



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	
MSD-FMS-CONTROLLERSHIP	
BV/CIT	DATE
4/10/12	4/13

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:

61204-065

Date:

4/10/2012

Terms of Payment:

COD

Mode of Procurement:

Negotiated Procurement

RIV No.:

219-03-12

1204-0861

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	200	tabs	PARACETAMOL 500mg/tab	3.00	600.00
	100	tabs	LOPERAMIDE	14.00	1,400.00
	120	tabs	ALUMINUM-MAGNESIUM HYDROXIDE	4.50	540.00
	16	tabs	CLONIDINE 75mcg	26.00	416.00
	160	caps	PHENYLPROFANOLAMINE+PARACETAMOL	4.00	640.00
			For medicine supply/ first aid purposes		
			For Service Offices		
			TOTAL		3,596.00

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. CARRIETO
CHIEF, MSD

Fund available in the amount of :

₱ 3596.-

Approved:

DENNIS S. MAS, Ph.D. URP
RVP - PhRO VI

JONALYN T. ILISAN/JEIJEN ROSE CHU-GAVINO
Fiscal Controller III/Fiscal Controller IV

Received copy of P.O. on

4-19-12

By:

CONFORME:

ERIN'S FAMILY PHARMACY

(Printed Name & Signature of Supplier/Rep.)