

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Philhealth Regional Office VI, Majestic Bldg. #15 J. De Leon St., Iloilo dity

Tel Nos. 3378724 / 5087300 region6@philhealth.gov.ph

THAT THREGIONAL OFFICE RELEASED

PURCHASE ORDER

Supplier: Address: SAMUEL DRUG CORP.

JM Basa st.,

Iloilo City

Tel./Fax:

Supplier Registered with: Please deliver to this office $\it within 1 calendar day upon receipt hereof$:

P.O. No:

Date:

<u>September 12, 2012</u>

COD

Terms of Payment: Mode of Procurement:

61209-188

Negotiated Procurement

RIV No.:

469-08-12/480-09-12

1209-0668

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	60	TABS	HYDROXYZINE diHCL - 25mcg - Iterax	22.75	1,365.00
	120	TABS	MEFENAMIC ACID 500MG/TAB - Dolfenal	20.85	2,502.00
	40	TABS	MECLIZINE HCL - Bonamine	12.20	488.00
	120	CAPS	LOPERAMIDE - Imodium	13.85	1,662.00
	120	TABS	ALUMINUM-MAGNESIUM HYDROXIDE - Kremil S	4.50	540.00
	3	PACK	Cotton Balls - 50pcs/pack	9.95	29.85
	2	BOX	BAND AID - 50pcs/box	60.00	120.00
	\vdash			TOTAL	6,706.85

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,

Fund available in the amount of:

JEIJEN ROSE CHURAVI Fiscal Conroller IV

abdr

Received copy of P.O. on

Approved:

CONFORME:

(Printed Name & Signature of Supplier/Rep.)