS, Ph.D.
BAC Chairperson

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

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

- 1 tablets Acetylcysteine 600mg 600
- 2 boxes Aluminum Hydroxide Magnesium + Magnesium Hydroxide Simeticone by 100's 10
- 3 boxes Amoxicillin 500mg by 100's 10
- 4 boxes Ascorbic Acid 500mg by 100's 20
- 5 tablets Betahistine HCl 24mg by 100's 50
- 6 boxes Bisacodyl 5mg by 100's 1
- 7 boxes Butamirate Citrate 50mg by 100's 10
- 8 bottles Calamine Lotion 60ml 7
- 9 tablets Cefuroxime 500mg 300

Created by Annabelle Quinto Madrigal
Date Created 05/06/2023

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Mindoro State University

Victoria, Oriental Mindoro 5205 Philippines

Email: universitypresident@mins.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 at MinSU Main Campus

PR No. 23-0074

RFQ No. 2023-89

ABC Amount: Php 360,821.00

Company Name

lunarmed Pharma trading

Address

59A General Odoles St. Concepcion das 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 _____ 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	tablets	Acetylcysteine 600mg	600	20.8	12,480
2	boxes	Aluminum Hydroxide Magnesium + Magnesium Hydroxide Simeticone by 100's	10	91.8	918
3	boxes	Amoxicillin 500mg by 100's	10	280	2800
4	boxes	Ascorbic Acid 500mg by 100's	20	98	1960
5	tablets	Betahistine HCl 24mg by 100's	50	1700	85000
6	boxes	Bisacodyl 5mg by 100's	1	108	108
7	boxes	Butamirate Citrate 50mg by 100's	10	868	8680
8	bottles	Calamine Lotion 60ml	7	NO BID	NO BID
9	tablets	Cefuroxime 500mg	300	18	5400
10	boxes	Cetirizine 10mg by 100's	6	60	360
11	tablets	Celecoxib 400mg	300	NO BID	NO BID
12	boxes	Cinnarizine 25mg by 100's	6	142.8	856.8
13	boxes	Chlorphenamine Maleate 4mg by 100's	5	NO BID	NO BID
14	caps	Clindamycin HCl 300mg	200	6.8	1360
15	tubes	Clobetasole cream 15mg	10	NO BID	NO BID
16	boxes	Cloxacillin 500mg by 100's	10	418	4180
17	tablets	Clonidine 75mcg	50	7.8	390
18	boxes	Cotrimoxazole 400mg. By 100's	5	138	690
19	tablets	Co Amoxiclav 625mg	300	18	5400
20	boxes	Cotrimoxazole 800mg by 100's	2	228	456
21	boxes	Dexamethasone 500mcg by 100's	10	NO BID	NO BID
22	caps	Dextromethophan HBr 10mg	500	NO BID	NO BID
23	bottles	Dextromethophan HBr 15mg/5ml syrup 54ml	15	NO BID	NO BID
24	boxes	Dicycloverine 10mg	6	58	348
25	boxes	Diphenhydramine HCl 50mg/ ampule by 10's	1	NO BID	NO BID
26	caps	Diphenhydramine 50mg	50	1.8	90
27	boxes	Domperidone 10mg by 100's	10	108	1080
28	bots	Efficascent Oil 25ml	24	NO BID	NO BID
29	boxes	Ferrous SO4 60mg100's (individually packed)	10	NO BID	NO BID
30	bottles	Hydrogen Peroxide 120ml	100	48	4800

*Main Campus, Alcate, Victoria

*Bongabong Campus, Labasan, Bongabong

*Calapan City Campus, Masipit Calapan City



Mindoro State University

Victoria, Oriental Mindoro 5205 Philippines

Email: universitypresident@minsu.edu.ph

Website: www.minsu.edu.ph

Mobile: +63 977 846 72 28

31	boxes	Hyosine-N Butylbromide 10mg by 100's	4	398	1592
32	bottles	Hypromellose 15ml eye drops	14	NO BID	NO BID
33	boxes	Ibuprofen 400mg	7	118	826
34	nebules	Ipratropium Bromide 500mcg, 2.5ml	60	NO BID	NO BID
35	boxes	Loperamide 2mg by 100's	7	60	420
36	boxes	Loratadine 10mg by 100's	10	188	1880
37	boxes	Mefenamic Acid 500mg capsule by 100's	10	120	1200
38	boxes	Mefenamic Acid 500mg tablets by 100's	15	160	2400
39	box	Metoclopramide ampules by 10's	1	128	128
40	box	Metoclopramide 10mg by 100's	1	148	148
41	boxes	Metronidazole 500mg by 100's	3	188	474
42	tubes	Mupirocin Ointment 5g	12	108	1296
43	bottles	Methyl Salicylate Camphor + Menthol 120ml	80	NO BID	NO BID
44	boxes	Methyl Salicylate E-menthol Tocopherol by 10's Medicated patch	120	NO BID	NO BID
45	bottles	Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	30	NO BID	NO BID
46	boxes	Omeprazole 40mg by 100's	10	588	5880
47	sachets	Oral Rehydration Salt	1000	3.8	3800
48	pieces	Neomycin SO4 PolymycinB SO4 Dexamethasone drops	7	NO BID	NO BID
49	tubes	Neomycine SO4 PolymycinB SO4 Dexamethasone Ointment	7	NO BID	NO BID
50	box	Paracetamol 150mg/ml, 2ml ampule by 10's	2	88	176
51	boxes	Paracetamol 500mg by 100's	30	88	2640
52	bottles	Povidone Iodine 10% Antiseptic 120ml	91	78	7098
53	bottles	Povidone Iodine oral gargle 1% antiseptic 120ml	20	328	6560
54	boxes	Salbutamol 2mg tab by 100's	3	40.8	122.4
55	nebules	Salbutamol 2mg/ml, 2.5ml nebules	100	18.8	1880
56	inhaler	Salbutamol 100mcg/dose 200 actuations breath actuated metered dose inhaler	5	NO BID	NO BID
57	boxes	Sambong	10	548	5480
58	tubes	Silver Sulfadiazine cream 1% 15g	10	98	980
59	amps	Tetanus antitoxin 1500iu	200	205	41000
60	amps	Tetanus Toxoid absorbed 40iu/ml	100	NO BID	NO BID
61	boxes	Terbutaline Sulfate 5mg	2	NO BID	NO BID
62	box	Tranexamic Acid 500mg by 100's	2	681.8	1363.60
63	boxes	Vitex Negundo L. Lagundi Leaf 600mg by 100's	20	340	6800
64	boxes	Vitamin B1 B2 B12 by 100's	7	588	4116
TOTAL				236,216.80	

