

PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **METRO RETAIL STORES GROUP INC.**
Address: **ML Tagarao St., Brgy. III**
Lucena City
Tel.Fax No.: **09988516064**
Supplier Registered with: **Security and Exchange Commission**

PO No. **2023-04-051**

Date: **9-Jun-23**

Terms of Payment: **COD**
Mode of Procurement: **SHOPPING**

Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	250	dragees /tab	OTHER DRUGS ACTING ON THE RESPIRATORY SYSTEM SINUPRET	12.10	3,025.00
2	140	capsule	NSAIDS IBUPROFEN 500mg	4.50	630.00
					3,655.00
			Less Taxes: 5% VAT	163.17	
			1% EWT	32.63	195.80
			TOTAL AMOUNT		3,459.20
			Purchase Request No: 2023-01-068 Date: 2-May-23		

Terms & Conditions:

- PhilHealth shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- If the date of receipt of the Purchase Order / PO by the supplier is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or email.
- Delivery of the above item(s) shall be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section atleast two (2) days before the delivery. All item(s) shall be delivered and accepted by the Property and Supply Unit at PhilHealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.
- Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.

Very truly yours,

BENJIE A. CUVINAR
Division Chief IV, MSD

Certified Budget Available:	Funds Available in the amount of:	3,655.00	APPROVED:
MA. PAMELA B. LEYNES Fiscal Controller II	ARON R. RIANO Fiscal Controller IV		DANILO M. REYNES, MD, MPA KVP, PRO IVA
With in the COB: 2023-COB	Expense Code: 50203070	Budget: 4,352.50	
Remarks:			
Conforme:	Received Copy of PO:		
ALTHEA / 21 Signature over Printed Name and Position of Authorized Representative	6/15/2023 Date		

PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

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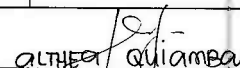
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With in the COB: 2023-COB	Expense Code: 50203070	Budget: 4,352.50	Remarks:
Conforme:			Received Copy of PO:
 Signature over Printed Name and Position of Authorized Representative			6/15/23 Date

CERTIFICATE OF AVAILABILITY OF FUNDS (CAF)

Cost Center	ADMIN	ROF#:	2023-0104	06/09/2023
		CAF#:	2023-0104	06/09/2023
Particulars			Account Code (to be filled out by Budget)	Amount

PROCUREMENT OF DRUGS AND MEDICINE

50203070



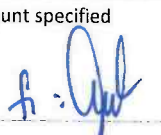
₱3,655.00

Payee: METRO RETAIL STORES GROUP, INC.

Reference: PO NO. 2023-04-051

TOTAL

₱3,655.00

REQUESTED BY	FUNDS AVAILABLE	CERTIFICATION
Certified: Charges to budget necessary, lawful and under my direct supervision Signature:  Printed Name: Joseph Adrian R. Rejano Position: AO III Office: ADMIN Date: 6/13 Remarks:	Certified: Budget available and earmarked for the purpose, as indicated above Signature:  Printed Name: Ma. Pamela B. Leynes Position: Budget Officer - Designate Office: MSD-FMS Date: 6/9/23 Remarks:	Certified: Funds available for disbursement herein described; in the amount specified Signature:  Printed Name: Aron R. Riano Position: Fiscal Controller IV Office: MSD-FMS Date: 6/9/23 Remarks:

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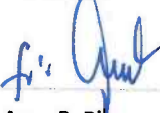
P3,655.00

Payee: METRO RETAIL STORES GROUP, INC.

Reference: PO NO. 2023-04-051


TOTAL

P3,655.00

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BEF - 4

**CHECKLIST OF DOCUMENTARY REQUIREMENT
FOR CERTIFYING BUDGET AVAILABILITY FOR CERTIFICATE
OF AVAILABILITY OF FUNDS (CAF)**

Subject :	<i>Procurement of Drugs & Medicines</i>
Gross Budgetary Requirement:	<i>\$ 3, 055.00</i>
1 () Duly certified Abstract/ Matrix of canvass supported with the latest quotations from at least three (3) suppliers or copy of Certificatin of Sole Distributorship	
2 () Copy of Corporate Personnel Order, if applicable	
3 () Copy of Contract, if applicable	<i>PO 2023-04-051</i>
4 () Copy of approved Terms of reference (TOR), if applicable	<i>Tech spec</i>
5 () Copy of the approved Request for Realignment of Funds (ReRef), if applicable	
6 () Breakdown of budgetry requirement per object of expenditures, if the activity/item to be conducted/procured is chargeable to various office	
7 () List of Distribution per cost center, if the item to be conducted/procured is chargeable to various office	
8 () Copy of approved ABC, if applicable	
9 () Two (2) copies of properly filled up CAF Form	
10 () Strategic Objectives (StObs)	<i>10</i>
Remarks:	
Prepared by:	
	
Printed Name and Signature (Budget Officer/Designate)	

Title of Procurement: **PROCUREMENT OF DRUGS AND MEDICINES**

CERTIFICATION

This is to certify that this procurement was conducted in accordance with R.A No. 9184, the Government Procurement Reform Act, and its Revised Implementing Rules and Regulations (RIRR).



ATTY. JIANDRA CARMELA P. PANGANIBAN
PRO BAC, Chairperson

Noted by:



DANILO M. REYNES, MD, MPA
Regional Vice President

CERTIFICATION

This is to certify that the attached **PURCHASE ORDER/S** between **PHILIPPINE HEALTH INSURANCE CORPORATION REGIONAL OFFICE IVA** and the following Suppliers.

PO NO.	SUPPLIER	PARTICULARS	PO AMOUNT
2023-04-048	Triple G and A Ventures Inc.	7 pcs Medical Supplies Surgical Scissors; Stainless steel, handle and blade, clamp scissor type 8 pcs Medical Supplies Trash bin w/ cover and garbage bag 7 pcs Medical Supplies Kelly Forceps Curved; Stainless steel, locking handle 7 pcs Medical Supplies Adhesive Bandage 6 pack Medical Supplies Cottonbuds 200 tips/pack 7 pcs Medical Supplies Kidney Basin; 10" kidney shaped basin for discarding cotton, needles, moxa, etc. stainless steel	Php6,665.50
2023-04-049	CHQ Trading	7 bottles Medical Supplies Sodium Chloride 1 liter 35 pc Medical Supplies Sterile gauze pad, 4"x4" 40 pc Medical Supplies Syringe with needle 1cc 40 pc Medical Supplies Syringe with needle 3cc 40 pc Medical Supplies syringe with needle 3ml, 25g 40 pc Medical Supplies syringe with needle 5cc 30 roll Medical Supplies tissue roll 3-ply	Php52,634.86

		<p>7 unit Medical Supplies Disinfectant Lamp; simple use, disinfects surfaces and objects in minutes</p> <p>44 bottle Medical Supplies alcohol, 70% Isopropyl, 500ml</p> <p>6 pack Medical Supplies cotton, 100 balls/pack</p> <p>7 pc Medical Supplies elastic bandage 4"x5 yards</p> <p>8 unit Medical Supplies finger tip pulse oximeter; two parameters: SPO₂, pulse rate, SPO₂ measurement range: 70%-90%, high accuracy</p> <p>7 box Medical Supplies Gloves; latex exam, powder-free, medium, 100pcs/box</p> <p>8 bottles Medical Supplies Hydrogen Peroxide; for cleansing wounds skin infections and an oxidizing agent used as an antiseptic, disinfectant, and deodorant, 120ml</p> <p>6 pcs Medical Supplies Micropore tape 1/2"</p> <p>8 units Medical Supplies non-contact forehead infrared thermometer; LCD display, fever alarm, no contact testing</p> <p>40 pc Medical Supplies oxygen face mask (adult)</p> <p>7 tank Medical Supplies Oxygen Tank (refill)</p> <p>6 pack Medical Supplies penlight wuth AA batteries</p> <p>14 pcs Medical Supplies pillow, standard pillow size: 20"x26"</p> <p>8 bottles Medical Supplies Povidone</p>	
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		Iodine 120 ml	
2023-04-50	CHQ Trading	50 capsules Pain reliver celecoxib 400mg 7 tube Topical Antibacterial Mupirocin ointment 5g 200 caplet NSAIDS Mefenamic Acid 500mg 70 tablet NSAIDS Naproxen sodium 550mg 80 tablet Oral Antispasmodic Hyodcine-N Butylbromide 10md 80 sachet Oral Rehydration Salts; used in the treatment of children and adults with dehydration due to diarrhea (except those with sever dehydration) (apple, orange flavors) 70 capsules Antacids Omeprazole 20mg 70 tablet Anti-Anginal Isosorbide Dinitrate 10mg 70 nebule Antiasthmatic Salbutamol 70 capsules Antidiarrheals Loperamide 2mg 140 tablet Antihistamine Chlophenamine Maleate 4mg 210 tablet Antihistamine Loratadine 10mg 70 tablet Antihypertensive Clonidine Hydrochloride 75mg 400 tablet Antipyretics Paracetamol 500mg 140 tablet Antivertigo Betahistine Dihydrochloride 16mg 140 tablet Antivertigo Cinnaeizne 25mg	Php8,162.40

		7 tube Topical Anti-Infective Silver Sulfadiazine 1% cream 20g	
		7 tube Topical Corticosteroids Hydrocortisone 10mg/g cream	
2023-04-051	Metro Retail Stores Group Inc	250 dragees/tab Other Drugs Acting on the Respiratory System Simupert 140 capsule NSAIDS Ibuprofen 500mg	Php3,655.00

**Inclusive of taxes*

This purchase order/s passed through the office of the undersigned for initial legal review and evaluation and its certification pertains strictly to the review of provisions contained in the subject draft agreement and presumes that the procurement process was done accordingly pursuant to Republic Act 9184.

Issued this 13th day of June 2023.

ATTY. EUNICE C. ABDON-ROCES
Attorney IV, Legal Office

ABSTRACT OF QUOTATIONS

(as supporting document to PO and JO)

QTY	UNIT	ITEM DESCRIPTION	CHQ TRADING		METRO RETAIL STORES GROUP INC.		WATSONS PERSONAL CARE STORE	
			UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
250	dragees /tab	OTHER DRUGS ACTING ON THE RESPIRATORY SYSTEM SINUPRET	13.00	3,250.00	12.10	3,025.00	13.00	3,250.00
			-non compliance		-complied		-non compliance	
50	capsule	PAIN RELIEVER CELECOXIB 400mg	10.00	500.00	57.20	2,860.00	51.75	2,587.50
			-complied		-non compliance		-complied	
7	tube	TOPICAL ANTIBACTERIAL MUPIROCIN ointment 5g	87.75	614.25	225.00	1,575.00	225.00	1,575.00
			-complied		-complied		-complied	
140	capsule	NSAIDS IBUPROFEN 500mg	8.10	1,134.00	4.50	630.00	12.25	1,715.00
			-non compliance		-complied		-non compliance	
200	caplet	NSAIDS MEFENAMIC ACID 500mg	2.00	400.00	6.50	1,300.00	4.75	950.00
			-complied		-complied		-complied	
70	tablet	NSAIDS NAPROXEN SODIUM 550mg	8.10	567.00	23.25	1,627.50	20.00	1,400.00
			-complied		-complied		-complied	
80	tablet	ORAL ANTISPASMODIC HYOSCINE-N BUTYLBROMIDE 10mg	3.44	259.20	30.00	2,400.00	28.50	2,280.00
			-complied		-non compliance		-complied	
80	sachet	ORAL REHYDRATION SALTS ORAL REHYDRATION SALTS; Used in the treatment of children and adults with dehydration due to diarrhea (except those with severe dehydration) (Apple, Orange flavors)	6.75	540.00	17.50	1,400.00	17.75	1,420.00
			-complied		-complied		-complied	
70	capsule	ANTACIDS OMEPRAZOLE 20mg	1.35	94.50	38.50	2,695.00	27.25	1,907.50
			-complied		-non compliance		-non compliance	
70	tablet	ANTI-ANGINAL ISOSORBIDE DINITRATE 10mg	1.22	85.40	20.00	1,400.00	21.75	1,522.50
			-complied		-complied		-non compliance	
70	nebule	ANTIASTHMATIC SALBUTAMOL	7.00	490.00	42.75	2,992.50	27.00	1,890.00
			-complied		-complied		-complied	
70	capsule	ANTIDIARRHEALS LOPERAMIDE 2mg	1.35	94.50	7.75	542.50	8.00	560.00
			-complied		-non compliance		-non compliance	
140	tablet	ANTIHISTAMINE CHLORPHENAMINE MALEATE 4mg	1.35	189.00	6.95	973.00	7.75	1,085.00
			-complied		-complied		-non compliance	
210	tablet	ANTIHISTAMINE LORATADINE 10mg	1.30	273.00	19.00	3,990.00	23.50	4,935.00
			-complied		-complied		-non compliance	
70	tablet	ANTHYPERTENSIVE CLONIDINE HYDROCHLORIDE 75mg	5.66	396.20	17.00	1,190.00	17.00	1,190.00
			-complied		-complied		-complied	
400	tablet	ANTIPYRETICS PARACETAMOL 500mg	1.50	600.00	4.00	1,600.00	2.00	800.00
			-complied		-complied		-complied	
140	tablet	ANTIVERTIGO BETAHISTINE DIHYDROCHLORIDE 16mg	7.00	980.00	53.10	7,434.00	28.25	3,955.00
			-complied		-complied		-complied	
140	tablet	ANTIVERTIGO CINNARIZINE 25mg	2.50	350.00	46.75	6,545.00	18.00	2,520.00
			-complied		-complied		-complied	
7	tube	TOPICAL ANTI-INFECTIVE SILVER SULFADIAZINE 1% cream 20g	98.85	689.85	319.85	2,238.95	852.25	5,965.75
			-complied		-non compliance		-non compliance	
7	tube	TOPICAL CORTICOSTEROIDS HYDROCORTISONE 10mg/g cream	148.50	1,039.50	331.25	2,318.75	245.75	1,720.25
			-complied		-complied		-complied	

 PR No./ Requesting Unit: **2023-01-068 / May 2, 2023**

 Recommending award to: **VARIOUS SUPPLIERS**

 Reason for award: **LCRQ**

 Delivery Period: **30 DAYS**

 Warranty: **NOT STATED**

 Price Validity: **NOT STATED**

 Terms of Payment: **ON ACCOUNT / COD**

 Other info: **NOT STATED**

Prepared by:

ALLAN JEFFREY F. DATINGUINOO

Admin Aide VI

Recommending approval:

CECILIA I. PUREZA

AO II / OIC-GSU

Approved by:

JOSEPH ADRIAN R. REJANO

OIC, ASS

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			-complied		-complied		-non compliance	
70	nebulizer	ANTI-ASTHMATIC SALBUTAMOL	7.00	490.00	42.75	2,992.50	27.00	1,890.00
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Prepared by:

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Admin Aide VI

Recommending approval:

CECILIA I. PUREZA

AO II / OIC-GSU

Approved by:

JOSEPH ADRIAN R. REJANO

OIC, ASS

CHD

REQUEST FOR QUOTATION

Date: **May 9, 2023**RFQ No: **2023-10-077**

The **Philippine Health Insurance Corporation (PhilHealth)** through its Secretariat for the Bids and Awards Committees (SBAC), intends to procure:

PROCUREMENT OF MEDICAL, DENTAL & LABORATORY SUPPLIES

Approved Budget	112,049.15
Purchase Request No/s	2023-01-068 dated May 2, 2023
Mode of Procurement	SHOPPING
Period of Submission	May 10, 2023 to May 19, 2023
Delivery Period	30 days upon receipt of PO

Interested bidders/ suppliers of known qualifications are hereby invited to submit quotation signed by its authorized representative at the address below and/or thru email to the following addresses:

Secretariat or the Bids and Awards Committee (SBAC)/ Procurement Unit
PhilHealth Regional Office IVA
Brgy Ilayang Dupay Lucena City
Telephone: 02-84417444 local 5116 / (042) 373 7782/7056
procurement.pro4a@gmail.com
bac.pro4a@philhealth.gov.ph


ALLAN JEFFREY F. DATINGUINOO

Canvasser / Administrative Aide VI


JOY ANNE J. BANTUCAN

Administrative Services Officer II

Supplier who will submit a proposal / offer with the **lowest calculated quotation** shall be selected. A copy of the following documentary requirements as prescribed in the IRR of RA9184 for Shopping (Sec. 52) shall be submitted **within three (3) working days upon notification.**

- 1. Mayor's /Business Permit for CY 2023;**
- 2. PhilGEPs Registration Number; and**
- 3. Proof of PhilHealth Contribution (latest)**

****INSTRUCTION TO SUPPLIERS****

- Submit your quotation using the prescribed Quotation Form (Annex A of the RFQ).
- Accomplish the Quotation Form and do not alter the contents of the form in any way.
- Non-compliance with the submission of the **accomplished prescribed/standard Quotation Form** and **Documentary Requirements** as stated above within the prescribed deadline shall automatically be disqualified.

"ANNEX A"

QUOTATION FORM

Name of Company: CHQ TRADING
Address: #74 Quezon Avenue Street Brgy XI Lucena City
Contact Person: Jilliano Mac Eustaquio
Contact Number: 09388558109
Official Email Address: chqjilliano@gmail.com

After having carefully read and accepted the Terms and Conditions of this RFQ specified in Annex B, hereunder is our quotation/s for the item as follows:

Item No.	QTY	UNIT	Approved Budget for the Contract (ABC)		ITEM Description and Technical Specifications	STATEMENT OF COMPLIANCE (please check the box if "Comply" or "Not Comply")	Supplier's Offer Do not fill this out if you did not comply with the Tech Specs	
			Unit Price	Total Price			Unit Price	Total Price
1	250	dragees /tab	12.93	3,232.50	OTHER DRUGS ACTING ON THE RESPIRATORY SYSTEM SINUPRET	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	13.00	3250.00
2	50	capsule	54.75	2,737.50	PAIN RELIEVER CELECOXIB 400mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	10.00	500.00
3	7	tube	276.25	1,933.75	TOPICAL ANTIBACTERIAL MUPIROCIN ointment 5g	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	27.75	614.25
4	14	pc	25.00	350.00	NASAL DECONGESTANTS NASAL CANNULA (ADULT)	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	17.5	245.70
5	140	capsule	8.00	1,120.00	NSAIDS IBUPROFEN 500mg	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	8.10	1134.00
6	200	caplet capsule	31.08	6,216.00	NSAIDS MEFENAMIC ACID 500mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	2.00	400.00
7	70	tablet	25.30	1,771.00	NSAIDS NAPROXEN SODIUM 550mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	8.10	567.00
8	80	tablet	26.95	2,156.00	ORAL ANTISPASMODIC HYOSCINE-N BUTYLBROMIDE 10mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	3.24	259.20
9	80	sachet	27.50	2,200.00	ORAL REHYDRATION SALTS ORAL REHYDRATION SALTS; Used in the treatment of children and adults with dehydration due to diarrhea (except those with severe dehydration) (Apple, Orange flavors)	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	6.75	540.00

10	100	tablet	12.05	1,205.00 X	ACE INHIBITORS CAPTOPRIL 50mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	1.35	135.00
11	70	capsule	27.00	1,890.00	ANTACIDS OMEPRAZOLE 20mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	1.35	94.50
12	70	tablet	21.50	1,505.00	ANTI-ANGINAL ISOSORBIDE DINITRATE 10mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	1.22	85.40
13	70	tablet	20.00	1,400.00	ANTI-ANGINAL ISOSORBIDE DINITRATE 5mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	2.16	151.20
14	70	nebule	189.00	13,230.00	ANTI-ASTHMATIC SALBUTAMOL	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	7.00	490.00
15	70	capsule	5.75	402.50	ANTIDIARRHEALS LOPERAMIDE 2mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	1.35	94.50
16	70	tablet	15.00	1,050.00 X	ANTIEMETICS (Oral) METOCLOPRAMIDE 10mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	1.50	105.00
17	140	tablet	7.25	1,015.00	ANTIHISTAMINE CHLORPHENAMINE MALEATE 4mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	1.35	189.00
18	210	tablet	22.25	4,672.50	ANTIHISTAMINE LORATADINE 10mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	1.30	273.00
19	30	ampule	385.00	11,550.00 X	ANTIHISTAMINE (Parenteral) DIPHENHYDRAMINE CHLORIDE	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	31.59	947.70
20	70	tablet	17.25	1,207.50	ANTI-HYPERTENSIVE CLONIDINE HYDROCHLORIDE 75mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	5.46	396.20
21	400	tablet	4.25	1,700.00	ANTIPYRETICS PARACETAMOL 500mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	1.50	600.00
22	50	tablet	10.00	500.00 X	ANTISPASMODIC DICLOVERINE HYDROCHLORIDE 10mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	0.95	47.50
23	28	ampule	110.00	3,080.00 X	ANTITOXIN ANTITET 3,000 IU amp.	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	162.00	4536.00
24	28	ampule	104.50	2,926.00 X	ANTITOXIN TETOX 40 IU amp.	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply		

25	140	tablet	64.08	8,971.20	ANTIVERTIGO BETAHISTINE DIHYDROCHLORIDE 16mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	7.00	980.00
26	140	tablet	51.70	7,238.00	ANTIVERTIGO CINNARIZINE 25mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	2.50	250.00
27	70	capsule	27.50	1,925.00	CALCIUM ANTAGONISTS NIFEDIPINE 30mg	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply		
28	7	gal	1,815.00	12,705.00	DISINFECTANT CIDEX SOLUTION (Chromax)	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	1620.00	11,340.00
29	7	bottle	628.10	4,396.70	EYE ANTI-INFECTIVES AND ANTISEPTICS TOBRAMYCIN EYE DROPS 3mg/ml on 5ml	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	148.50	1039.50
30	70	tablet	46.20	3,234.00	GIT REGULATORS DOMPERIDONE 10mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	2.00	140.00
31	7	tube	314.50	2,201.50	TOPICAL ANTI-INFECTION SILVER SULFADIAZINE 1% cream 20g	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	98.55	689.85
32	7	tube	332.50	2,327.50	TOPICAL CORTICOSTEROIDS HYDROCORTISONE 10mg/g cream	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	148.50	1039.50
					Others: Shelf Life must be at least 24 months from the date of delivery	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply		
							TOTAL:	26,850.50

COMPLIANCE TO THE DELIVERY PERIOD UPON RECEIPT OF THE P.O / J.O.

**Date of Delivery Period
-30 days upon receipt of PO

Statement of Compliance
(please check the box if "Comply" or "Not Comply")

☒ comply ☐ not comply

I hereby certify to comply and deliver all the above requirements.


Jilliane Mary Eustaquio
Signature over Printed Name
MEDICAL SALES REPRESENTATIVE
Position/ Designation
5/16/2023
Date

"ANNEX B"

TERMS AND CONDITION:

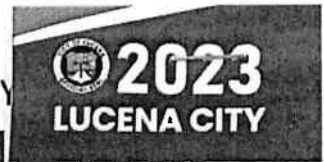
1. Suppliers/Bidders shall provide correct and accurate information required in this form.
2. **Suppliers/Bidders shall quote on Item.**
3. Price quotation/s must valid for **thirty (30) calendar days** from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/ or levies payable.
5. Quotation exceeding the Approved Budget for the Contract of the item shall be rejected.
6. Award of contract shall be made to the lowest quotation (for goods and infrastructure), passed the technical evaluation or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
7. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
8. The item/s shall be delivered according to the requirements specified in the Technical Specifications and the official address of the corporation.
9. PhilHealth shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
10. In case of the two or more bidders are determined to have submitted to the Lowest Calculated Quotation/Lowest calculated and Responsive Quotation, PhilHealth shall adopt and employ "draw lots" as the tie-breaking method to finally determine the single winning provider in accordance with the GPPB Circular 06-2005.
11. **Payment shall be made via check (Land Bank) after delivery and upon the submission of the required supporting documents, inspection and acceptance.**
12. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be impose per day of delay. PhilHealth shall rescind the contract once the cumulative amount of the other courses of action and remedies open to it.
13. Warranty Security of 1% of the gross amount (for items with warranty) shall be automatically deducted from the contract for a minimum warranty period of (3) months for expendable goods or (1) year warranty for non-expendable goods and shall be returned after the lapse of the warranty period provided however that the goods delivered are free from defects an all the conditions imposed under the contract have been fully met.
14. The contracting parties shall comply with Office Order No. 0018-2015 "Reiteration of PhilHealth No Gift policy (Revision 1).
15. Each of the documents submitted in satisfaction of the requirements is an authentic copy of the original, complete, and al statements and information provided therein are true and correct.

I hereby declare that I understand and acknowledge the terms and conditions listed.


Jilliane Mae Eustaquio
Signature over Printed Name
MEDICAL SALES REPRESENTATIVE
Position/ Designation
5/16/2023
Date



BUSINESS PERMIT AND LICENSING OFFICE, CITY
OFFICE OF THE CITY MAYOR



Date of Application : **Friday, Jan 20, 2023**

Business Index No. : **2018-0000663 / 2023-3746**

Permit No. : **2023-WW-16817**

Date of Issue : **Monday, Feb 6, 2023**

Status : **Renewal**

Nationality : **FILIPINO**

Marital Status : **MARRIED**

Kind of Ownership : **SINGLE PROPRIETORSHIP**

Pursuant to Republic Act 7160, otherwise known as the Local Government Code of 1991 and as sanctioned under Section 455, paragraph b. No IV of sub-paragraph III, MAYOR'S BUSINESS PERMIT is hereby granted to:

CHQ TRADING

#74 QUEZON AVENUE, BARANGAY XI, LUCENA CITY
Business Address

WILFREDO GLORIOSO QUINDARA II
Registered Owner

**C. RIVERA ST., SAN FRANCISCO SUBD., IBABANG DUPAY,
LUCENA CITY**
Residence/Principal Address

**Dealer/Distributor | Computer & spare parts | Office supplies | Medical
Supplies & Equipment | Medical supplies & equipment**
Line of Businesses

**THIS PERMIT IS VALID UNTIL
DECEMBER 31, 2023**

**DOCUMENTARY STAMP
TAX PAID**

1243106 (Full 2023)

01/30/2023

PhP 69,748.87

LC10302751I
Security Code

SUBJECT TO CONDITIONS STATED HEREOF

1. Violation of any City Ordinance or prevailing laws immediately revokes your permit to conduct business in the City of Lucena
2. This permit shall be posted conspicuously at the place where the business is being conducted and shall be presented and/or surrendered to competent authorities upon demand
3. This Business Permit serves only as a grant of authority to do business within the City of Lucena, and cannot be used as legal evidence in any kind of case or legal action pending before any court, tribunal, or any government agency exercising Quasi Judicial function, including but not limited to any real property disputes
4. The Business Establishment for which this Business Permit was issued is subject to inspection and verification as to compliance with applicable laws and ordinances by the City Engineering Office, City Health Office, City Treasurer's Office, City PESO, and Bureau of Fire Protection
5. The Business Permit that has been issued by the LGU will only take effect upon submission of the necessary permits from the National Offices, GOCC that have been provided
6. In case of closure of business, surrender this to the City Treasurer for official retirement within 30 days following the closure

HON. MARK DON VICTOR B. ALCALA
CITY MAYOR

REMINDERS: ERASURE AND/OR ALTERATION WILL INVALIDATE THIS PERMIT.
THIS BUSINESS PERMIT IS A PRIVILEGE AND NOT A RIGHT.



Thursday, May 25, 2023 09:45 AM

Organization Profile

CHQ TRADING

Nicodemus Bldg. Quezon Avenue Brgy. XI
Lucena City
Quezon
Region IV-A
Philippines

Organization Member Type:	Supplier
Organization Number:	296046
Registration Date:	15-Jan-2020
Registration Type:	Red
Form of Organization:	Single Proprietorship
Organization Type:	Distributor, Exclusive / Sole Distributor, Trading
Business Category:	Medical Supplies and Laboratory Instrument, Medical and Dental Equipment, Hospital / Medical Equipment and Laboratory Services
Business Tax Identification Number:	257278389000
DTI Certificate Number:	05443088
DTI Registration Date:	04-Jul-2018
Capitalization:	Php 500,000.00
Agency Registration:	No
Blacklisted:	No

ContactQuindara, Wilfredo Glorioso

63-932-1326994

**SUMMARY OF EMPLOYER SUBMITTED REPORTS**

FROM-A Lucena City

Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City

Tel. no.: (042) 373 6936 (042) 373 7056 (042) 373 6703 to 04 (042) 373 6704 (fax)

Run Date 05/25/2023

Run Time 9:22AM

Printed By 30172809

PhilHealth Number : 00800017746

SSS NO : 8001846126

TIN : 257278389

Employer Name : CHQ TRADING

Address : 74 QUEZON AVE BGY 11 (FCB) LUCENA CITY QUEZON 4301

Tel No. : 042 3734180

Head Of Agency : WILFREDO G. QUINTANA

Report Coverage : ALL

Control no.	File no.	Reporting period	TOTAL COPIES OF				Employees Reported	Amount
			ME5	RF1	CR	PER		
C11025210800677	C##EPAR080002452021	05/2021 - 05/2021	0	0	1	0	6	1,800.00
C10728210800945	C##EPAR080001602021	06/2021 - 06/2021	0	0	1	0	6	1,800.00
C10825210800935	C##EPAR080001852021	07/2021 - 07/2021	0	0	1	0	6	1,800.00
C10929210801532	C##EPAR080002192021	08/2021 - 08/2021	0	0	1	0	7	2,100.00
C11210210801494	C##EPAR080002872021	09/2021 - 09/2021	0	0	1	0	6	1,800.00
C11210210801492	C##EPAR080002872021	10/2021 - 10/2021	0	0	1	0	6	1,800.00
C11210210801493	C##EPAR080002872021	11/2021 - 11/2021	0	0	1	0	6	1,500.00
C10112220800645	C##EPAR080003122021	12/2021 - 12/2021	0	0	1	0	6	1,800.00
C10211220801657	C##EPAR080003092022	01/2022 - 01/2022	0	0	1	0	6	1,800.00
C10308220801716	C##EPAR080003642022	02/2022 - 02/2022	0	0	1	0	6	1,800.00
C10408220801906	C##EPAR080003962022	03/2022 - 03/2022	0	0	1	0	6	1,500.00
C10513220802095	C##EPAR080001302022	04/2022 - 04/2022	0	0	1	0	6	1,800.00
C10620220801856	C##EPAR080001682022	05/2022 - 05/2022	0	0	1	0	6	1,800.00
C10718220801434	C##EPAR080001962022	06/2022 - 06/2022	0	0	1	0	6	2,400.00
C10818220801309	C##EPAR080002272022	07/2022 - 07/2022	0	0	1	0	6	2,400.00
C10921220801257	C##EPAR080002612022	08/2022 - 08/2022	0	0	1	0	7	2,800.00
C11019220801513	C##EPAR080002892022	09/2022 - 09/2022	0	0	1	0	7	2,800.00
C11125220801318	C##EPAR080003262022	10/2022 - 10/2022	0	0	1	0	7	2,800.00
C11216220803230	C##EPAR080003342022	11/2022 - 11/2022	0	0	1	0	8	3,200.00
C10116230803204	C##EPAR080003432022	12/2022 - 12/2022	0	0	1	0	9	3,600.00
C10215230803655	C##EPAR08000352023	01/2023 - 01/2023	0	0	1	0	11	4,000.00
C10316230803852	C##EPAR080003632023	02/2023 - 02/2023	0	0	1	0	10	4,000.00
C10418230801497	C##EPAR080003932023	03/2023 - 03/2023	0	0	1	0	10	4,000.00
C10519230800125	C##EPAR080001242023	04/2023 - 04/2023	0	0	1	0	13	4,800.00

TOTAL REPORTS: 24

REQUEST FOR QUOTATION

Date: May 9, 2023
RFQ No: 2023-10-077

The Philippine Health Insurance Corporation (PhilHealth) through its Secretariat for the Bids and Awards Committees (SBAC), intends to procure:

PROCUREMENT OF MEDICAL, DENTAL & LABORATORY SUPPLIES


Approved Budget	<u>112,049.15</u>
Purchase Request No/s	<u>2023-01-068 dated May 2, 2023</u>
Mode of Procurement	<u>SHOPPING</u>
Period of Submission	<u>May 10, 2023 to May 19, 2023</u>
Delivery Period	<u>30 days upon receipt of PO</u>

Interested bidders/ suppliers of known qualifications are hereby invited to submit quotation signed by its authorized representative at the address below and/or thru email to the following addresses:

Secretariat or the Bids and Awards
Committee (SBAC)/ Procurement Unit
PhilHealth Regional Office IVA
Brgy Ilayang Dupay Lucena City
Telephone: 02-84417444 local 5116 / (042) 373
7782/7056
procurement.pro4a@gmail.com
bac.pro4a@philhealth.gov.ph


ALLAN JEFFREY F. DATINGUINO

Canvasser / Administrative Aide VI


JOY ANNE J. BANTUCAN

Administrative Services Officer II

Supplier who will submit a proposal / offer with the **lowest calculated quotation** shall be selected. A copy of the following documentary requirements as prescribed in the IRR of RA9184 for Shopping (Sec. 52) shall be submitted **within three (3) working days upon notification.**

- 1. Mayor's / Business Permit for CY 2023;**
- 2. PhilGEPs Registration Number; and**
- 3. Proof of PhilHealth Contribution (latest)**

****INSTRUCTION TO SUPPLIERS****

1. Submit your quotation using the prescribed Quotation Form (Annex A of the RFQ).
2. Accomplish the Quotation Form and do not alter the contents of the form in any way.
3. Non-compliance with the submission of the **accomplished prescribed/standard Quotation Form** and **Documentary Requirements** as stated above within the prescribed deadline shall automatically be disqualified.

