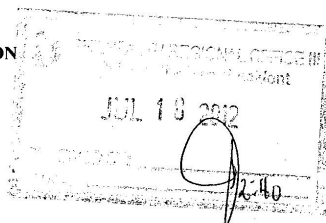


12-07-0952

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
REGIONAL HEALTH INSURANCE OFFICE III
Philhealth Bldg., Lazatin Blvd., San Agustin,
City of San Fernando, Pampanga
Tel. No. (045) 961 4175 loc. 4332 / Fax No. (045) 963 0299



PURCHASE ORDER

Supplier: **SOUTH STAR DRUG, INC.**
Address: **B. Mendoza St., City of San Fernando, Pampanga**
Tel./ Fax No.: **(045) 961 0230**
Supplier Registered with: **PHILHEALTH**

P.O. No.: **12-033**
Date: **May 16, 2012**
Term of Payment: **COD**
Mode of Procurement: **Small value**

Please deliver to this Office within _____ from receipts hereof the following:

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	290	pc	Alaxan (Paracetamol)	6.00	1,740.00
	50	pc	Amoxicillin	5.95	297.50
	20	pc	Betahistine, Serc 16 mg	41.75	848.00
	190	pc	Bioflu	6.35	1,206.50
	10	pc	Captopril 25 mg	8.25	82.50
	6	pc	Chlorphenamine Maleate, Antamin	5.40	32.40
	20	pc	Clonidine, Catapres	26.40	528.00
	120	pc	Kremil-S	4.75	570.00
	190	pc	Diatabs	6.75	1,282.50
	80	pc	Decolgen	4.75	380.00
	15	pc	Loratidine, Claritin 10 mg	49.50	739.50
	110	pc	Mefenamic Acid, Dolfenal	22.00	2,420.00
	5	pc	Metoclopramide, Plasil 10 mg	8.50	37.50
	160	pc	Neozep, Non Drowse	4.80	768.00
	290	pc	Paracetamol Biogesic	3.00	870.00
	20	pc	Ranitidine	9.00	180.00
---NOTHING FOLLOWS---					
RJV # 12-028-R3				TOTAL AMT.	PHP 11,982.40

Conditions:

- The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the value of undelivered order for each day of the delay as liquidated damages.
- Render your bills in triplicate copies including the original.
- If the date of receipts of this Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
- Delivery shall be made only on MONDAYS to THURSDAYS not later than 3 P.M. except for emergency cases where prior notification in such cases shall be given by this office.

Very truly yours,

Grace M. Mamawal
GRACE M. MAMAWAL
Chief, Management Services Division

Certified Budget Available:	Funds Available in the amount of: PHP 11,982.40	APPROVED
LEONIDAS A. LUMBA Administrative Officer IV Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	ANGELITA S. REYES Fiscal Controller IV	RODOLFO M. BALOG Vice-President for PRO III
CONFORME: Received copy of P.O. on <u>7-25-12</u> <i>Joseph M. Balog</i> SIGNATURE over PRINTED NAME		