

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier:	<u>JOLECO RESOURCES INC.</u>	PO No. <u>14-064 / IAR No. 045</u>
Address:	<u>AB Fernandez Avenue, Dagupan City</u>	Date: <u>6/24/2014</u>
Tel.Fax No.:	<u>522-2597</u>	Terms of Payment: <u>COD</u>
Supplier Registered with:	<u>000-252-279-012 V</u>	Mode of Procurement: <u>Shopping</u>

Please deliver to this office within **COD / pick-up** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100	pc	ANTIDIARRHEALS LOPERAMIDE 2mg, Diatabs	6.75	675.00
	150	pc	ANTIPYRETICS PARACETAMOL, Biogesic, 500mg	2.86	429.00
	100	pc	ANTISPASMODICS HYOSCINE-N BUTYLBROMIDE, Buscopan, 10 mg.	21.00	2,100.00
	50	pc	ANTIVERTIGO BETAHISTINE, Serc, 16mg	47.75	2,387.50
	150	pc	COUGH AND COLD PREPARATIONS BIOFLU	6.50	975.00
	100	pc	COUGH AND COLD PREPARATIONS BUTAMIRATE CITRATE, Sinecod	15.50	1,550.00
	75	tab	COUGH AND COLD PREPARATIONS DECOLGEN Tablet	5.00	375.00
	100	pc	COUGH AND COLD PREPARATIONS NEOZEP, non-drowse	4.75	475.00
	2	pc	MEDICAL PLASTER, Hypoallergenic(3m nexecane 12mm x 2.5m)	19.00	38.00
	150	cap	NSAIDS MEFENAMIC ACID, Dolfenal, 500mg	22.75	3,412.50
	1	pc	TOPICAL ANTIBIOTICS TERAMYCIN Plus, ointment/cream, 5g	241.00	241.00
	4	pack	MEDICAL SUPPLIES Cotton, 100 balls/pack (Mamas Love Cotton Balls)	31.00	124.00
	2	box	MEDICAL SUPPLIES Gloves, latex exam, powder-free, medium, 100s/box (P 2.50/pc)	250.00	500.00
	4	btl	MEDICAL SUPPLIES Hydrogen Peroxide, 60ml	8.00	32.00
	227	box	MEDICAL SUPPLIES Surgical Mask	3.00	681.00
	170	pc	ANALGESICS ALAXAN (Ibuprofen + Paracetamol) tablet	5.95	1,011.50
	100	pc	ANTACIDS KREMIL-S	5.00	500.00
	100	pc	ANTACIDS RANITIDINE, 150mg. (Ritemed)	9.00	900.00
	100	pc	ANTIBIOTICS COTRIMOXAZOLE, 400/80mg.	5.60	560.00
	100	pc	ANTIBIOTICS METRONIDAZOLE, 500 MG	9.00	900.00
	40	pc	ANTIDIARRHEALS DIATABS	6.75	270.00
			TOTAL		18,136.50
			Less: TAX		
			VAT (5%/1.12)	809.67	
			EWI (1%/1.12)	161.93	971.60
			PR# 14-0530-0041		
			PURPOSE: For 2nd Quarter of CY 2014 supplies	TOTAL	17,164.90

Terms & Conditions:

1. In case of failure to make the full delivery within the time specified above, a **penalty of one-tenth (1/10) of one percent (1%) for every day of delay** shall be imposed.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
4. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
5. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
6. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
7. In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries should be made within office hours on working days on or before the date stipulated in the PO.

Very truly yours,

Cynthia S. Santos
CYNTHIA S. SANTOS
 DIVISION CHIEF IV, MSD

Certified Budget Available: _____ Funds Available in the amount of: <u>18,136.50</u>		APPROVED: ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS Fiscal Controller IV	
With in the COB: <u>RAH</u> Expense Code: <u>MSD-681</u> Bdgct: _____ Remarks: _____		JUN 30 2014 10:00 PM
Conformer: <u>Cristina Santos / PS</u> Date: <u>062714</u> Signature over Printed Name and Position of Authorized Representative		
		Date: <u>6/26/14</u>

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
2. This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
6. This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier