



Purchase Order

SUPPLIER: ROSE PHARMACY

ADDRESS: KORONADAL CITY

P.O. No.: 02-019-16

Date: 2/18/2016

TELEPHONE/FAX NO.:

SUPPLIER REGISTERED WITH:

TERMS OF PAYMENT: C.O.D.

MODE OF PROCUREMENT: Small

same procurement

Please deliver to this office within _____ days from the receipt hereof the following:

QTY	UNIT	ITEM	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
✓ 200	TABS	MS-0025-B MEFENAMIC...	MEFENAMIC ACID, 500mg (DOLFENAL)	✓ 24.15	4,830.00 ✓
✓ 400	TABS	MS-0029-B PARACETA...	PARACETAMOL 500mg (BIOGESIC)	✓ 3.15	1,260.00 ✓
✓ 200	TABS	MS-0005-C ALHYDROXI...	ALHYDROXIDE/Mg	✓ 5.00	1,000.00 ✓
			HYDROXIDE/SIMETHICONE (KREMIL-S)		
✓ 200	TABS	MS-0010 CETIRIZINE	CETIRIZINE (ALNIX)	✓ 26.00	5,200.00 ✓
✓ 65	TABS	MS-0010-B CEFUROXIM...	CEFUROXIME, 500mg (ZEGEN)	✓ 70.50	4,582.50 ✓
✓ 100	CAPS	MS-0041-C AMBROXOL ...	AMBROXOL 75mg (AMBROLEX)	✓ 34.90	3,490.00 ✓
✓ 200	TABS	MS-0002-B BROMHEXI...	BROMHEXINE HCL 8mg	✓ 12.20	2,440.00 ✓
✓ 100	TABS	MS-0021 LAGUNDI 600mg	LAGUNDI 600mg (ASCOF)	✓ 4.90	490.00 ✓
✓ 200	TABS	MS-0029 PHENYLEPHRI...	PHENYLEPHRINE/CHLORPHENAMINE/PARA	✓ 6.75	1,350.00 ✓
			CETAMOL (BIOFLU)		
✓ 300	TABS	MS-0029-C PHENYLEPH...	PHENYLEPHRINE/PARACETAMOL	✓ 5.20	1,560.00 ✓
		TAX	WITHHOLDING TAX 1%	-233.95	-233.95 ✓
		TAX	VAT 5%	-1,169.75	-1,169.75 ✓
Total					PHP 24,798.80 ✓

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 original.
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 showing of condition, serial number of the equipment purchased, and tax receipts, should be submitted by the supplier.

Funds available in the amount of P 26,202.50

GENLY DELA VICTORIA AGHOT, CPA
FISCAL CONTROLLER

MERLIE C. SABUG, MPA
DIVISION CHIEF IV

Approved:

MIRIAM GRACE G. PAMONAG, M.D.
REGIONAL VICE PRESIDENT

Received copy of P.O. on 2/19/2016
By: _____

CONFORME: EOMEE LYN CALIGUIRAN
PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE