



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
**PhilHealth Regional Office VI, Majestic Bldg. #15 J. De Leon St., Iloilo City**  
 Tel Nos. 3378724 / 5087300 region6@philhealth.gov.ph

PHILHEALTH REGIONAL OFFICE VI Majestic Bldg. #15 J. De Leon St., Iloilo City	
BY DATE: <b>20 MAR 2012</b>	RELEASED: <b>3/29</b>

# **PURCHASE ORDER**

Supplier: **ERIN'S FAMILY PHARMACY**

Address: **Quezon St.,**

**Iloilo City**

Tel/Fax: **508-6838**

Supplier Registered with:

Please deliver to this Office **within 15 calendar days** upon receipt hereof:

P.O. No: **61203-053**

Date: **3/15/2012**

Terms of Payment: **COD**

Mode of Procurement: **Negotiated Procurement**

RIV No.: **172-02-12**

**1203-1751**

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	TABS	HYDROXYZINE diHCL - 25mcg	22.75	1,137.50
	125	TABS	PARACETAMOL 500mg/tab	4.20	525.00
	25	TABS	MEFENAMIC ACID 500MG/TAB	20.75	518.75
	50	TABS	CLONIDINE 75mcg	26.00	1,300.00
	100	TABS	LOPERAMIDE	14.00	1,400.00
	50	TABS	ALUMINUM/MAGNESIUM HYDROXIDE	4.50	225.00
	120	CAPS	PHENYL PROFANOLAMINE + PARACETAMOL	4.00	480.00
			Purpose: For 1st quarter 2012 medicines supply/first aid purposes	<b>TOTAL</b>	<b>5,586.25</b>

## **Conditions:**

- \*The Agency shall impose a penalty in the 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 receipt of this 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, IMPORTANT DOCUMENTS specifically showing the condition, serial numbers of the equivalent purchased, and tax receipts should be submitted by the supplier.

Very truly yours,

**MARJORIE A. CARIETO**  
**CHIEF, MSP**

Fund available in the amount of: **2 5586.25**

Approved:

**JONALYN T. ILLAN/JEJEN ROSE CHU-GAVINO**  
**Fiscal Controller III/Fiscal Controller IV**

**REYNALDO P. SUCGANG, JR., MD**  
**Officer-In-Charge**  
**PhilHealth Regional Office VI**

Received copy of P.O. on **Apr. 20, 2012**

By:

CONFORME:

**ERIN'S FAMILY PHARMACY**

(Printed Name & Signature of Supplier/Rep.)