Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Regional Health Insurance Office XII

Posadas cor. Abad Santos Sts., City of Koronadal, South Cotabato

Purchase Order

SUPPLIER: ROSE PHARMACY			P.O. No.:	09-280-12
ADDRESS: KORONADAL CITY			Date:	9/27/2012
TELEPHONE/FAX NO.: SUPPLIER REGISTERED WITH: Please deliver to this office within days from the receipt hereof the following:			TERMS OF PAYMENT :	
QTY UNIT	ITEM	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
100 PCS 200 PCS 20 PCS 50 PCS 100 PCS 500 TAB 500 PCS 2 PACKS 12 PCS 6 BOTTLE S	MS-0049 DEXTROMETO MS-0036 SINUPRET MS-0040 ASCORBIC ACI MS-0007 B1 B6 B12 (PH MS-0001-B COTTON BA MS-0037-B PACKED GA	CEFUROXIME, 500mg CIPROFLOXACIN 500mg (XIPRO) METOCLOPRAMIDE, 10mg DEXTROMETORPHAN HBR SINUPRET ASCORBIC ACID 500mg (POTEN CEE) B1 B6 B12 (RITEMED) COTTON BALLS PACKED GAUZE 3x3 PEROXIDE, 20 VOLUMES WITHHOLDING TAX 1% VAT 5%	66.25 34.00 8.35 8.60 11.50 4.70 3.00 17.85 3.80 9.95 -171.10 -855.49	6,625.00 6,800.00 167.00 430.00 1,150.00 2,350.00 1,500.00 35.70 45.60 59.70
			Total	PhP18,136.41
liquidated damages. 2. Render your bills 3. If the date of the r the date of approval. 4. For imported item should be submitted Funds available i	in triplicate copies including the eceipt of this PURCHASE ORE s, IMPORTANT DOCUMENT by the supplier.	DER by the dealer is not indicated, it shall be deemed S, especially showing of condition, serial number of 10,163 - Market Mark	received on the 10t the equipment purel MERLIE C. SABUE MSD CHIEF	th working day from hased, and tax receipts, G, MPA ZA, JR.
Received copy of P. By:	0. on 10-01-12	CONFORME: FOME	EGIONAL VICE PRES VIA COMPEN SIGNATURE OF SUPPI	