"ANNEX A"

QUOTATION FORM

Name of Company: Metro Retail stores Group Inc
 Address: ML tagarao st. Brgy. 3, LC
 Contact Person: Micah Apable
 Contact Number: _____
 Official Email Address: _____

After having carefully read and accepted the Terms and Conditions of this RFQ specified in Annex B, hereunder is our quotation/s for the item as follows:

Item No.	QTY	UNIT	Approved Budget for the Contract (ABC)		ITEM Description and Technical Specifications	STATEMENT OF COMPLIANCE (please check the box if "Comply" or "Not Comply")	Supplier's Offer	
			Unit Price	Total Price			Do not fill this out if you did not comply with the Tech Specs	
1	250	dragees /tab	12.93	3,232.50	OTHER DRUGS ACTING ON THE RESPIRATORY SYSTEM SINUPRET	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	12.10	3,025
2	50	capsule	54.75	2,737.50	PAIN RELIEVER CELECOXIB 400mg CELCOX X	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	57.20	2,860.00
3	7	tube	276.25	1,933.75	TOPICAL ANTIBACTERIAL MUPIROCIN ointment 5g	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	225.00	1,575.00
4	14	pc	25.00	350.00	NASAL DECONGESTANTS NASAL CANNULA (ADULT)	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
5	140	capsule	8.00	1,120.00	NSAIDS IBUPROFEN 500mg RITEMED (200 mg)	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	4.50	630.00
6	200	caplet	31.08	6,216.00	NSAIDS MEFENAMIC ACID 500mg RITEMED tab	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	6.50	1,300.00
7	70	tablet	25.30	1,771.00	NSAIDS NAPROXEN SODIUM 550mg FLANAX	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	23.25	1,627.50
8	80	tablet	26.95	2,156.00	ORAL ANTISPASMODIC HYOSCINE-N BUSCOPAN BUTYLBROMIDE 10mg	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	30.00	2,400.00
9	80	sachet	27.50	2,200.00	ORAL REHYDRATION SALTS Used in the treatment of children and adults with dehydration due to diarrhea (except those with severe dehydration) (Apple, Orange flavors) HYDRITE	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	17.50	1,400.00

10	100	tablet	12.05	1,205.00	ACE INHIBITORS CAPTOPRIL 50mg	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
11	70	capsule	27.00	1,890.00	ANTACIDS OMEPRAZOLE 20mg RISEK	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	38.50	2,695.00
12	70	tablet	21.50	1,505.00	ANTI-ANGINAL ISOSORBIDE DINITRATE 10mg ISORDIL	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	20.00	1,400.00
13	70	tablet	20.00	1,400.00	ANTI-ANGINAL ISOSORBIDE DINITRATE 5mg ISORDIL	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	21.75	1,522.50
14	70	nebule	189.00	13,230.00	ANTIASTHMATIC SALBUTAMOL VENTOLIN	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	42.75	2,992.75
15	70	capsule	5.75	402.50	ANTIDIARRHEALS LOPERAMIDE 2mg DIATABS	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	7.75	542.50
16	70	tablet	15.00	1,050.00	ANTIEMETICS (Oral) METOCLOPRAMIDE 10mg	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
17	140	tablet	7.25	1,015.00	ANTIHISTAMINE CHLORPHENAMINE MALEATE 4mg ANTAMIN	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	6.95	973.00
18	210	tablet	22.25	4,672.50	ANTIHISTAMINE LORATADINE 10mg RITEMED	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	19.00	3,990.00
19	30	ampule	385.00	11,550.00	ANTIHISTAMINE (Parenteral) DIPHENHYDRAMINE CHLORIDE	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
20	70	tablet	17.25	1,207.50	ANTIHYPERTENSIVE CLONIDINE RITEMED HYDROCHLORIDE 75mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	17.00	1,190.00
21	400	tablet	4.25	1,700.00	ANTIPYRETICS BIOGENIC PARACETAMOL 500mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	4.00	1,600.00
22	50	tablet	10.00	500.00	ANTISPASMODIC DICYCLOVERINE HYDROCHLORIDE 10mg	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
23	28	ampule	110.00	3,080.00	ANTITOXIN ANTITET 3,000 IU amp.	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
24	28	ampule	104.50	2,926.00	ANTITOXIN TETOX 40 IU amp.	<input type="checkbox"/> comply <input type="checkbox"/> not comply		

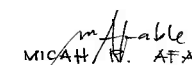
25	140	tablet	64.08	8,971.20	ANTIVERTIGO BETAHISTINE DIHYDROCHLORIDE 16mg EXIGEO	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	53.10	7,434.00
26	140	tablet	51.70	7,238.00	ANTIVERTIGO CINNARIZINE 25mg STUGERON	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	46.75	6,545.00
27	70	capsule	27.50	1,925.00	CALCIUM ANTAGONISTS NIFEDIPINE 30mg ADALAT	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	45.50	3,185.00
28	7	gal	1,815.00	12,705.00	DISINFECTANT CIDEX SOLUTION	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
29	7	bottle	628.10	4,396.70	EYE ANTI-INFECTIVES AND ANTISEPTICS TOBRAMYCIN EYE DROPS 3mg/ml on 5ml	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
30	70	tablet	46.20	3,234.00	GIT REGULATORS DOMPERIDONE 10mg	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
31	7	tube	314.50	2,201.50	TOPICAL ANTI-INFECTIVE SILVER SULFADIAZINE 1% cream 20g FLAMMAZINE 5g	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	319.85	2,238.95
32	7	tube	332.50	2,327.50	TOPICAL CORTICOSTEROIDS HYDROCORTISONE 10mg/g cream ECZACORT	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	331.25	2,318.75
					Others: Shelf Life must be at least 24 months from the date of delivery	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
							TOTAL:	

**COMPLIANCE TO THE DELIVERY PERIOD UPON
RECEIPT OF THE P.O / J.O.**

 Statement of Compliance
 (please check the box if "Comply" or "Not Comply")

****Date of Delivery Period
-30 days upon receipt of PO**
☒ comply ☐ not comply

I hereby certify to comply and deliver all the above requirements.


 MICAH W. AFABLE
 Signature over Printed Name

 PHARMACIST
 Position/ Designation

 5 / 11 / 23
 Date

"ANNEX B"**TERMS AND CONDITION:**

1. Suppliers/Bidders shall provide correct and accurate information required in this form.
2. Suppliers/Bidders shall quote on Item.
3. Price quotation/s must valid for thirty (30) calendar days from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/ or levies payable.
5. Quotation exceeding the Approved Budget for the Contract of the item shall be rejected.
6. Award of contract shall be made to the lowest quotation (for goods and infrastructure), passed the technical evaluation or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
7. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
8. The item/s shall be delivered according to the requirements specified in the Technical Specifications and the official address of the corporation.
9. PhilHealth shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
10. In case of the two or more bidders are determined to have submitted to the Lowest Calculated Quotation/Lowest calculated and Responsive Quotation, PhilHealth shall adopt and employ "draw lots" as the tie-breaking method to finally determine the single winning provider in accordance with the GPPB Circular 06-2005.
11. Payment shall be made via check (Land Bank) after delivery and upon the submission of the required supporting documents, inspection and acceptance.
12. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be impose per day of delay. PhilHealth shall rescind the contract once the cumulative amount of the other courses of action and remedies open to it.
13. Warranty Security of 1% of the gross amount (for items with warranty) shall be automatically deducted from the contract for a minimum warranty period of (3) months for expendable goods or (1) year warranty for non-expendable goods and shall be returned after the lapse of the warranty period provided however that the goods delivered are free from defects an all the conditions imposed under the contract have been fully met.
14. The contracting parties shall comply with Office Order No. 0018-2015 "Reiteration of PhilHealth No Gift policy (Revision 1).
15. Each of the documents submitted in satisfaction of the requirements is an authentic copy of the original, complete, and al statements and information provided therein are true and correct.

I hereby declare that I understand and acknowledge the terms and conditions listed.

MICHA AFABLE
Signature over Printed Name

PHARMACIST
Position/ Designation

5 / 11 / 23
Date



BUSINESS PERMIT AND LICENSING OFFICE, CITY OF LUCENA

OFFICE OF THE CITY MAYOR

Date of Application : Friday, Jan 13, 2023
Business Index No.: 2003-0000597 / 2023-1879
Permit No.: 2023-RR-16064
Date of issue : Tuesday, Jan 24, 2023

Status : Renewal
Nationality : ***Not Applicable***
Marital Status : ***Not Applicable***
Kind of Ownership : CORPORATION

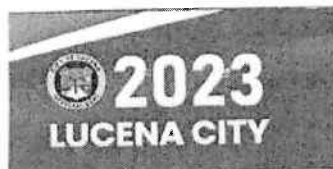
Pursuant to Republic Act 7160, otherwise known as the Local Government Code of 1991 and as sanctioned under Section 455, paragraph b. No IV of sub-paragraph III, MAYOR'S BUSINESS PERMIT is hereby granted to:

METRO RETAIL STORES GROUP, INC.

M.L. TAGARAO STREET, BARANGAY III, LUCENA CITY
Business Address

METRO RETAIL STORES GROUP, INC.
Registered Owner

M.L. TAGARAO STREET, BARANGAY III, LUCENA CITY
Residence/Principal Address



Department Store | Retailer-Essential | Dealer/Distributor | Other
wholesaler-essential | Bakery/Bakeshop | Watch repair | Pharmacy | Retailers | Restaurants
Line of Businesses

DOCUMENTARY STAMP
TAX PAID

1237841 (1st Quarter 2023)

01/19/2023

PhP 2,719,884.41

LC10304039E
Security Code

THIS PERMIT IS VALID UNTIL
DECEMBER 31, 2023

SUBJECT TO CONDITIONS STATED HEREOF

1. Violation of any City Ordinance or prevailing laws immediately revokes your permit to conduct business in the City of Lucena
2. This permit shall be posted conspicuously at the place where the business is being conducted and shall be presented and/or surrendered to competent authorities upon demand.
3. This Business Permit serves only as a grant of authority to do business within the City of Lucena, and cannot be used as legal evidence in any kind of case or legal action pending before any court, tribunal, or any government agency exercising Quasi-judicial function, including but not limited to any real property disputes
4. The Business Establishment for which this Business Permit was issued is subject to inspection and verification as to compliance with applicable laws and ordinances by the City Engineering Office, City Health Office, City Treasurer's Office, City PESO, and Bureau of Fire Protection
5. The Business Permit that has been issued by the LGU will only take effect upon submission of the necessary permits from the National Offices, GOCC that have been provided.
6. In case of closure of business, surrender this to the City Treasurer for official retirement within 30 days following the closure

HON. MARK DON VICTOR B. ALCALA
CITY MAYOR

REMINERS: ERASURE AND/OR ALTERATION WILL INVALIDATE THIS PERMIT.
THIS BUSINESS PERMIT IS A PRIVILEGE AND NOT A RIGHT.



Friday, June 2, 2023 09:09 AM

Organization Profile

METRO RETAIL STORES GROUP, INC.

