

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: NORTHERN LUZON DRUG CORPORATION
 Address: Chuchip Bldg., Arellano St., Dagupan City
 Tel.Fax No.: 522-8090
 Supplier Registered with: 004-021-156-014 V

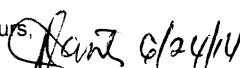
PO No. 14-065 / IAR No. 046
 Date: 6/24/2014
 Terms of Payment: Charge
 Mode of Procurement: Shopping

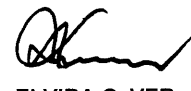
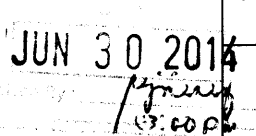
Please deliver to this office within **2-3 weeks** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100	pc	ANTIISTAMINE LORATADINE, Claritin, 10mg	32.00	3,200.00
	20	pc	NSAIDS IBUPROFEN, Advil, 500mg	8.00	160.00
	3	btl	RESPIRATORY STIMULANT SPIRIT OF AMONIA, 15ml	20.00	60.00
	3	box	MEDICAL SUPPLIES Band Aid, 100 pcs/box	120.00	360.00
	3	set	MEDICAL SUPPLIES Emergency Kit	1,480.00	4,440.00
	10	pc	ANALGESICS WHITE FLOWER #5	33.75	337.50
			TOTAL		8,557.50
			Less: TAX		
			VAT (5%/1.12)		382.03
			PR# 14-0530-0041		
			PURPOSE: For 2nd Quarter of CY 2014 supplies	TOTAL	8,175.47

Terms & Conditions:

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 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 non-compliant as specification when quoted.
- 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
 DIVISION CHIEF IV, MSD

Certified Budget Available: _____ JOSE A. MONES Fiscal Controller III	Funds Available in the amount of: <u>8,557.50</u> JANE C. RAGOS Fiscal Controller IV	APPROVED:  ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1
With in the COB: <u>RAH</u> Expense Code: <u>1102-151</u> Bdgct: _____ Remarks: _____		
Conforme: <u>PRIMROSE IV. OLIVERA</u> Signature over Printed Name and Position of Authorized Representative		<u>6/24/14</u> Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- 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.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:
 1 copy - Comptrollership Dept. 1 copy - COA 1 copy - Supplier