



Republic of the Philippines  
**CITY GOVERNMENT OF MUNTINLUPA**  
**Bids and Awards Committee**

**NOTICE TO PROCEED**

**REGIMED PHARMACEUTICAL**

Quezon City

Dear Sir / Madame:

The attached Contract Agreement having been approved, notice is hereby given **REGIMED PHARMACEUTICAL** that the CONTRACT of the City Government of Muntinlupa for the "**Supply & Delivery of Drugs & Medicines to be used by C.H.O. & OSCA**", shall commence effective FIVE (5) DAYS after acknowledging receipt hereof.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and Schedule of Delivery.


Please acknowledge receipt and acceptance of this notice by signing both copies on the space provided below. Kindly keep one (1) copy and return the other copy to the Bids and Awards Committee Secretariat.

Very truly yours,

  
Hon. **ROZZANO RUFINO B. BIAZON**  
City Mayor

I acknowledge receipt of this Notice on JULY 17, 2024

Name of the Bidder or Representative JIMELDA S. CERVANTES

Authorized signature 

**Contract Agreement**

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JUL 09 2024

THIS AGREEMENT made the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ between **CITY GOVERNMENT OF MUNTINLUPA** of the Philippines (hereinafter called "the Entity") of the one part and **REGIMED PHARMACEUTICAL** with address at Quezon City (hereinafter called "the Supplier") of the other part;

WHEREAS, the Entity invited Bids for certain goods and ancillary services, particularly for the **Supply & Delivery of Drugs & Medicines to be used by C.H.O. & OSCA** and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of **Twenty Five Million Two Hundred Seventy Seven Thousand Two Hundred Pesos (P25,277,200.00)** (hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

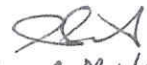
1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents as required by the 2016 revised Implementing Rules and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as integral part of this Agreement, *viz.*:
- i. *Philippine Bidding Documents (PBDs)*;
    - i. Schedule of Requirements;
    - ii. Technical Specifications;
    - iii. General and Special Conditions of Contract; and
    - iv. Supplemental or Bid Bulletins, if any
  - ii. Winning bidder's bid, including the Eligibility requirements, Technical and Financial Proposals, and all other documents or statements submitted;  
  
Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (*e.g.*, Bidder's response to request for clarifications on the bid), including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation;
  - iii. Performance Security;
  - iv. Notice of Award of Contract; and the Bidder's conforme thereto; and
  - v. Other contract documents that may be required by existing laws and/or the Procuring Entity concerned in the PBDs. **Winning bidder agrees that additional contract documents or information prescribed by the GPPB that are subsequently required for submission after the contract execution, such as the Notice to Proceed, Variation Orders, and Warranty Security, shall likewise form part of the Contract.**

7head

3. In consideration for the sum of **Twenty Five Million Two Hundred Seventy Seven Thousand Two Hundred Pesos (P25,277,200.00)** or such other sums as may be ascertained, **REGIMED PHARMACEUTICAL** agrees to the **Supply & Delivery of Drugs & Medicines to be used by C.H.O. & OSCA** in accordance with his/her/its Bid.
4. The City Government of Muntinlupa agrees to pay the above-mentioned sum in accordance with the terms of the Bidding.

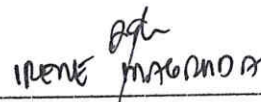
IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written.

  
**Hon. ROZZANO RUFINO B. BIAZON**  
 City Mayor


  
**IMelda S. CERUANTOS**  
 Supplier

for:  
**CITY GOVERNMENT OF MUNTINLUPA**

for:  
**REGIMED PHARMACEUTICAL**

  
 \_\_\_\_\_

Signed in the presence of:

  
 Belinda Blessie Macasaga  
 \_\_\_\_\_

**ACKNOWLEDGEMENT**

REPUBLIC OF THE PHILIPPINES )  
 CITY OF MUNTINLUPA )

MUNTINLUPA CITY, MM

BEFORE ME, a Notary Public for and in Muntinlupa City, this 09 day of JUL 2024, personally appeared:


NAME  
 Hon. ROZZANO RUFINO B. BIAZON  
 \_\_\_\_\_

GOVERNMENT ISSUED ID NO.  
 Driver's License N03-86-030998  
 \_\_\_\_\_

Known to me and to me known to be the same persons who executed the foregoing instrument and acknowledged to me that the same is their own voluntary act and deed.

WITNESS MY HAND SEAL.

Doc. No. 157;  
 Page No. 32;  
 Book No. 111;  
 Series of 2024.

