## Republic of the Philippines

# PHILIPPINE HEALTH INSURANCE CORPORATION

### PHILHEALTH REGIONAL OFFICE-CORDILLERA ADMINISTRATIVE REGION

### **PURCHASE ORDER**

Supplier: Northern Luzon Drug Address: Session Rd., Baguio City	Date: Nov. 25, 2013				
Tel. Fax No.: (074)442-1754	Terms of Pay Term/s of Payment: COD				
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	50	Tabs	Clonidine (Catapres)	30.50	1,525.00
2	153	Tabs	Loperamide, 2mg. (Diatabs)	6.75	1,032.75
3	364	Tabs	Neozep non-drowse	4.80	1,747.20
4	26	Tabs	Biogesic	3.00	78.00
			Total		4,382.95
			Less: 5% Final Tax 195.67 \		
			1% EWT 39.13 , `	MACO 8 (A) 2 MACO 8	234.80
			Net of Tax		4148.15
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### Terms & Conditions:

- 1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
  2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO
  3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 4. 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 sapecification when quoted.
- 5. In case of retuned/ 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,

	Simplina		
		1	TETA D. VILLAMAR Chief, MSD
Certify Budget Available: Funds Available in the amount of:		4382.95	APPROVED:
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LILIBETH M. PALACI MARIA LINDA H. GADINGAN		at.	
Fiscal Examiner A /Budget Officer - Des. Fiscal Col		111	
With in the COB: 2017	1		ATTY. JERRY F. IBAY
Expense Code: 734-05			Regional Vice President
Bdget:			
Remarks:			
Conforme:			
KRISTINE ! PONTAMI	LA	$\checkmark$	
Signature over Printed Name and Pos			Date
Authorized Representative			