

Agency Name

Supplier :	MEDILINES DISTRIBUTORS INCORPORATED
ouppner.	WIEDLINES DISTRIBUTORS INCORPORATED
	The state of the s

Address: 3rd Floor, Vistamall Hub, C.V Starr Avenue, Pamplona Dos, Las Piñas City

P.O. No.: 23-11-0986

Date:

11/24/2023

Mode of Procurement: PUBLIC BIDDING

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery :

As per attached Terms of Reference

Delivery Term: see Terms of Reference

Date of Delivery

ivery

Date of D	chivery.			Payment Term	: within 45 day	s upon completion of o
ITEM NO.	UNIT	QTY	DESCRIPTION	1	UNIT COST	AMOUNT
1	kit	708	PCCH - LOT NO. 1 Arterio-Venous Fistula Dressing Kit, AV FIS DRESSING KIT-ASC consisting of 1 tray, 3 pcs povidone pads, alcohol pre pads, 1 roll surgical tape 3m, 6 clean gloves, 1pc drape, 2pcs, 10cc syring big cherries, 2pcs small cherries, 2pcs face	3-pcs. pairs e, 4pcs	350.00	247,800.00
2	pcs	500	ARTERIO-VENOUS FISTULA NEEDLE G.1 B.BRAUN DIACAN with fixed needle and with backeye for arte	75.160	30.00	15,000.00
3	pcs	500	ARTERIO-VENOUS FISTULA NEEDLE G.1 B.BRAUN DIACAN with fixed needle for venous	7,	30.00	15,000.00
4	pcs	2,000	Arterio-Venous Fistula, B.BRAUN DIACAN needle gauge 16 with fixed needle for veno	pus	30.00	60,000.00
ontrol No.	5268 unt in Wor			s	UBTOTAL :	Php 337,800.00

otal Amount in Words | Three Hundred Thirty-seven Thousand Eight Hundred Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

Conforme:

RHODNEY KEVIN NICOLAS

(Signature over printed name of Supplier)

Date

VICTOR MA REGIS N. SOTTO

(Authorized Official)

City Mayor

Requisitioning Office/Dept.

PAULO A CASTRO, JR., MD, PHD

JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS

(Authorized Official)

Funds Available

JUVY A. CUENCO

Chief Accountant

Amount: \$17,543,800 06 100-2023-01-0004- 1951

OBR No.: (00-2023-01-0000)



Agency Name

Supplier: MEDILINES DISTRIBUTORS INCORPORATED

P.O. No.:

23-11-0986

Address: 3rd Floor, Vistamall Hub, C.V Starr Avenue, Pamplona Dos, Las Piñas City

Date:

Mode of Procurement: PUBLIC BIDDING

11/24/2023

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery :

Delivery Term: see Terms of Reference

Date of Delivery:

As per attached Terms of Reference

elivery

ITEM	cuvery .		P	ayment Term :	within 45 day	s upon completion of a
NO.	UNIT	QTY	DESCRIPTION	000.0	NIT OST	AMOUNT
5	pcs	2,000	Arterio-Venous Fistula, B.BRAUN DIACAN needle gauge 16 with fixed needle with back for arterial	(eye	30.00	60,000.00
7	pcs	360	Dialyzer low flux 15L, with color coded blood & with the ff. clearances;, NIPRO ELISIO Urea = 255, Creatinine= 230, Phosphate= 19 Vit.B 12 = 107		1,500.00	540,000.00
8	pcs	2,500	Dialyzer Low Flux 19L, with color coded blood port & with the ff. clearances;, NIPRO ELISIO Urea clearance=267, Creatinine clearance=2 Phosphate clearance=210, Vit.B 12=129		1,600.00	4,000,000.00
9	pcs	2,000	Hemodialysis BloodLines, BIOTEQ 3 in 1 with medication port both red and blue and with pillow at arterial lines and venous medication port after the venous chamber	lines	250.00	500,000.00
		=13 <u>E</u> NIN =			58.800	THE TOTAL STREET
ontrol No.	5268	. Iw7		SUB	TOTAL :	Php 5,437,800.00

Total Amount in Words | Five Million Four Hundred Thirty-seven Thousand Eight Hundred Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

Conforme:

RHODNEYKEVIN NICOLAS

(Signature over printed name of Supplier)

VICTOR MA REGIS N. SOTTO (Authorized Official)

City Mayor

Date

Requisitioning Office/Dept.:

PAULO A. CASTRO JR., MD, PHD reord

JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS

(Authorized Official)

Funds Available

JUVY A. CUENCO

Chief Accountant

Amount: \$ 17,563,800-00

100-2023-01-0009-4421 OBR No.: 100-2023-01-0009

4431



Agency Name

Supplier: MEDILINES DISTRIBUTORS INCORPORATED

Address: 3rd Floor, Vistamall Hub, C.V Starr Avenue, Pamplona Dos, Las Piñas City

P.O. No.:

23-11-0986

Date:

11/24/2023

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery:

As per attached Terms of Reference

Mode of Procurement: PUBLIC BIDDING

Delivery Term: see Terms of Reference

Date of Delivery :

elivery

ITEM	renvery.		P	ayment Term :	within 45 da	ys upon completion of
NO.	UNIT	QTY	DESCRIPTION	(FE)	NIT OST	AMOUNT
11	kit	600	Intrajugular Catheter triple lumen french 11.5 12.5 L - 14 - 20cm, BIOMETRIX HEMO ACCE (Curved) Fr 12x15cm Color coded blood por Robust lower connector & with silicon extens (CONSUMABLE FOR INSERTION OF HEMODIALYSIS ACCESS)	ESS t.	4,500.00	2,700,000.0
12	kit	1,500	Intrajugular dressing kit consisting of 1 tray, INTRA JUGULAR DRESSING KIT-ASC 3 pcs povidone pads, 3 pcs. alcohol prep par roll surgical tape 3m, 6 pairs clean gloves, 1 drape, 2 pcs. 10cc syringe, 5 pcs sterile gau: 4x4, 2 pcs face mask, 2 pairs sterile gloves s	pc. ze	350.00	525,000.00
13	pcs	50	Sediment Filter Cartridge 20", HYDROSEP with nominal micron rating of 1 um (Small)		350.00	17,500 00
15	pcs	80	Sediment Filter Cartridge 20", HYDROSEP with nominal micron rating size 5 um (Small)		350.00	28,000.00
ntrol No.	5268		fillion Seven Hundred Fight Thousand Three Hundred Pag	SUE	STOTAL :	Php 8,708,300.00

Total Amount in Words | Eight Million Seven Hundred Eight Thousand Three Hundred Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

Conforme:

RHODNEY KEVIN NICOLAS

(Signature over printed name of Supplier) 12/21/23

Date

VICTOR MA REGIS N. SOTTO

(Authorized Official) City Mayor

Requisitioning Office/Dept.:

CASTRO, UR., MD, PHD

JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS

(Authorized Official)

Funds Available

JUVY A. QUENCO

Chief Accountant

Amount: \$17,563,800.00 100-2023-01-0009-4421

OBR No.: 100 -2023-01 - 0009

4431



Agency Name

Supplier: MEDILINES DISTRIBUTORS INCORPORATED

Address: 3rd Floor, Vistamall Hub, C.V Starr Avenue, Pamplona Dos, Las Piñas City

P.O. No.:

23-11-0986

Date:

11/24/2023

Mode of Procurement: PUBLIC BIDDING

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Date of Delivery:

Place of Delivery: <u>As per attached Terms of Reference</u>

Delivery Term: see Terms of Reference

ivery

ITEM NO.	UNIT	QTY	DESCRIPTION	UNIT	ys upon completion of d
16	gal	630	Sodium Hypochlorite 3.785 liters/gal, ZONROX Antibacterial agent at 25% concentrations	300.00	189,000.00
17	bottle	3	Water Quality Test Strips for hardness, 50's/btl, GUARDIAN SERIM	1,750.00	5,250.00
18	bottle	3	Water Quality Test Strips for Chlorine, 100's/btl, GUARDIAN SERIM	1,750.00	5,250.00
		W. Die		Sub Total :	8,907,800.00
			PCGH - LOT NO. 1		
1	kit	1,000	Arterio-Venous Fistula Dressing Kit, AV FISTULA DRESSING KIT-ASC consisting of 1 tray, 3 pcs povidone pads, 3-pcs. alcohol pre pads, 1 roll surgical tape 3m, 6pairs clean gloves, 1pc drape, 2pcs, 10cc syringe, 4pcs big cherries, 2pcs small cherries, 2pcs face mask	350.00	350,000.00
ontrol No.	5268			SUBTOTAL :	Php 9,257,800.00