Vicsal Building Corner of C.D Seno & W.O Seno Sts., Guizo, North Reclamation Area
Mandaue City
Cebu
Region VII
Philippines

Organization Member Type:	Supplier
Organization Number:	126611
Registration Date:	14-Aug-2014
Registration Type:	Red
Form of Organization:	Corporation
Organization Type:	General Merchandise
Business Category:	Lease and Rental of Property or Building
Business Tax Identification Number:	226527915000
SEC Certificate Number:	CS200315877
SEC Registration Date:	03-Jul-2014
Capitalization:	Php 10,000,000,000.00
Agency Registration:	No
Blacklisted:	No

Contact

<u>Regis, Estrella M</u>	63-923-92371004678
<u>Pacarat, Jade Alexis De La Rama</u>	63-923-1004678
<u>Manatad, Mary Grace</u>	63-923-7026845
<u>Beltran, Pia Janice Silva</u>	63-932-6131689

**SUMMARY OF EMPLOYER SUBMITTED REPORTS**

FROM-A Lucena City

Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City

Tel. no.: (042) 373 6936 (042) 373 7056 (042) 373 6703 to 04 (042) 373 6704 (fax)

Run Date 05/02/2023

Run Time 9:04 AM

Printed By 30172809

PhilHealth Number : 012000033006 SSS NO : TIN : 226527915000
 Employer Name : METRO RETAIL STORES GROUP INC
 Address : MCSAL BLDG CD SEND ST GUZOMAN DALE CITY CEBU 6014
 Tel No. : 2369530
 Head Of Agency : NMFA V TABASA
 Report Coverage : ALL

Control no.	File no.	Reporting period	TOTAL COPIES OF				Employees Reported	Amount
			ME5	RF1	CR	FER		
C10101231206535	CONTRI120003752022	05/2022 - 05/2022	0	0	1	0	5917	897,681.85
C10603221200859	C###EPAR120001492022	05/2022 - 05/2022	0	0	1	0	5917	2,799,029.10
C10707221201219	C###EPAR120001832022	06/2022 - 06/2022	0	0	1	0	6071	3,833,163.16
C10809221200293	C###EPAR120002162022	07/2022 - 07/2022	0	0	1	0	6143	3,833,827.90
C10914221201436	C###EPAR120002522022	08/2022 - 08/2022	0	0	1	0	6220	3,859,640.00
C11017221200640	C###EPAR120002852022	09/2022 - 09/2022	0	0	1	0	6602	4,168,971.60
C11118221202128	C###EPAR120003172022	10/2022 - 10/2022	0	0	1	0	7294	4,371,834.20
C11219221201816	C###EPAR120003352022	11/2022 - 11/2022	0	0	1	0	7607	4,493,998.88
C10120231201370	C###EPAR120003452022	12/2022 - 12/2022	0	0	1	0	7562	4,660,674.22
C10221231201194	C###EPAR120000402023	01/2023 - 01/2023	0	0	1	0	7425	4,625,273.44
C10317231201253	C###EPAR120000642023	02/2023 - 02/2023	0	0	1	0	7301	4,035,991.64
C10420231200452	C###EPAR120000952023	03/2023 - 03/2023	0	0	1	0	6292	3,842,318.26
C10516231202479	C###EPAR120001212023	04/2023 - 04/2023	0	0	1	0	6260	4,195,684.80

TOTAL REPORTS: 189

Watsons

REQUEST FOR QUOTATION

Date: May 9, 2023
RFQ No: 2023-10-077


The **Philippine Health Insurance Corporation (PhilHealth)** through its Secretariat for the Bids and Awards Committees (SBAC), intends to procure:

PROCUREMENT OF MEDICAL, DENTAL & LABORATORY SUPPLIES

Approved Budget	<u>112,049.15</u>
Purchase Request No/s	<u>2023-01-068 dated May 2, 2023</u>
Mode of Procurement	<u>SHOPPING</u>
Period of Submission	<u>May 10, 2023 to May 19, 2023</u>
Delivery Period	<u>30 days upon receipt of PO</u>

Interested bidders/ suppliers of known qualifications are hereby invited to submit quotation signed by its authorized representative at the address below and/or thru email to the following addresses:

Secretariat or the Bids and Awards Committee (SBAC)/ Procurement Unit
PhilHealth Regional Office IVA
Brgy Ilayang Dupay Lucena City
Telephone: 02-84417444 local 5116 / (042) 373 7782/7056
procurement.pro4a@gmail.com
bac.pro4a@philhealth.gov.ph


ALLAN JEFFREY F. DATINGUINOO
Canvasser / Administrative Aide VI


JOY ANNE J. BANTUCAN
Administrative Services Officer II

Supplier who will submit a proposal / offer with the **lowest calculated quotation** shall be selected. A copy of the following documentary requirements as prescribed in the IRR of RA9184 for Shopping (Sec. 52) shall be submitted **within three (3) working days upon notification.**

- 1. Mayor's / Business Permit for CY 2023;**
- 2. PhilGEPs Registration Number; and**
- 3. Proof of PhilHealth Contribution (latest)**

****INSTRUCTION TO SUPPLIERS****

1. Submit your quotation using the prescribed Quotation Form (Annex A of the RFQ).
2. Accomplish the Quotation Form and do not alter the contents of the form in any way.
3. Non-compliance with the submission of the **accomplished prescribed/standard Quotation Form** and **Documentary Requirements** as stated above within the prescribed deadline shall automatically be disqualified.

"ANNEX A"

QUOTATION FORM

Name of Company:

Watsons

Address:

91 City Lucena

Contact Person:

Jennifer Pabon

Contact Number:

Official Email Address:

After having carefully read and accepted the Terms and Conditions of this RFQ specified in Annex B, hereunder is our quotation/s for the item as follows:

Item No.	QTY	UNIT	Approved Budget for the Contract (ABC)		ITEM Description and Technical Specifications	STATEMENT OF COMPLIANCE (please check the box if "Comply" or "Not Comply")	Supplier's Offer	
			Unit Price	Total Price			Do not fill this out if you did not comply with the Tech Specs	
1	250	dragees /tab	12.93	3,232.50	OTHER DRUGS ACTING ON THE RESPIRATORY SYSTEM SINUPRET	<input checked="" type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	13	
2	50	capsule	54.75	2,737.50	PAIN RELIEVER CELECOXIB 400mg COXIDIA	<input checked="" type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	51.75	
3	7	tube	276.25	1,933.75	TOPICAL ANTIBACTERIAL MUPIROCIN ointment 5g MUTEMED	<input checked="" type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	225.00	
4	14	pc	25.00	350.00	NASAL DECONGESTANTS NASAL CANNULA (ADULT)	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	N/A	N/A
5	140	capsule	8.00	1,120.00	NSAIDS IBUPROFEN 500mg MEDICOL 400	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	12.25	
6	200	caplet	31.08	6,216.00	NSAIDS MEFENAMIC ACID 500mg MUTEMED	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	4.75	
7	70	tablet	25.30	1,771.00	NSAIDS NAPROXEN SODIUM 550mg SARIMAX	<input checked="" type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	20	
8	80	tablet	26.95	2,156.00	ORAL ANTISPASMODIC HYOSCINE-N HYOS BUTYLBROMIDE 10mg	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	28.50	
9	80	sachet	27.50	2,200.00	ORAL REHYDRATION SALTS ORAL REHYDRATION SALTS; Used in the treatment of children and adults with dehydration due to diarrhea (except those with severe dehydration) (Apple, Orange flavors) HYDRATE	<input checked="" type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	17.75	

10	100	tablet	12.05	1,205.00	ACE INHIBITORS CAPTOPRIL 50mg <i>CARDONE</i>	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	5.50	
11	70	capsule	27.00	1,890.00	ANTACIDS OMEPRAZOLE 20mg <i>PRIMED</i>	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	27.25	
12	70	tablet	21.50	1,505.00	ANTI-ANGINAL ISOSORBIDE DINITRATE 10mg <i>ISORL</i>	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	21.25	
13	70	tablet	20.00	1,400.00	ANTI-ANGINAL ISOSORBIDE DINITRATE 5mg	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
14	70	nebule	189.00	13,230.00	ANTIASTHMATIC SALBUTAMOL	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	27.00	
15	70	capsule	5.75	402.50	ANTIDIARRHEALS LOPERAMIDE 2mg <i>PIATABS</i>	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	8.00	
16	70	tablet	15.00	1,050.00	ANTIEMETICS (Oral) METOCLOPRAMIDE 10mg	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	18.25	
17	140	tablet	7.25	1,015.00	ANTIHISTAMINE CHLORPHENAMINE MALEATE 4mg <i>ANTAMIN</i>	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	7.75	
18	210	tablet	22.25	4,672.50	ANTIHISTAMINE LORATADINE 10mg	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	22.50	
19	30	ampule	385.00	11,550.00	ANTIHISTAMINE (Parenteral) DIPHENHYDRAMINE CHLORIDE <i>SOPHEN</i>	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	163.50	
20	70	tablet	17.25	1,207.50	ANTIHYPERTENSIVE CLONIDINE <i>LYTAP</i> HYDROCHLORIDE 75mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	17.00	
21	400	tablet	4.25	1,700.00	ANTIPYRETICS <i>WATSON</i> PARACETAMOL 500mg	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	2.00	
22	50	tablet	10.00	500.00	ANTISPASMODIC DICYCLOVERINE HYDROCHLORIDE 10mg	<input type="checkbox"/> comply <input type="checkbox"/> not comply	NA	NA
23	28	ampule	110.00	3,080.00	ANTITOXIN ANTITET 3,000 IU amp.	<input type="checkbox"/> comply <input type="checkbox"/> not comply	NA	NA
24	28	ampule	104.50	2,926.00	ANTITOXIN TETOX 40 IU amp.	<input type="checkbox"/> comply <input type="checkbox"/> not comply	NA	NA

25	140	tablet	64.08	8,971.20	ANTIVERTIGO BETAHISTINE DIHYDROCHLORIDE 16mg <i>VERT</i>	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	28.25	
26	140	tablet	51.70	7,238.00	ANTIVERTIGO CINNARIZINE 25mg <i>VERTISIN</i>	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	18.00	
27	70	capsule	27.50	1,925.00	CALCIUM ANTAGONISTS NIFEDIPINE 30mg <i>MEMAT</i>	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	44.40	
28	7	gal	1,815.00	12,705.00	DISINFECTANT CIDEX SOLUTION	<input type="checkbox"/> comply <input type="checkbox"/> not comply	NA	NA
29	7	bottle	628.10	4,396.70	EYE ANTI-INFECTIVES AND ANTISEPTICS TOBRAMYCIN EYE DROPS 3mg/ml on 5ml <i>CELUS</i>	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	200.50	
30	70	tablet	46.20	3,234.00	GIT REGULATORS DOMPERIDONE 10mg <i>GRANOLIN</i>	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	33.50	
31	7	tube	314.50	2,201.50	TOPICAL ANTI-INFECTIVE SILVER SULFADIAZINE 1% cream 20g	<input type="checkbox"/> comply <input checked="" type="checkbox"/> not comply	852.25	
32	7	tube	332.50	2,327.50	TOPICAL CORTICOSTEROIDS HYDROCORTISONE 10mg/g cream	<input checked="" type="checkbox"/> comply <input type="checkbox"/> not comply	245.75	
					Others: Shelf Life must be at least 24 months from the date of delivery	<input type="checkbox"/> comply <input type="checkbox"/> not comply		
							TOTAL:	

**COMPLIANCE TO THE DELIVERY PERIOD UPON
RECEIPT OF THE P.O / J.O.**

****Date of Delivery Period
-30 days upon receipt of PO**

Statement of Compliance
(please check the box if "Comply" or "Not Comply")

☒ comply ☐ not comply

I hereby certify to comply and deliver all the above requirements.

Geena Begonia
Signature over Printed Name

Pharmacist
Position/ Designation

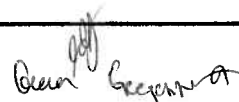
5-16-27
Date

"ANNEX B"

TERMS AND CONDITION:

1. Suppliers/Bidders shall provide correct and accurate information required in this form.
2. **Suppliers/Bidders shall quote on Item.**
3. Price quotation/s must valid for **thirty (30) calendar days** from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/ or levies payable.
5. Quotation exceeding the Approved Budget for the Contract of the item shall be rejected.
6. Award of contract shall be made to the lowest quotation (for goods and infrastructure), passed the technical evaluation or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
7. Any interlineations, erasures or overwriting shall be valid only if they are signed or initiated by you or any of your duly authorized representative/s.
8. The item/s shall be delivered according to the requirements specified in the Technical Specifications and the official address of the corporation.
9. PhilHealth shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
10. In case of the two or more bidders are determined to have submitted to the Lowest Calculated Quotation/Lowest calculated and Responsive Quotation, PhilHealth shall adopt and employ "draw lots" as the tie-breaking method to finally determine the single winning provider in accordance with the GPPB Circular 06-2005.
11. **Payment shall be made via check (Land Bank) after delivery and upon the submission of the required supporting documents, inspection and acceptance.**
12. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be impose per day of delay. PhilHealth shall rescind the contract once the cumulative amount of the other courses of action and remedies open to it.
13. Warranty Security of 1% of the gross amount (for items with warranty) shall be automatically deducted from the contract for a minimum warranty period of (3) months for expendable goods or (1) year warranty for non-expendable goods and shall be returned after the lapse of the warranty period provided however that the goods delivered are free from defects an all the conditions imposed under the contract have been fully met.
14. The contracting parties shall comply with Office Order No. 0018-2015 "Reiteration of PhilHealth No Gift policy (Revision 1).
15. Each of the documents submitted in satisfaction of the requirements is an authentic copy of the original, complete, and al statements and information provided therein are true and correct.