  
 NOTARY PUBLIC  
**BONIFACIO C. BARRERA**  
 Commission No. NC 24-008  
 Notary Public for Muntinlupa City  
 (Until December 31, 2025)  
 PTR No. 10474160/01-02-2024/Muntinlupa City  
 IBP No. 325887/12-07-2023  
 Roll of Attorney No. 29756/IBP Chapter PPLM  
 MCLE Comp. No. VII-0015588 valid until 04-14-2027  
 Barrera Law Office  
 Unit C, R.M. Bunyi Bldg., Bruger St.  
 Putatan, Muntinlupa City, Philippines

REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF TRANSPORTATION  
LAND TRANSPORTATION OFFICE  
NON-PROFESSIONAL DRIVER'S LICENSE



Last Name, First Name, Middle Name  
**CERVANTES, IMELDA SINGH**

Nationality	Sex	Date of Birth	Weight (kg)	Height(m)
PHL	F	1965/11/21	55	1.55

Address  
**LOT 2-B BLK6 FAITH COR BETHLEHEM STS.  
MULTINATIONAL VILL PARANAQUE CITY**

License No.	Expiration Date	Agency Code
<b>N04-89-112575</b>	<b>2024/11/21</b>	<b>N29</b>

Blood Type	Eyes Color
<b>O+</b>	<b>BLACK</b>

Restrictions	Conditions
<b>2</b>	<b>NONE</b>

*Imelda Singh*  
Signature of Licensee

*Edgar C. Galvante*  
EDGAR C. GALVANTE  
Assistant Secretary

*Imelda Singh*

*Imelda Singh*

*Imelda Singh*

REPUBLIC OF THE PHILIPPINES  
 DEPARTMENT OF TRANSPORTATION  
 LAND TRANSPORTATION OFFICE  
 NON-PROFESSIONAL DRIVER'S LICENSE



Full Name: **BIAZON, ROZZANO RUFINO BUNOAN**  
 Identification No: **100-000000**  
 Date of Issue: **2023/03/20**  
 Validity: **100**  
 Address: **319 TARI ST AYALA ALABANG VILLAGE, CALABATON CITY**  
 License No: **100-000000**  
 Expiration Date: **2023/03/20**  
 Category: **H40**

*[Signature]*  
 Director of LTO

*[Signature]*  
**EDGAR C. MANLITE**  
 Acting Secretary

IN ORDER TO AVOID  
 FURTHER NOTIFICATION BY MAIL  
 IN CASE OF EMERGENCY NOTIFY  
 NEAREST RELATIVE OR FRIEND  
 ADDRESS: 319 TARI ST  
 CALABATON CITY

1. THIS LICENSE IS VALID FOR THE FOLLOWING CATEGORIES:  
 2. THIS LICENSE IS VALID FOR THE FOLLOWING CATEGORIES:  
 3. THIS LICENSE IS VALID FOR THE FOLLOWING CATEGORIES:  
 4. THIS LICENSE IS VALID FOR THE FOLLOWING CATEGORIES:  
 5. THIS LICENSE IS VALID FOR THE FOLLOWING CATEGORIES:  
 6. THIS LICENSE IS VALID FOR THE FOLLOWING CATEGORIES:  
 7. THIS LICENSE IS VALID FOR THE FOLLOWING CATEGORIES:  
 8. THIS LICENSE IS VALID FOR THE FOLLOWING CATEGORIES:  
 9. THIS LICENSE IS VALID FOR THE FOLLOWING CATEGORIES:  
 10. THIS LICENSE IS VALID FOR THE FOLLOWING CATEGORIES:

100-000000

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

# PURCHASE ORDER

## City Government of Muntinlupa

### REGIMED PHARMACEUTICAL

Supplier: Quezon City  
 Address: \_\_\_\_\_

P.O. No.: 32104  
 Date: July 10, 2024  
 Mode of Procurement: Public Bidding

Gentlemen:  
 Please furnish and/or deliver to this office the following articles subject to the terms and conditions contained herein:

Place of delivery: \_\_\_\_\_ Delivery Term: \_\_\_\_\_  
 Date of delivery: \_\_\_\_\_ Payment Term: \_\_\_\_\_