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

Kimberly May B. Jara
Supplier's Signature Over Printed Name

484-166-170-000

TIN No. of Establishment

09265270953

Contact Number

July 7, 2023

Date

20 unquoted
items

*Main Campus, Alcate, Victoria

*Bongabong Campus, Labasan, Bongabong

*Calapan City Campus, Masipit Calapan City



Mindoro State University

Victoria, Oriental Mindoro 5205 Philippines

Email: universitypresident@minsu.edu.ph

Website: www.minsu.edu.ph

Mobile: +63 977 846 72 28

REQUEST FOR QUOTATION

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

PR No. 23-0074

RFQ No. 2023-89

ABC Amount: Php 360,821.00

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 10 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	tablets	Acetylcysteine 600mg	600	25.00	15,000.00
2	boxes	Aluminum Hydroxide Magnesium + Magnesium Hydroxide Simeticone by 100's	10	450.00	4,500.00
3	boxes	Amoxicillin 500mg by 100's	10	300.00	3,000.00
4	boxes	Ascorbic Acid 500mg by 100's	20	150.00	3,000.00
5	tablets	Betahistine HCl 24mg by 100's	50	25.00	1,250.00
6	boxes	Bisacodyl 5mg by 100's	1	400.00	400.00
7	boxes	Butamirate Citrate 50mg by 100's	10	1,100.00	11,000.00
8	bottles	Calamine Lotion 60ml	7	95.00	665.00
9	tablets	Cefuroxime 500mg	300	25.00	7,500.00
10	boxes	Cetirizine 10mg by 100's	6	120.00	720.00
11	tablets	Celecoxib 400mg	300	6.00	1,800.00
12	boxes	Cinnarizine 25mg by 100's	6	175.00	1,050.00
13	boxes	Chlorphenamine Maleate 4mg by 100's	5	75.00	375.00
14	caps	Clindamycin HCl 300mg	200	7.00	1,400.00
15	tubes	Clobetasole cream 15mg	10	150.00	1,500.00
16	boxes	Cloxacillin 500mg by 100's	10	700.00	7,000.00
17	tablets	Clonidine 75mcg	50	15.00	750.00
18	boxes	Cotrimoxazole 400mg. By 100's	5	250.00	1,250.00
19	tablets	Co Amoxiclav 625mg	300	18.00	5,400.00
20	boxes	Cotrimoxazole 800mg by 100's	2	350.00	700.00
21	boxes	Dexamethasone 500mcg by 100's	10	375.00	3,750.00
22	caps	Dextromethophan HBr 10mg	500	5.00	2,500.00
23	bottles	Dextromethophan HBr 15mg/5ml syrup 54ml	15	150.00	2,250.00
24	boxes	Dicycloverine 10mg	6	75.00	450.00
25	boxes	Diphenhydramine HCl 50mg/ ampule by 10's	1	500.00	500.00
26	caps	Diphenhydramine 50mg	50	2.00	100.00
27	boxes	Domperidone 10mg by 100's	10	700.00	7,000.00
28	bots	Efficascent Oil 25ml	24	55.00	1,320.00
29	boxes	Ferrous SO4 60mg100's (individually packed)	10	250.00	2,500.00
30	bottles	Hydrogen Peroxide 120ml	100	45.00	4,500.00



Mindoro State University

Victoria, Oriental Mindoro 5205 Philippines

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

General Conditions

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

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

Ocular Inspection

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

Award

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

Evaluation of Quotations

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

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

Instructions

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

Liquidation Damages

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

Warranty

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

Payment

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



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 at MinSU Main Campus

PR No. 23-0074

RFQ No. 2023-89

ABC Amount: Php 360,821.00

Company Name : **RBJM PHARMACEUTICAL TRADING**

Address : **ALANGILAN, BATANGAS 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 _____ 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	tablets	Acetylcysteine 600mg	600	48.00	28,800.00
2	boxes	Aluminum Hydroxide Magnesium + Magnesium Hydroxide Simeticone by 100's	10	210.00	2,100.00
3	boxes	Amoxicillin 500mg by 100's	10	362.00	3,620.00
4	boxes	Ascorbic Acid 500mg by 100's	20	150.00	3,000.00
5	tablets	Betahistine HCl 24mg by 100's	50	19.00	950.00
6	boxes	Bisacodyl 5mg by 100's	1	140.00	140.00
7	boxes	Butamirate Citrate 50mg by 100's	10	1,075.00	10,750.00
8	bottles	Calamine Lotion 60ml	7	164.00	1,148.00
9	tablets	Cefuroxime 500mg	300	11.00	3,300.00
10	boxes	Cetirizine 10mg by 100's	6	195.00	1,170.00
11	tablets	Celecoxib 400mg	300	93.00	27,900.00
12	boxes	Cinnarizine 25mg by 100's	6	145.00	870.00
13	boxes	Chlorphenamine Maleate 4mg by 100's	5	110.00	550.00
14	caps	Clindamycin HCl 300mg	200	10.00	2,000.00
15	tubes	Clobetasole cream 15mg	10	120.00	1,200.00
16	boxes	Cloxacillin 500mg by 100's	10	600.00	6,000.00
17	tablets	Clonidine 75mcg	50	15.00	750.00
18	boxes	Cotrimoxazole 400mg. By 100's	5	400.00	2,000.00
19	tablets	Co Amoxiclav 625mg	300	18.00	5,400.00
20	boxes	Cotrimoxazole 800mg by 100's	2	600.00	1,200.00
21	boxes	Dexamethasone 500mcg by 100's	10	175.00	1,750.00
22	caps	Dextromethophan HBr 10mg	500	7.00	3,500.00
23	bottles	Dextromethophan HBr 15mg/5ml syrup 54ml	15	110.00	1,650.00
24	boxes	Dicycloverine 10mg	6	110.00	660.00
25	boxes	Diphenhydramine HCl 50mg/ ampule by 10's	1	210.00	210.00
26	caps	Diphenhydramine 50mg	50	2.50.00	125.00
27	boxes	Domperidone 10mg by 100's	10	275.00	2,750.00
28	bots	Efficascent Oil 25ml	24	36.00	864.00
29	boxes	Ferrous SO4 60mg100's (individually packed)	10	380.00	3,800.00
30	bottles	Hydrogen Peroxide 120ml	100	36.00	3,600.00

•Main Campus, Alcate, Victoria

•Bongabong Campus, Labasan, Bongabong

•Calapan City Campus, Masipit Calapan City

[Signature]



Mindoro State University

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Mobile: +63 977 846 72 28

31	boxes	Hyosine-N Butylbromide 10mg by 100's	4	700.00	2,800.00
32	bottles	Hypromellose 15ml eye drops	14	245.00	3,430.00
33	boxes	Ibuprofen 400mg	7	300.00	2,100.00
34	nebulas	Ipratropium Bromide 500mcg, 2.5ml	60	74.00	4,440.00
35	boxes	Loperamide 2mg by 100's	7	175.00	1,225.00
36	boxes	Loratadine 10mg by 100's	10	300.00	3,000.00
37	boxes	Mefenamic Acid 500mg capsule by 100's	10	210.00	2,100.00
38	boxes	Mefenamic Acid 500mg tablets by 100's	15	210.00	3,150.00
39	box	Metoclopramide ampules by 10's	1	500.00	500.00
40	box	Metoclopramide 10mg by 100's	1	250.00	250.00
41	boxes	Metronidazole 500mg by 100's	3	300.00	900.00
42	tubes	Mupirocin Ointment 5g	12	110.00	1,320.00
43	bottles	Methyl Salicylate Camphor + Menthol 120ml	80	210.00	16,800.00
44	boxes	Methyl Salicylate E-menthol Tocopherol by 10's Medicated patch	120	65.00	7,800.00
45	bottles	Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	30	60.00	1,800.00
46	boxes	Omeprazole 40mg by 100's	10	950.00	9,500.00
47	sachets	Oral Rehydration Salt	1000	5.00	5,000.00
48	pieces	Neomycin SO4 PolymyxinB SO4 Dexamethasone drops	7	300.00	2,100.00
49	tubes	Neomycine SO4 PolymyxinB SO4 Dexamethasone Ointment	7	220.00	1,540.00
50	box	Paracetamol 150mg/ml, 2ml ampule by 10's	2	45.00	90.00
51	boxes	Paracetamol 500mg by 100's	30	150.00	4,500.00
52	bottles	Povidone Iodine 10% Antiseptic 120ml	91	278.00	25,298.00
53	bottles	Povidone Iodine oral gargle 1% antiseptic 120ml	20	255.00	5,100.00
54	boxes	Salbutamol 2mg tab by 100's	3	300.00	900.00
55	nebulas	Salbutamol 2mg/ml, 2.5ml nebulas	100	18.00	1,800.00
56	inhaler	Salbutamol 100mcg/dose 200 actuations breath actuated metered dose inhaler	5	1,850.00	9,250.00
57	boxes	Sambong	10	810.00	8,100.00
58	tubes	Silver Sulfadiazine cream 1% 15g	10	205.00	2,050.00
59	amps	Tetanus antitoxin 1500iu	200	165.00	33,000.00
60	amps	Tetanus Toxoid absorbed 40iu/ml	100	80.00	8,000.00
61	boxes	Terbutaline Sulfate 5mg	2	800.00	1,600.00
62	box	Tranexamic Acid 500mg by 100's	2	900.00	1,800.00
63	boxes	Vitex Negundo L. Lagundi Leaf 600mg by 100's	20	700.00	14,000.00
64	boxes	Vitamin B1 B2 B12 by 100's	7	550.00	3,850.00
XX				TOTAL	P 310,850.00

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

LOWE ALVEIDA

Supplier's Signature over Printed Name

184-967-379-000

TIN No. of Establishment

09175889272

Contact Number

6-12-2023

Date

•Main Campus, Alcate, Victoria

•Bongabong Campus, Labasan, Bongabong

•Calapan City Campus, Masipit Calapan City

[Handwritten signature]



