

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE-CORDILLERA ADMINISTRATIVE REGION

PURCHASE ORDER

Supplier: PEA DRUG

P.O. No. P-13-72

Address: Cor. Session Rd. & Gov. Pack Rd., Baguio City

Date: Nov. 25, 2013

Tel. Fax No.: (074)6191030

Terms of Payment: On Account

Supplier Registered with :

Mode of Procurement: Small Account

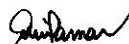
Please deliver to this office within 10 days from receipt hereof the following:



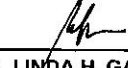
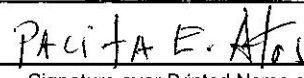
| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|-------|--------------------------------|------------|-----------------|
| 1 | 4 | tube | Teramycin Plus Ointment (3.5g) | 193.86 | 775.44 |
| 2 | 6 | box | Band Aid (100's) | 59.40 | 356.40 |
| 3 | 1 | pks | Cotton Balls (300 balls) | 58.42 | 58.42 |
| 4 | 2 | rolls | Elastic Bandage (3" x 5") | 26.00 | 52.00 |
| 5 | 7 | rolls | Micropore Tape (1 inch) | 38.15 | 267.05 |
| 6 | 9 | rolls | Sterile Gauze Pad (4 x 4) | 11.00 | 99.00 |
| | | | Total | | 1,608.31 |
| | | | Less: 5% Final Tax | 71.29 | |
| | | | 1% EWT | 14.36 | |
| | | | Net of Tax | | 1,522.66 |

Terms & Conditions:

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or no-compliant as specification when quoted.
- In case of returned/ rejected items which cannot be replace within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.

Very truly yours,


IMELDA CRISTETA D. VILLAMAR
Division Chief, MSD

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|---|--|---|
| Certify Budget Available: Funds Available in the amount of: <u>1711.57</u> | | APPROVED:  ATTY. JERRY F. IBAY Regional Vice President |
|  LILIBETH M. PALACI Fiscal Examiner A /Budget Officer - Des. |  MARIA LINDA H. GADINGAN Fiscal Controller III | |
| With in the COB: <u>2013</u> Expense Code: <u>774-00 775-44</u> Bdgct: <u>774-00 0716.13</u> Remarks: | | Date |
| Conforme:  Signature over Printed Name and Position of Authorized Representative | | |