

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

ac

Valgosons Building, Bolton Extension, Davao City Telephone Number 295-3382





PURCHASE ORDER

| Supplier: | AMESCO DRUG CORPORATION | | | | | PO NO. | 16-01-014 | | |
|---|---|-------------------------------|--|--|--|--------------------------|---------------------|----------------------|--|
| Address: | Corner R. Magsaysay Avenue & D. Suazo Street, Davao | | | | City | PO Date: | January 22, 2016 | | |
| Contact No. | 227-8080, 227-3163 Fax: 221-2772, 226-3579 | | | | | Terms of Payment: | | | |
| X VAT | NON-VAT TIN:008-024-612-000 | | | | Mode of Procureme | | | | |
| Please Deliver to this Office within 15 days from Receipt hereof the following: | | | | | | | | | |
| PR NO. | Item No. | Qty | Unit | | Item Description | | Unit Cost | Total Cost | |
| 1601-06-11 | 1 | 20 | tabs | Kremil-S | | | 4.95 | 99.00 | |
| l V | 2 | 10 | tabs | Amlodipine (Amlogin) | , 10 mg | | 3.00 | 30.00 | |
| 33 | 3 | 50 | tabs | Lagundi Capsule, 600 |) mg | | 4.75 | 237.50 | |
| 1/ | 4 | 8 | boxes | Ammonia | | | 7.00 | 56.00 | |
| | 5 | 1 | piece | Tobramycin Eye Drop | | | 486.00 | 486.00 | |
| 7 | 6 | 1 | piece | Terramycin Plus Ointr | | | 200.00 | 200.00 | |
| | | | | Drugs & medicines fo | | | See id. | | |
| 1601-06-12 | 7 | 219 | bottles | Alcohol, Isoprophyl, 5 | | | 63.75 | 13,961.25 | |
| | 8 | 9 | bottles | Povidone Iodine Solu | tion, 60 ml | | 33.00 | 297.00 | |
| | 9 | 20 | rolls | Tissue, 2-ply | | | 9.00 | 180.00 | |
| 12 | | | | Medical supplies for F | | | 7 | 15,546.75 | |
| | | | | Posted on GEPS: Ja ************************************ | | .05 | | 832.86 P14,713.89 | |
| | | | | 1 | | | | | |
| 2 Render you 3 If the date of 4 For importe | r bills in tripl of the receipt d items, IMF | icate copies t of the P.O. | including the by the dealer OCUMENTS | is not indicated, it is deeme SPECIFICALLY showing th | ed received on the 10th the condition(s) and seri | working day of the appro | val of the P.O. | | |
| Very truly yours, PRO-XI Budget FY 2016 BRO No. Charge to: 1000E Exp. Code Amount 1797-00 118-00 14-438-25 | | | | Amount 1,108.50 14,438.25 | Recommending | | Approved by: | | |
| GÁRY S. VELAYO PÄTRICK ANGELO L. UY | | | | | ARNEIL B. SUE | BIBI | DENNIS B. ADRE | | |
| Administrative | Officer IV | | Budget Offi | cer Designate | Division Chief IV, | MSD | Regional Vice Presi | ident | |
| Received co | | | | | Conformed: | alis | | 2/2/16 | |
| | | | | | Supplier/Repres | | | Date | |