Item No.	Quantity	Unit	Description	Unit Cost	Amount
1	75	box	Acyclovir 800mg/tab, 20's(Xyclovirax Forte/Gen)	1,200.00	90,000.00
2	400,000	piece	Albendazole 400mg chewable tablet (Exyt-400/Generic)	9.40	3,760,000.00
3	534	box	Azithromycin 500mg tab. , 3's (Azimed/Generic)	120.00	64,080.00
4	350	box	Cefixime 400mg/tab, 10's (Saphixime 400/Generic)	275.00	96,250.00
5	80	vial	Ceftriaxone 1g vial (Peprtrin/Generic)	745.00	59,600.00
6	1,000	box	Cefuroxime 500mg tab. 100's (Execore/Generic)	1,959.00	1,959,000.00
7	15,000	piece	Co-Amoxiclav 625mg tab.(Comixcla/Generic)	34.00	510,000.00
8	12000	box	Combined Oral Contraceptive (COC), 28's (Lady/Generic)	98.50	1,182,000.00
9	144	box	Cotrimoxazole 800mg tab 100's (Kathrex/Generic)	765.00	110,160.00
10	16,000	vial	Depotmedroxy Progesterone Acetate (DMPA)(Lyndavel/Generic)	159.50	2,552,000.00
11	1760	pc	Doxycycline 100mg/cap (Doxyperl/Generic)	62.00	109,120.00
12	29,370.00	piece	Ferrous Sulfate (60mg elemental iron) w/ folic acid (400mcg) for female adolescent and women of reproductive age (Anifer/Generic)	2.50	7,342,500.00
13	1,204	vial	Flu vaccine, Quadrivalent, 0.5ml (Influvac Tetra/Generic)	1,500.00	1,806,000.00
14	250	piece	Fluconazole 200 mg/tab (Funzela/Generic)	945.00	236,250.00
15	480	vial	Hepatitis B (adult), 20ug/1ml (Generic)	1,100.00	528,000.00
16	2	box	Isoniazid 300mg tab 100's (Drugmakers/Generic)	260.00	520.00
17	14	box	Metronidazole 500mg/tab, 100's (Flagex/Generic)	500.00	7,000.00
18	353	vial	Penicillin Benzathine G 1.2MU/vial (Karnataka/Generic)	755.00	266,515.00
19	30	vial	Pneumococcal 13, 0.5ml (Prevenar 13/Generic)	4,745.00	142,350.00
20	80	vial	Pneumococcal 23, 0.5ml (Pneumovax 23/Generic)	2,500.00	200,000.00
21	3,000	box	Progestin Only Pill (POP) 28's (Daphne/Generic)	220.00	660,000.00
22	14,000	ampoule	Tetanus Diphtheria, 0.5ml (Abhay-tox/Generic)	205.00	2,870,000.00

\*Note: Expiry of medicines should be at least 2 years from the date of delivery.  
 \*Supplier required to submit Certificate of Product Registration (CPR).  
 \*It is also required to submit that each drug to be delivered should have its corresponding Test Analysis done locally.

xxxxxxxxxx Page 1 xxxxxxxxxxxxxx

Total Amounts in Words: \_\_\_\_\_

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed

REGIMED PHARMACEUTICAL  
 Conforme: \_\_\_\_\_  
 Signature over printed name  
July 17, 2024  
 Date

Very Truly yours,  
**Mayor ROZZANO RUFINO B. BIAZON**  
 Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 this portion must be accomplished)  Approved to be purchased thru Negotiated Purchase per Sangguniang Res. No.: _____  Certified Correct: _____ Secretary of the Sanggunian	Requesting Office/Dept. _____   Authorized Official	Funds Available : _____ Amount: _____  R.O. No.: _____  Chief Account
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# PURCHASE ORDER

## City Government of Muntinlupa

Supplier : REGIMED PHARMACEUTICAL

P.O. No. : 32104

Address : QUEZON CITY

Date : July 10,2024

Mode of Procurement : Public Bidding

Gentlemen :

Please be furnish this office the following articles subject to the terms and condition contain herein:

Place of delivery : \_\_\_\_\_

Delivery Term : \_\_\_\_\_

Date of delivery : \_\_\_\_\_

Payment Term : \_\_\_\_\_

Item No.	Quantity	Unit	Description	Unit Cost	Amount
23	960	BXS	<b>OSCA</b> Ascorbic Acid + Zinc 500mg/10mg 100 capsule (Ascorsaph-Zee/Generic)	460.00	441,600.00
24	409	BXS	Ascorbic Acid + Zinc 500mg/10mg 100's capsule (Ascorsaph-Zee/Generic)	460.00	188,140.00
25	409	BXS	Vitamin B1+B6+B12 100mg/5mg/50mcg 100's Capsule (Diabee/Generic) <b>Note:</b> All Vitamins/medicines should be at least 2 years of expiration date upon delivery	235.00	96,115.00
<p>xxxxxxxxxx Page 2 xxxxxxxxxxxxxx</p> <p>Supply and Delivery of Drugs and Medicines to be used by C.H.O and OSCA.</p>					<p>=====</p> <p>25,277,200.00 ✓</p>

Total Amounts in words: \_\_\_\_\_

In case of failure to make the full delivery within the the specified above, a penalty of one-tenth(1/10) of one percent for every day of delay shall be imposed.

Conforme:

REGIMED PHARMACEUTICAL

Signature over printed name

JULY 17, 2024

Date

Very Truly yours,

Mayor ROZZANO RUFINO B. BIAZON

Authorized Official

(In case of Negotiated Purchase pursuant to Section 369 (a) of RA7160 this portion must be accomplished.)

Approved to be purchase thru Negotiated Purchase per Sangguniang Res. No. : \_\_\_\_\_

Certified Correct : \_\_\_\_\_

Secretary of the Sanggunian

Requesting Office/Dept.

Authorized Official

Funds Available : \_\_\_\_\_

Amount : \_\_\_\_\_

R.O. No. : \_\_\_\_\_

Chief Account