

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

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





Supplier:	olier: ROSE PHARMACY, INC.					PO NO. 16-01-015			
Address:	J. P. Laurel Avenue, Bajada, Davao City				PO Date: January 22, 2016				
Contact No.					Terms of Payment: 15 days				
x VAT	□ NON-VAT			TIN: 000-310-457-097 Mode of Procure					
				Deliver to this Office wi					
PR NO.	Item No.	Qty	Unit		Item Description	n	Unit Cost	Total Cost	
1601-06-11		50	tabs	Ibuprofen+Paracetan			6.00	300.0	
	2	1	box	Salbutamol, Ventolin			292.50	292.50	
	3	20	tabs	Betamethasone, Cel		cg/ml	22.95	459.00	
	4	20	tabs	Loratadine, Claritin, 1 Drugs & medicines for			33.65	673.0	
1601-06-12	5	3	packs	Cotton, 100 balls per			30.50	91.50	
	6	5	rolls	Elastic Bandage # 4	paon		22.00	110.00	
			10110	Medical supplies for	PRO XI		22.00	1,926.00	
				Posted on GEPS: J					
				****** nothing follows	s ******				
				less: \$	~ È			85.90	
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Conditions:									
					he total value of unde	elivered order for eac	h day of the delay as liquida	ited damages	
	r bills in triplic								
				r is not indicated, it is deem			e approval of the P.O. equipment must be present	ed upon delivery	
					T			A series and a ser	
Very truly yours,			PRO-XI Budget FY 2016		Recommending Approval:		Approved by	Approved by:	
			BRO No Charge to	MORT					
			Exp. Code						
778-10 P201-50 779-100 1724-50									
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GARY S. VELAYO PATRICK ANGELO L. UY,				ANGELO L. UY.	ARNEIL B. S	UBIBI	DENNIS B. ADRE		
Administrative Officer IV Budget Officer De			11	Division Chief I		Regional Vice President			
Received copy of P.O. on					Conformed:	1127	7	26.15 E. 2.4.1923	
	p 0	7-1	HINGA	N poloaloni	y				
Received by	L. V	. 67	51110111	- 02/03/2010	Supplier/Pen			Data	