Mindoro State University

Victoria, Oriental Mindoro 5205 Philippines

Email: universitypresident@minsu.edu.ph

Website: www.minsu.edu.ph

Mobile: +63 977 846 72 28

General Conditions

1. Quotations and other requirements stated below shall be submitted to the Bids and Awards Committee (BAC) Office, Mindoro State University - Main Campus, Alcate, Victoria, Oriental Mindoro, Philippines on the date and time stated in this RFP.
 2. Supplier shall submit the following requirements:
 - a. Duly signed original copy of Request for Quotation (RFQ). Prices shall be quoted in Philippine Pesos.
 - b. PhilGEPS Registration
 - c. Valid Mayor's/Business Permit
 - d. Omnibus Sworn Statement
 - e. BIR Certificate of Registration
 - f. Latest Income/Business Tax Return
 - g. TAX Clearance
 - h. DTI Registration/SEC Certificate
 - i. Original Brochures or certificates of the items offered showing its performance characteristics or specifications, if applicable
- Price validity shall be 30 calendar days from the deadline of submission of quotation.

Ocular Inspection

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

Award

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

Evaluation of Quotations

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

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

Instructions

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

Liquidation Damages

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

Warranty

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

Payment

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

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

THIS IS TO CERTIFY THAT

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

is registered in the **Philippine Government Electronic Procurement System (PhilGEPS)** on 27-Jan-2005 pursuant to Section 8.5.2 of the Revised Implementing Rules and Regulations of Republic Act No. 9184, otherwise known as the Government Procurement Reform Act.

This further certifies that **CPA PHARMACY** has submitted the required eligibility documents in the PhilGEPS Supplier Registry as listed in Annex A, which document is attached hereto and made an integral part hereof.

For the purpose of updating this Certificate, all Class "A" eligibility documents covered by Section 8.5.2 of the Revised Implementing Rules and Regulations of Republic Act No. 9184 supporting the veracity, authenticity and validity of this Certificate shall remain current and updated. The failure by the prospective Bidder to update this Certificate with the current and updated Class "A" eligibility documents shall result in the automatic suspension of its validity until such time that all of the expired Class "A" eligibility documents has been updated.

By submitting this Certificate, the Bidder certifies:

1. the authenticity, genuineness, validity, and completeness of the copy of the original eligibility documents submitted;
2. the veracity of the statements and information contained therein;
3. that the Certificate is not a guaranty that the named registrant will be declared eligible without first being determined to be such for that particular bidding, nor is it an evidence that the Bidder has passed the post-qualification stage; and
4. that any finding of concealment, falsification, or misrepresentation of any of the eligibility documents submitted, or the contents thereof shall be a ground for disqualification from further participation in the bidding process, without prejudice to the imposition of appropriate administrative, civil and criminal penalty in accordance with the laws.

This Certificate is valid until 01-Jun-2024

Issued this 27th day of May 2023.

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



REMINDERS ¹

- *The PhilGEPS office shall not determine the eligibility of merchants. The PhilGEPS office's evaluation of the eligibility requirements shall be for the sole purpose of determining the approval or disapproval of the merchant's application for registration.*
- *A merchant's registration and membership in the GOP-OMR is neither contract-specific nor understood to be tantamount to a finding of eligibility. Neither shall the merchant's successful registration in the GOP-OMR be relied upon to claim eligibility for the purpose of participation in any public bidding.*
- *The determination of the eligibility of merchants, whether registered with the GOP-OMR or not, shall remain with the Bids and Awards Committee (BAC). The BAC's determination of validity of the eligibility requirements shall be conclusive to enable the merchant to participate in the public bidding process.*

List of Eligibility Documents

of

CPA PHARMACY

POBLACION 1 ,

Victoria , Oriental Mindoro , Region IV-B , Philippines

DTI Certificate	DTI Certificate Number : 2209456 Issued By / Signatory : RAMON M. LOPEZ Registration Date : 01-Oct-2020 Expiration Date : 01-Oct-2025
Mayors Permit	Expiration Date : 31-Dec-2023 Permit Number : 888 0047 Place of Issue : VICTORIA ORIENTAL MINDORO Issued By / Signatory : JOSELITO C. MALABANAN Issuance Date : 05-Jan-2023
Tax Clearance	Expiration Date : 22-Feb-2024 TCC Number : RR9A-063-02-22-0347-2023-E Issued By / Signatory : LEVINE F. ILAGAN Issuance date : 22-Feb-2023
Audited Financial Statement	Date of Filing : 17-Apr-2023 Current Asset : 3,156,150.00 Total Asset : 3,659,203.00 Current Liabilities : 322,274.39 Total Liabilities : 322,274.39 Name of Auditor : FLOR S. MARASIGAN BIR RDO Code : 063
PCAB License	Expiration Date : - Issued By / Signatory : Issuance Date : - License Number : License First Issue Date : - Principal Classification : Category :



Republic of the Philippines
Province of Oriental Mindoro
MUNICIPALITY OF VICTORIA

KNOW ALL MEN BY THIS PRESENT

Pursuant to the provision of Tax Ordinance Number 06-2016, otherwise known as the revised Revenue Code of Victoria, Oriental Mindoro, after the taxes and Charges, etc., and compliance with the existing requirements permit is hereby granted to herein taxpayer.

Mayor's Permit of Business

Status: Renew	Permit Number: 888-0047	Date of Issuance: 05 Jan 2023 Q	Date of Expiration: December 31, 2023
O.R. Number: 2983862	O.R. Date: 1/4/2023	Amount Paid: 18,784.10	Capital Gross Sales: 5,485,643.17

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

PERMIT SHALL BE SUBJECT TO IMMEDIATE CANCELLATION IF THERE IS FAILURE ON PART OF THE GRANTEE TO CONTINUOUSLY COMPLY WITH THE PROVISION OF THE BUILDING CODE OF THE PHILIPPINES AND OTHER PERTINENT LAWS AND REGULATION RELATIVE TO ISSUANCE OF PERMIT AND LICENSE.

Approved by


JOSELITO C. MALABANAN
Municipal Mayor

This Franchise Permit and Official Receipt shall be displayed or posted for public view in a conspicuous place within the place of business of undertaking

Yolanda D. Matanguihan
CPA Pharmacy
Proprietor

Omnibus Sworn Statement


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

AFFIDAVIT

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

1. I am the sole proprietor of CPA PHARMACY with office address at Poblacion 1, Victoria, Oriental Mindoro;
2. As the owner and sole proprietor of CPA PHARMACY, I have full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding for Supply and Delivery of Drugs and Medicines for the University Clinic at MinSU Main Campus;
3. CPA PHARMACY is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board;
4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
5. CPA PHARMACY is authorizing the Head of the Procuring Entity or its duly authorized representative to verify all the documents submitted;
6. I am not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;
7. CPA PHARMACY complies with existing labor laws and standards; and
8. CPA PHARMACY is aware of and has undertaken the following responsibilities as a Bidder:
 - a. Carefully examine all of the Bidding Documents;
 - b. Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
 - c. Made an estimate of the facilities available and needed for the contract to be bid, and
 - d. Inquire or secure Supplemental/Bid Bulletin(s) issued for the Supply and Delivery of Drugs and Medicines for the University Clinic at MinSU Main Campus.
9. CPA PHARMACY did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with the unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

IN WITNESS WHEREOF, I have hereunto set my hand this 9th day of June 2023 at Victoria Oriental Mindoro, Philippines.

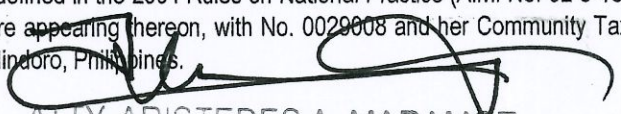

YOLANDA D. MATANGUIHAN
Affiant

ACKNOWLEDGEMENT

SUBSCRIBE AND SWORN to before me this 9th day of June 2023 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. 22692170 issued on January 06, 2023 at Victoria, Oriental Mindoro, Philippines.

Witness my hand and seal this 9th day of June 2023.

Doc. No. 45;
Page No. 10;
Book No. LX;
Series of 2023


ATTY. ARISTEDES A. MARAMOT
Notary Public

Until Dec 31, 2024 NP-22-234
PTR No. 2983571 A / 01-03-2023
Victoria Or. Mindoro / 01-03-2023
Roll no. 41130 / April 15, 1996
IBP No. 173679 / 11-07-22 / Or. Mindoro
MCLE Compliance No. VII-0013433
Valid until 04-14-2025

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

2303

REVISED: APRIL 2019

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

OCN: 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		

			January 15 of the succeeding year.
TAXPAYER TYPE/S	SINGLE PROPRIETORSHIP ONLY (RESIDENT CITIZEN)		
BUSINESS INFORMATION DETAILS			
TRADE NAME 1	CPA PHARMACY	CATEGORY	REGISTRATION DATE
(PSIC)	46594-WHOLESALE OF PROFESSIONAL AND SCIENTIFIC AND MEASURING AND CONTROLLING EQUIPMENT	Secondary	October 1, 2007
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:

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

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	<input checked="" type="checkbox"/> Head Office	<input type="checkbox"/> Branch
REGISTERED ADDRESS POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES		

operation, to avoid penalties.

3. For new business registrants, application for registration of manual Books of Accounts (B/As) shall be before the deadline for filing of the initial quarterly income tax return or annual income tax return whichever comes earlier, from the date of registration. Registration of new set of manual B/As shall be before its use.
4. Immediately inform the district office in case of transfer/cessation of business and other changes in registration information by filing BIR Form No. 1905.
5. For Self-Employed Individuals (SEI) whose gross sales and/or receipts and other non-operating income does not exceed P3,000,000 and who opted to avail of the 8% Income tax rate, the tax type Percentage Tax (PT) shall not be reflected in the Certificate of Registration (COR). However, at the start of each taxable year, such SEI shall be automatically subjected to graduated income tax rates and required to file quarterly percentage tax return (BIR Form No. 2551Q) and option to replace the COR to reflect "PT", unless qualified and opted to avail of the 8% Income tax rate annually.



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.

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.	: 422300053761520
Amount Payable (Over Remittance)	: 0.00
Accounting Type	: C - Calendar
For Tax Period	: 03/31/2023
Date Filed	: 05/07/2023
Tax Type	: IT

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

0

0

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

0

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)

0

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

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Prev

Page: 02 of 2

Next

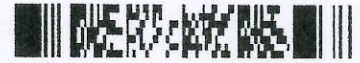
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Payment Details

Proceed to Payment



Guidelines and Instructions | Help
Reference No:422300053761520
Date Filed:May 07 2023 03:09 PM
Batch Number:0



1701Q 01/18ENCS P1

For BIR Use Only BCS/Item



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas
Internas

Quarterly Income Tax Return

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

BIR Form No.

1701Q

January 2018 (ENCS)
Page 1

1 For the Year (YYYY) 2023	2 Quarter 1st 2nd 3rd	3 Amended Return? Yes 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	Single Proprietor Professional Estate Trust
-----------------------	---

8 Alphabetic 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

10A ZIP Code	5205
--------------	------

11 Date of Birth (MM/DD/YYYY)	12 Email Address
-------------------------------	------------------

09/15/1963 ydmatanguihan_cpa@yahoo.com

13 Citizenship	14 Foreign Tax Number (if applicable)	15 Claiming Foreign Tax Credits?
----------------	---------------------------------------	----------------------------------

FILIPINO 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* (choose one, for income from business/profession)	Graduated Rates per Tax Table – page 2 Choose Method of Deduction in Item 25A) 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/Filer	B) Spouse
26 Tax Due <i>(From Part V, Schedule I-Item 46 OR Schedule II-Item 54)</i>	0	0
27 Less: Tax Credits/Payments <i>(From Part V, Schedule III-Item 62)</i>	0	0
28 Tax Payable/(Overpayment) <i>(Item 26 Less Item 27) (From Part V, Item 63)</i>	0	0
29 Add: Total Penalties <i>(From Part V, Schedule IV-Item 67)</i>	0	0
30 Total Amount Payable/(Overpayment) <i>Sum of Items 28 and 29 (From Part V, Item 68)</i>	0	0
31 Aggregate Amount Payable/(Overpayment) <i>(Sum of Item 30A and 30B)</i>		0

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

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

Part IV – Details of Payment

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

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

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

Attachments

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Prev

Page: 01 of 2

Next

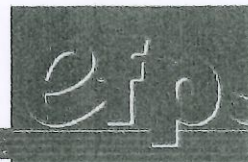
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Payment Details

Proceed to Payment



Bureau of Internal Revenue
Republic of the Philippines



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

FILING REFERENCE NO.

TIN	: 129-326-144-000
Name	: MATANGUIHAN YOLANDA DIMAANO
RDO	: 063
Form Type	: 2550Q
Reference No.	: 102300053475222
Amount Payable (Over Remittance)	: -298,541.75
Accounting Type	: C - Calendar
For Tax Period	: 03/31/2023
Quarter	: 1
Date Filed	: 04/21/2023
Tax Type	: VT

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Guidelines and Instructions | Help
Reference No:102300053475222
Date Filed:April 21, 2023 03:24 PM
Batch Number:2306377831

PSIC: 5138



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Quarterly Value-Added Tax Return

(Cumulative For 3 Months)

Bir Form No.

2550-Q

February 2007 (ENCS)

1 For the Year Ended (MM/YYYY)	Calendar	Fiscal	2 Quarter	3 Return Period (MM/DD/YYYY)	From To	4 Amended Return?	5 Short Period Return?
	December	2023	1st 2nd 3rd 4th		01/01/2023 03/31/2023	Yes No	Yes No
6 TIN	129	326	144	7 RDO Code	063	8 No. of sheets attached	0
						9 Line of Business	WHOLESALE OF MISCELLANEOUS
10 Taxpayer's Name (For Individual) Last Name, First Name, Middle Name/ (For Non-individual) Registered Name							11 Telephone Number
MATANGUIHAN, YOLANDA DIMAANO							
12 Registered Address							13 Zip Code
PUBLIC MARKET OR. MINDORO							5205
Are you availing of tax relief under Special Law or International Tax Treaty?							
Yes No If yes, please specify							

PART II

Computation of Tax

Sales/Receipts for the Quarter (Exclusive of VAT)				Output Tax Due for the Quarter	
15 Vatable Sales/Receipt - Private (see Sch. 1)	15A	0.00	15B	0.00	
16 Sale to Government	16A	657,348.64	16B	78,881.84	
17 Zero Rated Sales/Receipts	17	0.00			
18 Exempt Sales/Receipts	18	0.00			
19 Total Sales/Receipts and Output Tax Due	19A	657,348.64	19B	78,881.84	
20 Less: Allowable Input Tax					
20A Input Tax Carried Over from Previous Period	20A			310,563.02	
20B Input Tax Deferred on Capital Goods Exceeding P1Million from Previous Quarter	20B			0.00	
20C Transitional Input Tax	20C			0.00	
20D Presumptive Input Tax	20D			0.00	
20E Others	20E			0.00	
20F Total (Sum of Item 20A, 20B, 20C, 20D & 20E)	20F			310,563.02	
21 Current Transactions			Purchases		
21A/B Purchase of Capital Goods not exceeding P1Million (see Sch. 2)	21A	0.00	21B	0.00	
21C/D Purchase of Capital Goods exceeding P1Million (see Sch. 3)	21C	0.00	21D	0.00	
21E/F Domestic Purchases of Goods Other than Capital Goods	21E	233,427.57	21F	28,011.31	
21G/H Importation of Goods Other than Capital Goods	21G	0.00	21H	0.00	
21I/J Domestic Purchase of Services	21I	49,848.57	21J	5,981.83	
21K/L Services Rendered by Non-residents	21K	0.00	21L	0.00	
21M Purchases Not Qualified for Input Tax	21M	7,600.75			
21N/O Others	21N	0.00	21O	0.00	
21P Total Current Purchases (Sum of Item 21A, 21C, 21E, 21G, 21I, 21K, 21M & 21N)	21P	290,876.89			
22 Total Available Input Tax (Sum of Item 20F, 21B, 21D, 21F, 21H, 21J, 21L & 21O)	22			344,556.16	
23 Less: Deductions from Input Tax					
23A Input Tax on Purchases of Capital Goods exceeding P1Million deferred for the succeeding period (see Sch. 3)	23A			0.00	
23B Input Tax on Sale to Gov't. closed to expense (see Sch. 4)	23B			0.00	

23C	Input Tax allocable to Exempt Sales (see Sch. 5)	23C	0.00
23D	VAT Refund / TCC claimed	23D	0.00
23E	Others	23E	0.00
23F	Total (Sum of Item 23A, 23B, 23C, 23D & 23E)	23F	0.00
24	Total Allowable Input Tax (Item 22 less Item 23F)	24	344,556.16
25	Net VAT Payable (item 19B less Item 24)	25	-265,674.32
26	Less: Tax Credits/Payments		
26A	Monthly VAT Payments - previous two months	26A	0.00
26B	Creditable Value-Added Tax Withheld (see Sch. 6)	26B	32,867.43
26C	Advance Payment for Sugar and Flour Industries (see Sch. 7)	26C	0.00
26D	VAT withheld on Sales to Government (see Sch. 8)	26D	0.00
26E	VAT paid in return previously filed, if this is an amended return	26E	0.00
26F	Advance Payments made (please attach proof of payments - BIR Form No. 0605)	26F	0.00
26G	Others	26G	0.00
26H	Total Tax Credits/Payments(Sum of Item 26A, 26B, 26C, 26D, 26E, 26F, & 26G)	26H	32,867.43
27	Tax Still Payable/ (Overpayment) (Item 25 less Item 26H)	27	-298,541.75
28	Add: Penalties		
	Surcharge	Interest	Compromise
28A	0.00	28B	0.00
		28C	0.00
		28D	0.00
29	Total Amount Payable (Overpayment) (Sum of Item 27& 28D)	29	-298,541.75

Attachments

Add Attachment

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Attachment Details

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Payment Details

Proceed to Payment



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

TCBP NO. RR9A-063-02-22-0347-2023-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.

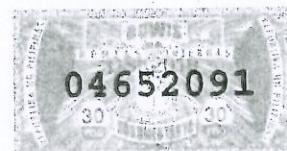
Tax liabilities recorded after the aforesaid dates or outside the jurisdiction of this Office are not covered by this tax clearance.

Issued this 22nd day of February, 2023.

NOTE: THIS CERTIFICATE SHALL BE VALID AND EFFECTIVE FROM DATE OF ISSUE UNTIL FEBRUARY 22, 2024 ONLY OR UNTIL REVOKED, WHICHEVER COMES EARLIER. THIS SHALL NOT BE USED ON SALES/TRANSFER OF REAL PROPERTIES. CERTIFICATION FEE OF P100 WAS PAID ON JANUARY 25, 2023 UNDER EFPS PAYMENT TRANSACTION NO. 232346782. ANY ERASURE MADE ON THIS TCC SHALL RENDER IT NULL AND VOID.



J. Ilagan
LEVINE F. ILAGAN
Chief, Collection Division
02. 22. 2023



WARNING: Counterfeiting is punishable by law. For authenticity, please visit BIR website www.bir.gov.ph/index.php/tax-clearance/released-tax-clearance.html. Tax Clearance Certificate (for bidding purposes) not listed/posted herein will be deemed to have originated from an illegal source.



This certifies that

CPA PHARMACY
(NATIONAL)

is a business name registered in this office pursuant to the provisions of Act 3883, as amended by Act 4147 and Republic Act No. 863, and in compliance with the applicable rules and regulations prescribed by the Department of Trade and Industry.

This certificate issued to

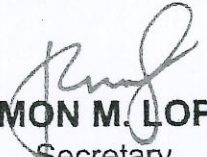
YOLANDA DIMAANO MATANGUIHAN

is valid from 01 October 2020 to 01 October 2025 subject to continuing compliance with the above-mentioned laws and all applicable laws of the Philippines, unless voluntarily cancelled

In testimony whereof, I hereby sign this

Certificate of Business Name Registration

and issue the same on 01 October 2020 in the Philippines.


RAMON M. LOPEZ
Secretary

Business Name No. 2209456

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



APZC451711556783



Republic of the Philippines
Department of Health
FOOD AND DRUG ADMINISTRATION
Civic Drive, Filinvest Corporate City, Alabang, Muntinlupa City



LICENSE TO OPERATE

as

Drug Wholesaler

is hereby granted to

CPA PHARMACY

Public Market, Poblacion 1, Victoria, Oriental Mindoro

Owner: **YOLANDA D. MATANGUIHAN**
License Number: **LTO-3000002837289**
Application Type: **Renewal**
Validity of License: **31 August 2023**



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, advertisement and/or promotion as the case may be.

BY AUTHORITY OF THE DIRECTOR GENERAL

RHODA LAINE MANALOTO, RPh, MGM
Officer-in-Charge
Center for Drug Regulation and Research

DISPLAY IN PUBLIC VIEW

Additional information required under FDA Circular 2016-006 are reflected at the second page of this LTO

*This electronic-LTO (eLTO) is computer generated and does not require signature.
Verify at <http://www.fda.gov.ph/industry-corner/e-lto-531884-LTO-3000002837289>*

