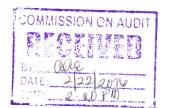
## PHILIPPINE HEALTH INSURANCE CORPORATION

Regional Health Insurance Office XII

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



**Total** 

PHP 3,691.07

## **Purchase Order**

SUPPLIE	R: GO	GOOD SHEPHERD PHARMACY			02-020-16
ADDRESS: KORONADAL CITY		RONADAL CITY		Date:	2/18/2016
TELEPHONE/FAX NO.: SUPPLIER REGISTERED WITH: Please deliver to this office within			days from the receipt hereof the following:	TERMS OF PAYMENT: C.O.O.  MODE OF PROCUREMENT: SMALL  JOWNE QOOM PERMENT	
QTY	UNIT	ITEM	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
/300 /200	CAPS CAPS	MS-0019 IBUPROFEN 20 MS-0022 LOPERAMIDE, TAX TAX	IBUPROFEN 200mg (ADVIL) LOPERAMIDE, 200mg (LORMIDE) WITHHOLDING TAX 1% VAT 5%	8.00 7.50 -34.82 -174.11	2,400.00 1,500.00 -34.82 -174.11

## 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. sho

For imported items, IMPORTANT DOC	CUMENTS, especially showing of cond	tion, serial number	of the equipment purchased, and tax receipts
ould be submitted by the supplier.			
Funds available in the amount of P	3,900.00		MEDITE C CADIC MDA
GENLY DELA VICTORIA IGHOT, CPA			MERLIE C. SABUG, MPA DIVISION CHIEF IV
Fiscal Controller III			DIVISION CHIEF IV
FISCAL CONTROLLER		Approved:	
*		A A	MIRIAM GRACE G. PAMONAG, M.D.
			REGIONAL VICE PRESIDENT
2/22	1		<i>V</i> -5.0

Received copy of P.O. on	CONFORME:	JESSA FRINT NAME AND S	SIGNATURE	OF SUPPLIER/REPRESENTATIVE