Total Amount in Words Nine Million Two Hundred Fifty-seven Thousand Eight Hundred Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

Conforme:

RHODNEY KEVIN NICOLAS

(Signature over printed name of Supplier)

Date

VICTOR MA REGIS N. SOTTO

(Authorized Official) City Mayor

Requisitioning Office/Dept

STRO, JR., MD. PHD

JOSELITO T. MORETE, MD, MMHOA, DPBA, ERS

(Authorized Official)

Funds Available:

JUVY A. CHENCO

Chief Accountant

Amount: \$ 17.563,800,00 100-2023-01-0009-4421

OBR No.: 100-2023-01-0 4431



Agency Name

Supplier :	MEDILINES DISTRIBUTORS INCORPORATED	
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Address: 3rd Floor, Vistamall Hub, C.V Starr Avenue, Pamplona Dos, Las Piñas City

P.O. No. : 23-11-0986

11/24/2023 Date:

Mode of Procurement: PUBLIC BIDDING

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery:

As per attached Terms of Reference

Delivery Term: see Terms of Reference

Date of Delivery :

ivery

ITEM				1 ayment 1		ys upon completion of
NO.	UNIT	QTY	DESCRIPTION		UNIT COST	AMOUNT
2	pcs	1,000	ARTERIO-VENOUS FISTULA NEEDLE G. B.BRAUN DIACAN with fixed needle and with backeye for art		30.00	30,000.00
3	pcs	1,000	ARTERIO-VENOUS FISTULA NEEDLE G. B.BRAUN DIACAN with fixed needle for venous	17,	30.00	30,000.00
4	pcs	4,000	Arterio-Venous Fistula, B.BRAUN DIACAN needle gauge 16 with fixed needle for ven	ous	30.00	120,000.00
5	pcs	4,000	Arterio-Venous Fistula, B.BRAUN DIACAN needle gauge 16 with fixed needle with ba for arterial	ck eye	30.00	120,000.00
6	pcs	1,000	Dialyzer high flux19, color coded blood port with the following clearances:, NIPRO ELISI Urea= 288, Creatinine= 273, Phosphate=2 B 12=200, INULIN= 132, MYOGLOBIN =10	10 258. Vit.	1,800.00	1,800,000.00
ntrol No.	5268				SUBTOTAL :	Php 11 357 900 00

SUBTOTAL: Php 11,357,800.00

Total Amount in Words | Eleven Million Three Hundred Fifty-seven Thousand Eight Hundred Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

Conforme:

RHODNEY IN NICOLAS

VICTOR MA REGIS N. SOTTO

(Authorized Official) City Mayor

Requisitioning Office/Dept

MD, PHD

JOSELITO T. TE, MD, MMHOA, DPBA, EPS

(Authorized Official)

Funds Available

JUVY A. QUENCO

Chief Accountant

Amount: 2 17,563,860.00 100-2023-01-0009-4421

OBR No.: 100-2029-01-0009



Agency Name

Supplier: MEDILINES DISTRIBUTORS INCORPORATED

Address: 3rd Floor, Vistamall Hub, C.V Starr Avenue, Pamplona Dos, Las Piñas City

P.O. No. :

23-11-0986

Date:

11/24/2023

Mode of Procurement: PUBLIC BIDDING

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: Date of Delivery:

As per attached Terms of Reference

Delivery Term: see Terms of Reference

elivery

ITEM	curreny .			Payment Term	: within 45 d	ays upon completion of de
NO.	UNIT	QTY	DESCRIPTION		UNIT COST	AMOUNT
7	pcs	619	Dialyzer low flux 15L, with color coded block with the ff. clearances;, NIPRO ELISIO Urea = 255, Creatinine= 230, Phosphate= Vit.B 12 = 107	1891	1,500.00	
8	pcs	2,000	Dialyzer Low Flux 19L, with color coded blo port & with the ff. clearances;, NIPRO ELIS Urea clearance=267, Creatinine clearance Phosphate clearance=210, Vit.B 12=129	10	1,600.00	3,200,000.00
9	pcs	5,000	Hemodialysis BloodLines, BIOTEQ 3 in 1 with medication port both red and bl and with pillow at arterial lines and venous medication port after the venous chamber	8	250.00	1,250,000.00
10	sack	100	Industrial Salt 12.5 kilos per bags, CLAROV for water softening process	/IDA	1,200.00	120,000.00
ontrol No.	5268	11-22		SI	JBTOTAL :	Php 16,856,300.00

Total Amount in Words | Sixteen Million Eight Hundred Fifty-six Thousand Three Hundred Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

Conforme:

RHODNET **KEVIN NICOLAS**

(Signature over printed name of Supplier)

Date

VICTOR MA REGIS N. SOTTO

(Authorized Official) City Mayor

Requisitioning Office/Dept

ASTRO, JR., MD, PHD

JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS

(Authorized Official)

Funds Available

JUVY A. CJENCO Chief Accountant

Amount : \$ 17.563, 800.00 100-2023-01-0009-4421

OBR No.: 100-2023-01-0009-445



Agency Name

Supplier :	MEDILINES DISTRIBUTORS INCORPORATED	P.O. No. :	23-11-0986
Address :	3rd Floor, Vistamall Hub, C.V Starr Avenue, Pamplona Dos, Las Piñas City	Date :	11/24/20

Date: 11/24/2023 Mode of Procurement: PUBLIC BIDDING

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery:

As per attached Terms of Reference

Delivery Term: see Terms of Reference

Date of Delivery :

ivery

ITEM				rayment fer.	m: within 45 da	ys upon completion of
NO.	UNIT	QTY	DESCRIPTION		UNIT COST	AMOUNT
12	kit	1,000	Intrajugular dressing kit consisting of 1 tray INTRA JUGULAR DRESSING KIT-ASC 3 pcs povidone pads, 3 pcs. alcohol prep roll surgical tape 3m, 6 pairs clean gloves drape, 2 pcs. 10cc syringe, 5 pcs sterile g 4x4, 2 pcs face mask, 2 pairs sterile glove	pads,1 s, 1 pc.	350.00	350,000.00
13	pcs	10	Sediment Filter Cartridge 20", HYDROSEP with nominal micron rating of 1 um (Small))	350.00	3,500.00
14	pcs	12	Sediment Filter Cartridge 20", HYDROSEP with nominal micron rating of 5 um (Big)		2,500.00	30,000.00
15	pcs	10	Sediment Filter Cartridge 20", HYDROSEP with nominal micron rating size 5 um (Sma	all)	350.00	3,500.00
16	gal	1,000	Sodium Hypochlorite 3.785 liters/gal, ZONR Antibacterial agent at 25% concentrations	ROX	300.00	300,000.00
17	bottle	5	Water Quality Test Strips for hardness, 50's GUARDIAN SERIM	/btl,	1,750.00	8,750.00
ontrol No.	5268		on Million Fine Mandard Fig. 1970		SUBTOTAL :	Php 17,552,050.00

Total Amount in Words Seventeen Million Five Hundred Fifty-two Thousand Fifty Pesos Only.

In case of the failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184.

Very truly yours,

Conforme:

RHODNEY KEVIN NICOLAS

(Signature over printed name of Supplier)

Date

VICTOR MA REGIS N. SOTTO

(Authorized Official)

City Mayor

Requisitioning Office/ Dapt

JR., MD, PHD

JOSELITO T MORETE, MD, MMHOA, DPBA, FPS

(Authorized Official)

Funds Available:

JUVY A. CUENCO

Chief Accountant

Amount: 1017.563, 200.00

OBR No. : (00-2023-01-



PURCHASE ORDER CITY GOVERNMENT OF PASIG Agency Name

Please furnish this office the following articles subject to the terms and cond Place of Delivery: Date of Delivery: Description 18 bottle 5 Water Quality Test Strips for Chlorine, 100's/bti GUARDIAN SERIM 19 pcs 20 Weighing Scale for Peritoneal Solution (Spring Type) with min/max, IKEA HARDWARE PH weight capacity of 0.5kg - 5.0kgs Purchase Order shall cover all items found in the attached Terms of Reference. In case of the failure to make the full delivery within the time specified above, a penalty of one te or every day of delay shall be imposed as provided for by the, 2016 IRR of RA \$184. Gignahare over printly hange of Supplier) Date Weighing Scale for Peritoneal Solution (Spring Type) with mindred Sixty-three Thousand Eight Hundred In case of the failure to make the full delivery within the time specified above, a penalty of one te or every day of delay shall be imposed as provided for by the, 2016 IRR of RA \$184.								UTORS INCORPO			P.O. 1	No.:	23-11	-0986
Please furnish this office the following articles subject to the terms and cond Place of Delivery: Date of Delivery: Date of Delivery: Date of Delivery: Date of Delivery: Description 18	<u>3r</u>	کے نا	3rd	Floo	r, Vis	tamail	Hub, (C.V Starr Avenue, Parr	ipiona Dos, La	is Piñas City	Date			/24/2023
Please furnish this office the following articles subject to the terms and conductor of Delivery: Date of Delivery: As per attached Terms of Reference		-		_	==	_					Mode	of Procure	ment: PUBLIC I	BIDDING
Purchase Order shall cover all items found in the attached Terms of Reference Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference.	Plea	Pl	Pleas	se fu	urnis	h this	offic	e the following arti	cles subject	to the terms	and conditi	ons conta	ined herein:	
Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference.	live	Deliv	very	'y :							Deliv	ery Term	: see Terms	of Reference
Water Quality Test strips for Chlorine, 100's/btl GUARDIAN SERIM Weighing Scale for Peritoneal Solution (Spring Type) with min/max, IKEA HARDWARE PH Weight capacity of 0.5kg - 5.0kgs Nothing Follows Nothing				***	1		\neg				Paym		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ays upon completion of c
Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference. Purchase Order shall cover all items found in the attached Terms of Reference.	UN	U	JNI	IT		YTÇ			DESCRIP	TION		1	UNIT	AMOUNT
Purchase Order shall cover all items found in the attached Terms of Reference. trol No. 5268 Il Amount in Words In case of the failure to make the full delivery within the time specified above, a penalty of one te revery day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184. Orme: RHODNEY KEVIN NICOLAS (Signature over printed name of Supplier) Date Orme: RHODNEY KEVIN NICOLAS (Signature over printed name of Supplier) Date Output Date Date Output Date Date Output Date Output Date Output Date Output Date Date Output Date Ou	bot	b	bottle	le		5		Water Quality Te	est Strips fo		100's/btl,		1,750.00	8,750.00
Purchase Order shall cover all items found in the attached Terms of Reference. trol No. 5268 If Amount in Words Seventeen Million Five Hundred Sixty-three Thousand Eight Hundre. In case of the failure to make the full delivery within the time specified above, a penalty of one te revery day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184. Orme: RHODNEY KEVIN NICOLAS (Signature over printed range of Supplier) Date Children in Office (R. D. L. 1997)	рс	p	pcs	•		20		Type) with min/m	iax, IKEA F	IARDWARE	(Spring PH		150.00	3,000.00
I Amount in Words Seventeen Million Five Hundred Sixty-three Thousand Eight Hundred In case of the failure to make the full delivery within the time specified above, a penalty of one te every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184. Drime: RHODNEY KEVIN NICOLAS (Signature over printed name of Supplier) Date		1000		1997				**********	Nothing Foli	lows *********	********	, Si	ub Total :	8,656,000.00
In case of the failure to make the full delivery within the time specified above, a penalty of one terrevery day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184. Orme: RHODNEY KEVIN NICOLAS (Signature over printed name of Supplier) Date (Signature Office ID. 1.1.)	Ore	ise O	Orde	ler sl	hall	cover	all ite	ems found in the a	ttached Terr	ms of Referen	ce.			
orme: RHODNEY KEVIN NICOLAS (Signature over printed name of Supplier) Date	e inden	36,350	CHOCKING !		- 51							GRAND	TOTAL :	Dh. 47 500 000 00
In case of the failure to make the full delivery within the time specified above, a penalty of one ter every day of delay shall be imposed as provided for by the, 2016 IRR of RA 9184. Orme: RHODNEY KEVIN NICOLAS (Signature over printed name of Supplier) Date Company	t in	unt ir	in W	Vorc	ds S	sevent	een A	Iillion Five Hundred	d Sixty-three	Thousand Eigh	t Hundred	Pesos Onli	1	Php 17,563,800.00
Visitioning Office (D.)	F		RI	НОЕ	ONE	KEV	/IN N	IICOLAS	, 2016 IRR of	RA 9184.		Very truly		N. SOTTO
PAULO A CASTRO, JR., MD, PHD JOSELITO T. MORETE, MD, MMHOA, DPBA, FPS Chief Account	ì		PA	AUL	T	CASTI	20,01		P.S.	Funds Avai	Y A. GUEN	ico o	100-207	13.563,800.0 13-01-0009-4421 100-2023-01-00