I hereby declare that I understand and acknowledge the terms and conditions listed.



Signature over Printed Name

Pharmacist

Postion/ Designation

5-16-23

Date



PhilGEPS

Philippine Government Electronic Procurement System

Central Portal for
Philippine Government
Procurement Opportunities

[Help](#)

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 9737120
Procuring Entity PHILIPPINE HEALTH INSURANCE CORPORATION - REGION - IV A
Title Procurement of drugs and medicines
Area of Delivery Quezon

Solicitation Number:	2023-LS-11	Status	Closed
Trade Agreement:	Implementing Rules and Regulations	Associated Components	1
Procurement Mode:	Shopping	Bid Supplements	0
Classification:	Goods	Document Request List	10
Category:	Drugs and Medicines	Date Published	10/05/2023
Approved Budget for the Contract:	PHP 112,049.15	Last Updated / Time	10/05/2023 00:00 AM
Delivery Period:	30 Day/s	Closing Date / Time	19/05/2023 13:00 PM
Client Agency:			
Contact Person:	Vernalyn G. Clemeña Member of BAC Secretariat AMCJ Square Bldg., Diversion Rd., Lucena City Quezon Philippines 4301 63-42-3737782 verna101208@yahoo.com		
Description please see attached file			

Created by Vernalyn G. Clemeña
Date Created 09/05/2023

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.



PhilGEPS

Philippine Government Electronic Procurement System

Central Portal for
Philippine Government
Procurement Opportunities

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 9737120
Procuring Entity PHILIPPINE HEALTH INSURANCE CORPORATION - REGION - IV A
Title Procurement of drugs and medicines
Area of Delivery Quezon

Solicitation Number:	2023-LS-11	Status	Pending
Trade Agreement:	Implementing Rules and Regulations	Associated Components	1
Procurement Mode:	Shopping	Bid Supplements	0
Classification:	Goods	Document Request List	0
Category:	Drugs and Medicines	Date Published	10/05/2023
Approved Budget for the Contract:	PHP 112,049.15	Last Updated / Time	09/05/2023 16:47 PM
Delivery Period:	30 Day/s	Closing Date / Time	19/05/2023 13:00 PM
Client Agency:			
Contact Person:	Vernalyn G. Clemeña Member of BAC Secretariat AMCJ Square Bldg., Diversion Rd., Lucena City Quezon Philippines 4301 63-42-3737782 verna101208@yahoo.com		
Description			
please see attached file			

Created by Vernalyn G. Clemeña

Date Created 09/05/2023

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.

Republic of the Philippines
Philippine Health Insurance Corporation
 Project Procurement Management Plan
 Calendar Year 2023

Philhealth Regional Office IVA

Procurement Program/Project	Approved Budget for Contract (ABC)	Mode of Procurement	Pre-Proc Conference	Ads/Post of ITB	Pre-Bid Conference	Eligibility Check	SCHEDULE FOR EACH PROCUREMENT ACTIVITY							Remarks
							Sub/Open: of Bids	Bid Evaluation	Post Qual	Notice of Award	Contract Signing	Notice to Proceed	Delivery Completion	
2nd Quarter														
Procurement of IT Supplies														
PRINTER CONSUMABLES (For Existing Printers) Toner Cartridge, HP CC364A (HP 64A), Black	13,628.16	Shopping	05-May	08-May								15-May	30-May	
PRINTER CONSUMABLES (For Existing Printers) Toner Cartridge, HP CF217A (HP17A) Black	3,407.04	Negotiated Procurement - Agency to Agency	12-Apr	13-Apr						20-Apr		15-May	30-May	
PRINTER CONSUMABLES (For Existing Printers) TONER CARTRIDGES, HP CE390A, Black	21,464.36	Negotiated Procurement - Agency to Agency	12-Apr	13-Apr						20-Apr		15-May	30-May	
Procurement of Drug and Medicines														
ACE INHIBITORS CAPTOPRIL 50mg	1,687.00	Shopping	05-May	08-May								15-May	30-May	
ANTACIDS OMEPRAZOLE 20mg	1,890.00	Shopping	05-May	08-May								15-May	30-May	
ANTI-ANGINAL ISOSORBIDE DINITRATE 10mg	1,505.00	Shopping	05-May	08-May								15-May	30-May	
ANTI-ANGINAL ISOSORBIDE DINITRATE 5mg	1,400.00	Shopping	05-May	08-May								15-May	30-May	
ANTI-ASTHMATIC SALBUTAMOL	13,230.00	Shopping	05-May	08-May								15-May	30-May	
ANTI-DIARRHEALS LOPERAMIDE 2mg	805.00	Shopping	05-May	08-May								15-May	30-May	
ANTI-EMETICS (Oral) METOCLOPRAMIDE 10mg	1,050.00	Shopping	05-May	08-May								15-May	30-May	

Republic of the Philippines
Philippine Health Insurance Corporation
 Project Procurement Management Plan
 Calendar Year 2023

Philhealth Regional Office IVA

Procurement Program/Project	Approved Budget for Contract (ABC)	Mode of Procurement	Pre-Proc Conference	Ads/Post of ITB	Pre-Bid Conference	Eligibility Check	Sub/Open of Bids	Bid Evaluation	Post Qual	Notice of Award	Contract Signing	Notice to Proceed	Delivery Completion	Acceptance Turnover	Remarks
SCHEDULE FOR EACH PROCUREMENT ACTIVITY															
2nd Quarter															
Procurement of Drug and Medicines															
ANTIHISTAMINE (Parenteral)	26,950.00	Shopping	05-May	08-May									15-May	30-May	
DIPHENHYDRAMINE CHLORIDE	✓														
ANTIHISTAMINE CHLORPHENAMINE MALEATE 4mg	1,015.00	Shopping	05-May	08-May									15-May	30-May	
ANTIHISTAMINE LORATADINE 10mg	4,672.50	Shopping	05-May	08-May									15-May	30-May	
ANTHYPERTENSIVE CLONIDINE HYDROCHLORIDE 75mg	2,415.00	Shopping	05-May	08-May									15-May	30-May	
ANTIPYRETICS PARACETAMOL 500mg	1,700.00	Shopping	05-May	08-May									15-May	30-May	
ANTISPASMODIC DICYCLOVERINE HYDROCHLORIDE 10mg	500.00	Shopping	05-May	08-May									15-May	30-May	
ANTITOXIN ANTITET 3,000 IU amp.	3,080.00	Shopping	05-May	08-May									15-May	30-May	
ANTITOXIN TETOX 40 IU amp.	2,926.00	Shopping	05-May	08-May									15-May	30-May	
ANTIVERTIGO BETAHISTINE DIHYDROCHLORIDE 16mg	8,971.20	Shopping	05-May	08-May									15-May	30-May	
ANTIVERTIGO CINNARIZINE 25mg	7,238.00	Shopping	05-May	08-May									15-May	30-May	
CALCIUM ANTAGONISTS NIFEDIPINE 30mg	1,925.00	Shopping	05-May	08-May									15-May	30-May	

Republic of the Philippines
Philippine Health Insurance Corporation
 Project Procurement Management Plan
 Calendar Year 2023

Philhealth Regional Office IVA

Procurement Program/Project	Approved Budget for Contract (ABC)	Mode of Procurement	Pre-Proc Conference	Ads/Post of ITB	Pre-Bid Conference	Eligibility Check	SCHEDULE FOR EACH PROCUREMENT ACTIVITY							Remarks
							Sub/Open of Bids	Bid Evaluation	Post Qual Award	Contract Signing	Notice to Proceed	Delivery Completion	Acceptance Turnover	
2nd Quarter														
Procurement of Drug and Medicines														
DISINFECTANT CIDEX SOLUTION	12,705.00	Shopping	05-May	08-May								15-May	30-May	
EYE ANTI-INFECTIVES AND ANTISEPTICS TOBRAMYCIN EYE DROPS 3mg/ml on 5ml	4,396.70	Shopping	05-May	08-May								15-May	30-May	
GIT REGULATORS DOMPERIDONE 10mg	3,234.00	Shopping	05-May	08-May								15-May	30-May	
MEDICAL PLASTER PLASTER; Hypoallergenic	646.80	Shopping	05-May	08-May								15-May	30-May	
NASAL DECONGESTANTS NASAL CANNULA (ADULT)	350.00	Shopping	05-May	08-May								15-May	30-May	
NSAIDS IBUPROFEN 500mg	1,120.00	Shopping	05-May	08-May								15-May	30-May	
NSAIDS MEFENAMIC ACID 500mg	6,216.00	Shopping	05-May	08-May								15-May	30-May	
NSAIDS NAPROXEN SODIUM 550mg	1,771.00	Shopping	05-May	08-May								15-May	30-May	
ORAL ANTISPASMODIC HYOSCINE-N BUTYLBROMIDE 10mg	2,695.00	Shopping	05-May	08-May								15-May	30-May	
ORAL REHYDRATION SALTS ORAL REHYDRATION SALTS; Used in the treatment of children and adults with dehydration due to diarrhea (except those with severe dehydration) (Apple, Orange flavors)	2,750.00	Shopping	05-May	08-May								15-May	30-May	

Republic of the Philippines
Philippine Health Insurance Corporation
 Project Procurement Management Plan
 Calendar Year 2023

Philhealth Regional Office IVA

Procurement Program/Project	Approved Budget for Contract (ABC)	Mode of Procurement	Pre-Procurement Conference	Ads/Post of ITB	Pre-Bid Conference	Eligibility Check	SCHEDULE FOR EACH PROCUREMENT ACTIVITY							Remarks
							Sub/Open of Bids	Bid Evaluation	Post Qual	Notice of Award	Contract Signing	Notice to Proceed	Delivery Completion	
2nd Quarter														
Procurement of Drug and Medicines														
OTHER DRUGS ACTING ON THE RESPIRATORY SYSTEM SINUPRET	3,232.50	Shopping	05-May	08-May								15-May	30-May	
PAIN RELIEVER CELECOXIB 400mg	2,737.50	Shopping	05-May	08-May								15-May	30-May	
TOPICAL ANTIBACTERIAL MUPIROCIIN ointment 5g	1,933.75	Shopping	05-May	08-May								15-May	30-May	
TOPICAL ANTI-INFECTIVE SILVER SULFADIAZINE 1% cream 20g	2,201.50	Shopping	05-May	08-May								15-May	30-May	
TOPICAL CORTICOSTEROIDS HYDROCORTISONE 10mh/g cream	2,327.50	Shopping	05-May	08-May								15-May	30-May	
Procurement of Medical, Dental and Laboratory Supplies														
MEDICAL DRESSING FUSIDATE SODIUM 10 foil-packed pieces of 10 cm x 10 cm	920.50	Shopping	05-May	08-May								15-May	30-May	
MEDICAL SUPPLIES Adhesive Bandage	512.75	Shopping	05-May	08-May								15-May	30-May	
MEDICAL SUPPLIES ADJUSTABLE WRENCH 12" for Oxygen Gauge Use	6,545.00	Shopping	05-May	08-May								15-May	30-May	
MEDICAL SUPPLIES Alcohol, 70% Isopropyl, 500 ml	3,740.00	Shopping	05-May	08-May								15-May	30-May	
MEDICAL SUPPLIES Beddings	15,840.00	Shopping	05-May	08-May								15-May	30-May	

PURCHASE REQUEST (PR)
PhilHealth Regional Office IVA

Department / Office :

PRO IV-A

PR No. :

2023-01-068


Division :

ADMIN

Date :

MAY 02 2023

Item No.	Unit	Item Description	Qty	Estimated Unit Cost	Estimated Total Cost
1	dragees/tab	OTHER DRUGS ACTING ON THE RESPIRATORY SYSTEM SINUPRET	250	12.93	3,232.50
1	capsule	PAIN RELIEVER CELECOXIB 400mg	50	54.75	2,737.50
1	tube	TOPICAL ANTIBACTERIAL MUPIROCIN ointment 5g	7	276.25	1,933.75
1	pc	NASAL DECONGESTANTS NASAL CANNULA (ADULT)	14	25.00	350.00
1	capsule	NSAIDS IBUPROFEN 500mg	140	8.00	1,120.00
1	caplet	NSAIDS MEFENAMIC ACID 500mg	200	31.08	6,216.00
1	tablet	NSAIDS NAPROXEN SODIUM 550mg	70	25.30	1,771.00
1	tablet	ORAL ANTISPASMODIC HYOSCINE-N BUTYLBROMIDE 10mg	80	26.95	2,156.00
1	sachet	ORAL REHYDRATION SALTS ORAL REHYDRATION SALTS; Used in the treatment of children and adults with dehydration due to diarrhea (except those with severe dehydration) (Apple, Orange flavors)	80	27.50	2,200.00
1	tablet	ACE INHIBITORS CAPTOPRIL 50mg	100	12.05	1,205.00
1	capsule	ANTACIDS OMEPRAZOLE 20mg	70	27.00	1,890.00
1	tablet	ANTI-ANGINAL ISOSORBIDE DINITRATE 10mg	70	21.50	1,505.00
1	tablet	ANTI-ANGINAL ISOSORBIDE DINITRATE 5mg	70	20.00	1,400.00
1	nebule	ANTIASTHMATIC SALBUTAMOL	70	189.00	13,230.00
1	capsule	ANTIDIARRHEALS LOPERAMIDE 2mg	70	5.75	402.50
1	tablet	ANTIEMETICS (Oral) METOCLOPRAMIDE 10mg	70	15.00	1,050.00
1	tablet	ANTIHISTAMINE CHLORPHENAMINE MALEATE 4mg	140	7.25	1,015.00
1	tablet	ANTIHISTAMINE LORATADINE 10mg	210	22.25	4,672.50
1	ampule	ANTIHISTAMINE (Parenteral) DIPHENHYDRAMINE CHLORIDE	30	385.00	11,550.00
1	tablet	ANTIHYPERTENSIVE CLONIDINE HYDROCHLORIDE 75mg	70	17.25	1,207.50
1	tablet	ANTIPYRETICS PARACETAMOL 500mg	400	4.25	1,700.00
1	tablet	ANTISPASMODIC DICYCLOVERINE HYDROCHLORIDE 10mg	50	10.00	500.00

Item No.	Unit	Item Description	Qty	Estimated Unit Cost	Estimated Total Cost
1	ampule	ANTITOXIN ANTITET 3,000 IU amp.	28	110.00	3,080.00
1	ampule	ANTITOXIN TETOX 40 IU amp.	28	104.50	2,926.00
1	tablet	ANTIVERTIGO BETAHISTINE DIHYDROCHLORIDE 16mg	140	64.08	8,971.20
1	tablet	ANTIVERTIGO CINNARIZINE 25mg	140	51.70	7,238.00
1	capsule	CALCIUM ANTAGONISTS NIFEDIPINE 30mg	70	27.50	1,925.00
1	gal	DISINFECTANT CIDEX SOLUTION	7	1,815.00	12,705.00
1	bottle	EYE ANTI-INFECTIVES AND ANTISEPTICS TOBRAMYCIN EYE DROPS 3mg/ml on 5ml	7	628.10	4,396.70
1	tablet	GIT REGULATORS DOMPERIDONE 10mg	70	46.20	3,234.00
1	tube	TOPICAL ANTI-INFECTIVE SILVER SULFADIAZINE 1% cream 20g	7	314.50	2,201.50
1	tube	TOPICAL CORTICOSTEROIDS HYDROCORTISONE 10mh/g cream	7	332.50	2,327.50
		*****nothing follows*****			
		C.O.B. / Trust : 2023 COB			
		Expense Code : 5 02 03 070			
		Charge to : Admin			
		Budget Limit : 112,049.15			
		Signature :  Ma. Pamela B. Leynes			
				Grand Total	112,049.15



We certify that the items and corresponding amount listed above are based on the CY 2023 COB and within the approved 2023 APP. All items requested under this PR SHALL NOT, hereinafter, be available for realignment, unless cancelled within the prescribed period.

PURPOSE: for Office use (Procurement of Drugs and Medicines for 2nd qtr)

Shopping (above 50K)

Prepared and Recommended by:

Approved By:

Signature :		
Printed Name :	CECILIA I. PUREZA	BENJIE A. CUVINAR
Designation :	OIC/GSP	MSD Head
Date :	4/28/23	5/2/23

APPROVED BUDGET FOR THE CONTRACT (ABC)
Procurement of Drugs and Medicines for 2nd qtr
 within PRO IVA

Contract Duration: CY 2023

 ABC No: 2023 - 0084
 Date: 1472, 2023

ITEM NO. (a)	DESCRIPTION (b)	QTY (c)	UNIT (d)	CURRENT MARKET PRICE (e)	No. Of Days/Nights (If Applicable) (f)	Sub-Total (g)=[(c) (e) (f)]	5% Contingency for Price Escalation (h)=[(g) (5%)]	TOTAL COST (i) =(g)+(h)
1	OTHER DRUGS ACTING ON THE RESPIRATORY SYSTEM SINUPRET	250	drageses/ ab	12.93		3,232.50		3,232.50
2	PAIN RELIEVER CELECOXIB 400mg	50	capsule	54.75		2,737.50		2,737.50
3	TOPICAL ANTIBACTERIAL MUPIROCIN ointment 5g	7	tube	276.25		1,933.75		1,933.75
4	NASAL DECONGESTANTS NASAL CANNULA (ADULT)	14	pc	25.00		350.00		350.00
5	NSAIDS IBUPROFEN 500mg	140	capsule	8.00		1,120.00		1,120.00
6	NSAIDS MEFENAMIC ACID 500mg	200	caplet	31.08		6,216.00		6,216.00
7	NSAIDS NAPROXEN SODIUM 550mg	70	tablet	25.30		1,771.00		1,771.00
8	ORAL ANTISPASMODIC HYOSCINE-N BUTYL BROMIDE 10mg	80	tablet	26.95		2,156.00		2,156.00
9	ORAL REHYDRATION SALTS ORAL REHYDRATION SALTS; Used in the treatment of children and adults with dehydration due to diarrhea (except those with severe dehydration) (Apple, Orange flavors)	80	sachet	27.50		2,200.00		2,200.00
10	ACE INHIBITORS CAPTOPRIL 50mg	100	tablet	12.05		1,205.00		1,205.00
11	ANTACIDS OMEPRAZOLE 20mg	70	capsule	27.00		1,890.00		1,890.00
12	ANTI-ANGINAL ISOSORBIDE DINITRATE 10mg	70	tablet	21.50		1,505.00		1,505.00

ITEM NO. (a)	DESCRIPTION (b)	QTY (c)	UNIT (d)	CURRENT MARKET PRICE (e)	No. Of Days/Nights (If Applicable) (f)	Sub-Total (g)=[(c) (e) (f)]	5% Contingency for Price Escalation (h)=[(g) (5%)]	TOTAL COST (i) =(g)+(h)
13	ANTI-ANGINAL ISOSORBIDE DINITRATE 5mg	70	tablet	20.00		1,400.00		1,400.00
14	ANTIASTHMATIC SALBUTAMOL	70	nebule	189.00		13,230.00		13,230.00
15	ANTIDIARRHEALS LOPERAMIDE 2mg	70	capsule	5.75		402.50		402.50
16	ANTIEMETICS (Oral) METOCLOPRAMIDE 10mg	70	tablet	15.00		1,050.00		1,050.00
17	ANTIHISTAMINE CHLORPHENAMINE MALTEATE 4mg	140	tablet	7.25		1,015.00		1,015.00
18	ANTIHISTAMINE LORATADINE 10mg	210	tablet	22.25		4,672.50		4,672.50
19	ANTIHISTAMINE (Parenteral) DIPHENHYDRAMINE CHLORIDE	30	ampule	385.00		11,550.00		11,550.00
20	ANTHYPERTENSIVE CLONIDINE HYDROCHLORIDE 75mg	70	tablet	17.25		1,207.50		1,207.50
21	ANTIPIRETTICS PARACETAMOL 500mg	400	tablet	4.25		1,700.00		1,700.00
22	ANTISPASMODIC DICYCLOVERINE HYDROCHLORIDE 10mg	50	tablet	10.00		500.00		500.00
23	ANTITOXIN ANTITET 3,000 IU amp.	28	ampule	110.00		3,080.00		3,080.00
24	ANTITOXIN TETOX 40 IU amp.	28	ampule	104.50		2,926.00		2,926.00
25	ANTIVERITGO BETAHISTINE DIHYDROCHLORIDE 16mg	140	tablet	64.08		8,971.20		8,971.20
26	ANTIVERITGO CINNARIZINE 25mg	140	tablet	51.70		7,238.00		7,238.00
27	CALCIUM ANTAGONISTS NIFEDIPINE 30mg	70	capsule	27.50		1,925.00		1,925.00
28	DISINFECTANT CIDEX SOLUTION	7	gal	1815.00		12,705.00		12,705.00

ITEM NO. (a)	DESCRIPTION (b)	QTY (c)	UNIT (d)	CURRENT MARKET PRICE (e)	No. Of Days/Nights (if Applicable) (f)	Sub-Total (g)=[(c) (e) (f)]	5% Contingency for Price Escalation (h)=[(g) (5%)]	TOTAL COST (i) =(g)+(h)
29	EYE ANTI-INFECTIVES AND ANTISEPTICS TOBRAMYCIN EYE DROPS 3mg/ml on 5ml	7	bottle	628.10		4,396.70		4,396.70
30	GIT REGULATORS DOMPERIDONE 10mg	70	tablet	46.20		3,234.00		3,234.00
31	TOPICAL ANTI-INFECTION SILVER SULFADIAZINE 1% cream 20g	7	tube	314.50		2,201.50		2,201.50
32	TOPICAL CORTICOSTEROIDS HYDROCORTISONE 10mh/g cream	7	tube	332.50		2,327.50		2,327.50
TOTAL								112,049.15

Prepared by:

awh

CECILIA I. PUREZA
AO II

Certified Funded in COB

ARON

ARON R. RIANO
Head, FMS

Recommended by:

BENJIE

BENJIE A. CUVINAR
MSD Chief

Approved:

DANILO

DANILO M. REYNES, MD, MPA
RVP, PRO IVA

TECHNICAL SPECIFICATIONS			
Procurement of Drugs and Medicines for 2nd qtr			
Item No.	Qty	Unit	Item Description and Minimum Specifications
1	250	dragees/tablet	OTHER DRUGS ACTING ON THE RESPIRATORY SYSTEM SINUPRET
2	50	capsule	PAIN RELIEVER CELECOXIB 400mg
3	7	tube	TOPICAL ANTIBACTERIAL MUPIROCIN ointment 5g
4	14	pc	NASAL DECONGESTANTS NASAL CANNULA (ADULT)
5	140	capsule	NSAIDS IBUPROFEN 500mg
6	200	caplet	NSAIDS MEFENAMIC ACID 500mg
7	70	tablet	NSAIDS NAPROXEN SODIUM 550mg
8	100	tablet	ORAL ANTISPASMODIC HYOSCINE-N BUTYLBROMIDE 10mg
9	100	sachet	ORAL REHYDRATION SALTS ORAL REHYDRATION SALTS; Used in the treatment of children and adults with dehydration due to diarrhea (except those with severe dehydration) (Apple, Orange flavors)
10	140	tablet	ACE INHIBITORS CAPTOPRIL 50mg
11	70	capsule	ANTACIDS OMEPRAZOLE 20mg
12	70	tablet	ANTI-ANGINAL ISOSORBIDE DINITRATE 10mg
13	70	tablet	ANTI-ANGINAL ISOSORBIDE DINITRATE 5mg
14	70	nebule	ANTIASTHMATIC SALBUTAMOL
15	140	capsule	ANTIDIARRHEALS LOPERAMIDE 2mg
16	70	tablet	ANTIEMETICS (Oral) METOCLOPRAMIDE 10mg
17	140	tablet	ANTIHISTAMINE CHLORPHENAMINE MALEATE 4mg
18	210	tablet	ANTIHISTAMINE LORATADINE 10mg
19	70	ampule	ANTIHISTAMINE (Parenteral) DIPHENHYDRAMINE CHLORIDE
20	140	tablet	ANTIHYPERTENSIVE CLONIDINE HYDROCHLORIDE 75mg
21	400	tablet	ANTIPYRETICS PARACETAMOL 500mg
22	50	tablet	ANTISPASMODIC DICYCLOVERINE HYDROCHLORIDE 10mg
23	28	ampule	ANTITOXIN ANTITET 3,000 IU amp.
24	28	ampule	ANTITOXIN TETOX 40 IU amp.



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region4a@philhealth.gov.ph

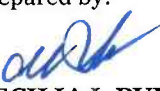


Item No.	Qty	Unit	Item Description and Minimum Specifications
25	140	tablet	ANTIVERTIGO BETAHISTINE DIHYDROCHLORIDE 16mg
26	140	tablet	ANTIVERTIGO CINNARIZINE 25mg
27	70	capsule	CALCIUM ANTAGONISTS NIFEDIPINE 30mg
28	7	gal	DISINFECTANT CIDEX SOLUTION
29	7	bottle	EYE ANTI-INFECTIVES AND ANTISEPTICS TOBRAMYCIN EYE DROPS 3mg/ml on 5ml
30	70	tablet	GIT REGULATORS DOMPERIDONE 10mg
31	7	tube	TOPICAL ANTI-INFECTIVE SILVER SULFADIAZINE 1% cream 20g
32	7	tube	TOPICAL CORTICOSTEROIDS HYDROCORTISONE 10mg/g cream

Other Terms: **Shelf Life must be at least 24 months from date of delivery**

Delivery Period: **30 days**

Prepared by:


CECILIA I. PUREZA
AO II

Noted by:


RAYMUND C. ACOSTA MD
AQAS Head

Recommended by:


BENJIE A. CUVINAR
MSD Chief

Approved by:


DANILO M. REYNES, MD, MPA
RVP, PRO IVA

ASS Evaluation for Abstract of Quotations

5-Jun-23

For: End user

Reference: PR 2022-01-068

As per procurement process & mandatory requirements for processing of

FINDINGS

1 CHQ's date signed in Annex B is beyond the submission period

2 compliance on delivery period was not specified by all suppliers

3 Please provide PhilGEPS posting with status closed

4 6-6 y Please indicate in ~~AOQ~~ AOB if comply or not per item.
5 2) Canvas for anti-original 5mg lacks 4 more canvas
since mode of procurement is shopping.

REMARKS

1

2

Received by:

Allan Datinguinoo

Evaluated by:

GLENN M. CUSI
(Name & Signature)

End user's feedback:

Note: If no related remark or findings found, signature of end-user is not required.

MANDATORY REQUIREMENTS FOR PROCESSING OF FINANCIAL TRANSACTIONS

(as per CO No. 2020-0019)

PAYEE:

CHQ Trading, Metro Retail

TRANSACTION TYPE/ DOCUMENT LIST		Required Presentation	Put a Check Mark if complied or other remarks		
			Claimant	PreAudit	PostAudit
PROCUREMENT OF GOODS AND SERVICES THRU ALTERNATIVE MODE					
BASIC REQUIREMENTS					
1	Budget Utilization Request	Original	Not available as of this time		
2	Duly accomplished BIR Forms 2306/2307 or BIR Certificate of Exemption, if applicable	Original	Not available as of this time		
3	Approved Annual Procurement Plan	CTC	APP/PPMP		
4	Approved Purchase Request: 2023-01-068	Original	✓		
5	Approved Budget of the Contract (ABC)	Original	✓		
6	Technical Specifications or Term of Reference, whichever is applicable	Original	✓		
7	Approved Purchase Order/ Contract	Original	Not available as of this time		
8	Certificate of Availability of Fund (CAF), if applicable	Original	Not available as of this time		
9	Proof of posting of invitation or request for submission of price quotation in the PhilGEPS website (except for Agency to Agency)	CTC	✓		
10	Performance and warranty securities, except for shopping and negotiated procurement under emergency cases, small value procurement, lease of real property and agency to agency, provided that warranty security shall not be required for any mode in cases of consulting service contracts; and that performance security shall not be required for Direct Contracting and Repeat Order.	CTC	NA		
11	BAC Resolution recommending and justifying to the Head of the Procuring Entity (HoPE) the use of alternative mode of procurement and approval by the HoPE of the BAC Resolution recommending the award of the Contract, or copy of APP or APP amendment showing that the use of Alternative Mode of Procurement has been recommended by the BAC and approved by the HoPE from the very beginning	CTC	APP/PPMP		
12	Proof of posting of Notice of Award in the PhilGEPS website (above P50,000.00)	CTC	Not available as of this time		
13	Statement of Account/ Billing Statement/ Sales Invoice	Original	Not available as of this time		
14	Certified computation of penalty, if applicable (for services)	Original	N/A		
15	Certificate of Service Rendered, if applicable (for services)	Original	N/A		
16	Delivery Receipt (for goods)	Original	Not available as of this time		
17	Inspection and Acceptance Report	Original	Not available as of this time		
18	Copy of ISSP Plan (for IT Equipment/ Resources)	CTC	N/A		

Prepared by:

GLENN M. CUSI

Original/ First Copy

By:

By:

MANDATORY REQUIREMENTS FOR PROCESSING OF FINANCIAL TRANSACTIONS

(as per CO No. 2020-0019)

PAYEE:

CHQ Trading, Metro Retail



TRANSACTION TYPE/ DOCUMENT LIST		Required Presentation	Put a Check Mark if complied or other remarks			
			Claimant	PreAudit	PostAudit	
PROCUREMENT OF GOODS AND SERVICES THRU ALTERNATIVE MODE						
D. SHOPPING						
	<u>Basic Requirements to All Purchases under the Alternative Modes of Procurement</u>					
1	Price Quotation from at least three (3) bonafide and reputable manufacturers/ suppliers/ distributors	Original	✓	✓		
2	Abstract of Canvass	Original	✓			
3	Updated Mayor's/ Business Permit	Original	✓	✓		
4	PhilGEPS Registration Number	Original	✓	✓		
5	Latest Proof of PhilHealth Contribution of the Supplier	CTC	✓	✓		

Prepared by:

By:

By:

Original/ First Copy

ACTIVITY and ROUTE SLIP

SBAC/PROCUREMENT UNIT

Date & Time Received:

May 02, 2023

Purchase Request No.: 2023-01-068

Project Title:

Drugs and medicine for 2nd Qtr

Originating Unit/Office: ADMIN










ABC/Total Est. Cost:

P112,049.15

Mode of Procurement: SHOPPING

Expense Code:

50203070

ACTIVITY	PERSONNEL ASSIGNED	DATE & TIME ACCOMPLISHED	SIGNATURE	REMARKS
Initial Assessment of Required Docs	F. Cuadra	5-2		Required Documents to be submitted in 3 sets (original & 2 copies): 1. PPMP/APP 2. PR in 3 original copies 3. ABC in 2 original copies 4. Tech Specs 5. DAF (for CAPEX & Semi-Expendables) 6. Lay-out/Sample/Design (if applicable) 7. Other Docs N/A N/A
Updating of PPMP/SEPP	J. Bantucan	5/4		
Encoding to PMD	F. Cuadra F. Cuadra	5-5		
Preparation of RFQ	A. Datinguino	5-9-23		
PhilGEPS Posting (required for ABC above 50K)	SBAC - A. Villanueva	5/9		Published Date: 5/10/23 Reference Number: 9737120 Closing Date: 5/19/23 Print-out of Posting to PhilGEPS as ACTIVE Posting to Corp. Website Date Posted: 5/9/23 Published Date: 5/9/23 Screenshot of posting
Requesting of Quotation from Supplier	A. Datinguino	5/19/23		Number of Suppliers sent: 5 Number of RFQs received: 3
Preparation of AOQ	A. Datinguino	6/01/23		LCB: CTA Trading / Metro Kutan? 1. Mayor's/Business Permit 2. PhilGEPS registration number 3. PhilHealth Certificate of Good Standing/Copy of Remittance
Preparation of PO	A. Datinguino	6/9/23		PO Number: 2023-04-050 / 057
Serving of PO	A. Datinguino	6/16/23		
Posting of award to PhilGEPS and Corp. Website (applicable with an ABC of above 50K)	SBAC - A. Villanueva			Published Date: _____ Award Notice Number: _____ Print-out of Posting to PhilGEPS Corp. Website Date Emailed: _____ Email Address: _____

ACTIVITY and ROUTE SLIP
SBAC/PROCUREMENT UNIT

31137

Date & Time Received: May 02, 2023
Project Title: Drugs and medicine for 2nd Qtr
ABC/Total Est. Cost: P112,049.15

Purchase Request No.: 2023-01-068
Originating Unit/Office: ADMIN
Mode of Procurement: SHOPPING

ROUTE HISTORY

Date & Time Issued	From	Issued to	REMARKS	Date & Time Received	Signature
5/5	Vern	Allan	for processing	5/9/23	[Signature]
5/9/23	Allan	Mr. Verner	for posting + RFD, Q77	[Signature]	[Signature]
5/9	Vern	Allan	mailed		
5/11/23	Allan	Mr. Cusi	* for AOD evaluation	6-1-22	[Signature]
6/6/23	Allan	Mr. Cusi	* for re-evaluation	6/6/23	[Signature]
6-7-23	G. Cusi	C. Perea	for AOD recommendation	6/6/23	[Signature]
6/6	G. Cusi	C. Perea	of comments to AOD	6/6/23	[Signature]
6/6	G. Cusi	Allan D.	for compliance	6/7/23	[Signature]
6/7/23	Allan	Mr. Cusi	* for AOD evaluation	6/7/23	[Signature]
6/7/23	G. Cusi	C. Perea	for AOD evaluation	6/8/23	[Signature]
6/8/23	C. Perea	A. Perea	* Removed previous item w/ only 2 canvases for approval for PO prep.	6/6/23	[Signature]
6/9	Allan	Mr. Grace	for PO checking		