

## PURCHASE ORDER

Supplier: <u>Curamed Pharmacy</u>	P.O. No.: <u>P-13-005</u>
Address: <u>Gen. Luna Rd., Baguio City</u>	Date: <u>12-Feb-13</u>
Tel./Fax No.: <u>304-5727</u>	Term/s of Payment: <u>on account</u>
Supplier Registered with: _____	Mode of Procurement: <u>Small Value</u>

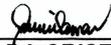
Please deliver to this office within 5 days from receipt hereof of the following:

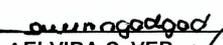
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	80	caps	Buscopan Venus, 10mg/500mg	22.31	1,784.80
<b>Total</b>					<b>1,784.80</b>
Less: 5% Final Tax				79.68	
1% EWT				15.94	95.62
<b>Net of Tax</b>					<b>1,689.18</b>

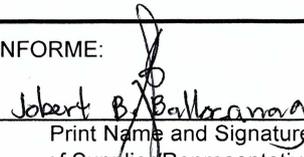
**Terms & Conditions:**

1. The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages.
2. If the date of receipt of the Purchase Order/P.O. by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or e-mail.
3. Delivery Receipt and Sales Invoice shall be required for the one-time complete delivery of the goods.
4. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
5. Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

Very truly yours,

  
**IMELDA CRISTETA D. VILLAMAR**  
 Division Chief, MSD

Certified Budget Available	Funds Available in the amount of: PhP <b>1,784.80</b>	APPROVED:
 <b>LILIBETH M. PALACI</b> Fiscal Examiner A/ Budget Officer - Des.		 <b>ELVIRA C. VER</b> Regional Vice President
 <b>MARIA LINDA H. GADINGAN</b> Fiscal Controller III		
Within the COB: <u>2013</u> Expense Code: <u>77900</u> Budget: _____ Remarks: _____		

Received Copy of P.O. on <u>2/21/2013</u>	CONFORME:  Print Name and Signature of Supplier Representative
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