



Purchase Order

SUPPLIER: GOOD SHEPHERD PHARMACY

ADDRESS: KORONADAL CITY

TELEPHONE/FAX NO.:

SUPPLIER REGISTERED WITH:

P.O. No.: 02-020-16

Date: 2/18/2016

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
✓300	CAPS	MS-0019 IBUPROFEN 20...	IBUPROFEN 200mg (ADVIL)	8.00	2,400.00 ✓
✓200	CAPS	MS-0022 LOPERAMIDE, ...	LOPERAMIDE, 200mg (LORMIDE)	7.50	1,500.00 ✓
		TAX	WITHHOLDING TAX 1%	-34.82	-34.82 ✓
		TAX	VAT 5%	-174.11	-174.11 ✓
Total					PHP 3,691.07 ✓

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 3,900.00

GENLY DELA VICTORIA-IGHOT, CPA
Fiscal Controller III

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 2/22/16

By: _____

CONFORME: JESSA PAJUNAS

PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE