PHILIPPINE HEALTH INSURANCE CORPORATION

Regional Health Insurance Office XII

Posadas cor. Abad Santos Sts., City of Koronadal, South Cotabato

Purchase Order

| , | THISSION ON AUDIT |
|----|-------------------|
| - | |
| EY | 006 |
| DA | TE: 2/19/2014 |

| SUPPLIER: | PLIER: MERCURY DRUGSTORE | | P.O. No.: | 02-018-16 | |
|--|--------------------------|---|----------------------------|-----------|--|
| ADDRESS: | KORONADAL CITY | | Date: | 2/18/2016 | |
| TELEPHONE/FAX NO.: SUPPLIER REGISTERED WITH: | | | TERMS OF PAYMENT: _ C.O.O. | | |
| Please deliver to this office within day | | _ days from the receipt hereof the following: | MODE OF PROCUREMENT: Swam | | |

| | | · | | | 64000064-291-10101 |
|--------------------|----------------------|--|--|--|---|
| QTY | UNIT | ITEM | ITEM/DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
| 50 /200 /200 | TABS CAPS CAPS | MS-0032 RANITIDINE 1 MS-0010-C CEPHALEXI MS-0043 MULTIVITAMI TAX TAX | RANITIDINE 150mg (ZANTAC) CEPHALEXIN 500mg (FOREXINE) MULTIVITAMINS WITH IRON (FEOSOL) WITHHOLDING TAX 1% VAT 5% | 41.00 17.00 11.50 -69.20 -345.98 | 2,050.00 3,400.00 2,300.00 -69.20 -345.98 |
| | | | | Total | PHP 7,334.82 |

CONDITIONS:

- 1. The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the value undelivered order for each day of the delay as liquidated damages.
- 2. Render your bills in triplicate copies including the orignal.
- 3. If the date of the receipt of this PURCHASE ORDER by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of approval.

| 4. For imported items, IMPORTANT DOCUMENTS, especially sh | owing of condition, se | rial numb | er of the equipment purchased, and tax receipts, |
|---|------------------------|-----------|--|
| should be submitted by the supplier. | | | |
| Funds available in the amount of P 7,750.00 | | | |
| 4 - IR | | | MERLIE C. SABUG, MPA |
| GENLY DE A VICTORIA 4GHOT, CPA | | | DIVISION CHIEF IV |
| FISCAL CONTROLLER | | | / |
| I ISCAL CONTROLLER | Appro | ved: | 4 |
| | | | MIRIAM GRACE G. PAMONAG, M.D. |
| | | | REGIONAL VICE PRESIDENT |
| n la li | | | 9 |
| Received copy of P.O. on $2/19/1\varphi$ | CONFORME: | Edyl | of facat |
| By: | | | |
| | Pi | RINT NAME | E AND SIGNATURE OF SUPPLIER/REPRESENTATIVE |
| 1 | | | |