Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: FAMILY HEALTH & BEAUTY CORPORATION
Address: 2nd Flr., Nepo Mall Arellano St., Dagupan City
Tel.Fax No.: 523-2410
Supplier Registered with: 230-393-680 V

PO No. 16-31
Date: 5/3/2016
Terms of Payment: COD - 3 days clearing of check
Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100	pcs	ANTACIDS OMEPRAZOLE 20mg (watsons brand)	8.00	800.00
	47	tab	ANTIDIARRHEALS LOPERAMIDE 2mg (watsons brand)	4.25	199.75
	20	pcs	ANTIHYPERTENSIVE CLONIDINE, Catapres, 75mg (rite med)	18.50	370.00
	1	pc	TOPICAL ANTIBIOTICS MUPIROCIN ointment/cream, 5g	135.00	135.00
			xxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	**TOTAL**	**1,504.75**
			Less: VAT (5%/1.12)		67.18
			PR No. 16-0314-0234		
			PURPOSE: 2016 Procurement of First Quarter Supplies for PRO 1 use	**TOTAL**	**1,437.57**

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) shal 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.

COA
MAY 11 2016

Very truly yours,

MARICAR M. ARZADON, M.D.
Division Chief, MSD

By the authority of the DC IV, MSD

MARIE DONNA O. ANTONA
Administrative Officer IV

BY THE AUTHORITY OF FGM
MARIMEL C. BRAVO
COMPTROLLER

16051267

Certified Budget Available:
Funds Available in the amount of: 1,504.75
5-6-16

JOSE A. MONES
Fiscal Controller III

EDWARD O. ESPIRITU
OIC-FMS Head

With in the COB:
Expense Code: MSD-GSU
Bdget:
Remarks:

Conforme:
NOEL ILDEFONSO D. COCHAPIN
PHARMACIST
LIC NO: 0052391
Date: 5-10-16
Signature over Printed Name and Position of Authorized Representative

APPROVED:

RODOLFO B. DEL ROSARIO, JR.
RVP, PRO1

BY THE AUTHORITY OF THE OIC-RVP:
Maricar M. Arzadon, M.D.
Medical Officer VII

Date 5/5/16

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