FDA-0466935



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

PURCHASE REQUEST

Fund Cluster: STF

Office/Section : Accounting		PR No.: 23-0074		Date:	
		Responsibility Center Code :			
Stock/ Property	Unit	Item Description	Qty	Unit Cost	Total Cost
1	tablets	Acetylcysteine 600mg	600	33.00	19,800.00
2	boxes	Aluminum Hydroxide Magnesium+Magnesium Hydroxide Simeticone by 100's	10	185.00	1,850.00
3	boxes	Amoxicillin 500 mg. by 100's	10	600.00	6,000.00
4	boxes	Ascorbic acid 500mg by 100's	20	400.00	8,000.00
5	tablets	Betahistine HCl 24mg by 100's	50	42.50	2,125.00
6	box	Bisacodyl 5mg by 100's	1	1,000.00	1,000.00
7	boxes	Butamirate Citrate 50mg by 100's	10	1,550.00	15,500.00
8	bottles	Calamine lotion 60ml	7	110.00	770.00
9	tablets	Cefuroxime 500mg	300	44.00	13,200.00
10	boxes	Cetirizine 10mg by 100's	6	450.00	2,700.00
11	tablets	Celecoxib 400mg	300	25.00	7,500.00
12	boxes	Cinnarizine 25mg by 100's	6	220.00	1,320.00
13	boxes	Chlorphenamine Maleate 4mg by 100's	5	99.00	495.00
14	caps	Clindamycin HCl 300mg	200	37.00	7,400.00
15	tubes	Clobetasole cream 15mg	10	115.00	1,150.00
16	boxes	Cloxacillin 500mg by 100's	10	1,100.00	11,000.00
17	tablets	Clonidine 75mcg	50	52.50	2,625.00
18	boxes	Cotrimoxazole 400 mg. by 100's	5	121.00	605.00
19	tablets	Co Amoxiclav 625mg	300	19.00	5,700.00
20	boxes	Cotrimoxazole 800 mg. by 100's	2	390.00	780.00
21	boxes	Dexamethasone 500mcg by 100's	10	718.00	7,180.00
22	caps	Dextromethophan HBr 10mg	500	2.50	1,250.00
23	bottles	Dextromethophan HBr 15mg/5ml syrup 54ml	15	45.00	675.00
24	boxes	Dicycloverine 10 mg	6	390.00	2,340.00
25	box	Diphenhydramine HCl 50mg/ampule by 10's	1	980.00	980.00
26	caps	Diphenhydramine 50mg	50	3.50	175.00
			Subtotal 1:	122,120.00	
Purpose: Drugs and Medicines Needed at University Clinic- Main Campus STF - 1071 164 -200 05-205					
Requested by:		Recommending Approval:		Certified Allocation available:	
Signature :		Signature :		Signature :	
Printed Name: MARJUN B. CAGUAY, M.Sc.		JOELENE C. LEYNES		EVELYN P. ROXAS	
Designation : Director for Auxiliary & General Services		VP for Admin and Finance		Budget Officer III	
				Approved by:	
				LEVYN B. ARAGO, JR., Ph.D.	
				University President	

J20

MAY 11 2023



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

PURCHASE REQUEST

Fund Cluster: STF

Office/Section : Accounting		PR No.: 23-0074 Responsibility Center Code :		Date:	
Stock/ Property	Unit	Item Description	Qty	Unit Cost	Total Cost
27	boxes	Domperidone 10mg by 100's	10	1,500.00	15,000.00
28	bots	Efficascent Oil 25ml.	24	45.00	1,080.00
29	boxes	Ferrous SO4 60mg100's (individually packed)	10	250.00	2,500.00
30	bottles	Hydrogen Peroxide 120ml	100	38.00	3,800.00
31	boxes	Hyosine-N Butylbromide 10mg by 100's	4	620.00	2,480.00
32	bottles	Hypromellose 15ml eye drops	14	298.00	4,172.00
33	boxes	Ibuprofen 400 mg.	7	380.00	2,660.00
34	nebules	Ipratropium Bromide 500mcg, 2.5ml	60	115.00	6,900.00
35	boxes	Loperamide 2mg by 100's	7	380.00	2,660.00
36	boxes	Loratadine 10mg by 100's	10	900.00	9,000.00
37	boxes	Mefenamic Acid 500mg capsule by 100's	10	3,625.00	36,250.00
38	boxes	Mefenamic Acid 500mg tablets by 100's	15	400.00	6,000.00
39	box	Metoclopramide ampules by 10's	1	300.00	300.00
40	box	Metoclopramide 10mg by 100's	1	800.00	800.00
41	boxes	Metronidazole 500mg by 100's	3	1,999.00	5,997.00
42	tubes	Mupirocin Ointment 5g	12	179.50	2,154.00
43	bottles	Methyl Salicylate Camphor + Menthol 120 ml	80	140.00	11,200.00
44	boxes	Methyl Salicylate E-menthol Tocopherol by 10's Medicated patch	120	65.00	7,800.00
45	bottles	Methyl Salicylate Menthol Crystals Eucalyptus Oil 10ml	30	175.00	5,250.00
46	boxes	Omeprazole 40mg by 100's	10	2,500.00	25,000.00
47	sachets	Oral Rehydration Salt	1000	4.79	4,790.00
48	pieces	Neomycin SO4 PolymycinB SO4 Dexamethasone drops	7	565.00	3,955.00
49	tubes	Neomycin SO4 PolymycinB SO4 Dexamethasone ointment	7	565.00	3,955.00
50	box	Paracetamol 150mg/ml, 2ml ampule by 10's	2	260.00	520.00
51	boxes	Paracetamol 500mg by 100's	30	225.00	6,750.00
52	bottles	Povidone Iodine 10% Antiseptic 120ml	91	45.00	4,095.00
53	bottles	Povidone Iodine oral gargle 1% Antiseptic 120ml	20	153.47	3,069.40
Subtotal 2:					178,137.40

Purpose: Drugs and Medicines Needed at University Clinic- Main Campus

Requested by:	Recommending	Certified Allotment	Approved by:
Signature:	Approval:	Available:	
Printed Name: MARJUN E. CAGUAY, M.Sc.	JOELENE C. LEYNES	ROVELYN P. ROXAS	LEVY B. ARAGO, JR., Ph.D.
Designation: Director for Auxiliary & General Services	VP for Admin and Finance	Budget Officer III	University President

229

MAY 11 2023

MAY 11 2028