



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **SOUTH STAR DRUG INC.**
Address: Quezon Avenue
Lucena City
Tel.Fax No.: 797 1679
Supplier Registered with: Security and Exchange Commission

PO No. 16-007
Date: 18-Feb-16

Terms of Payment: COD
Mode of Procurement: NPSV

Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	55	pcs	ACE INHIBITORS, CAPTOPRIL 25mg	2.00	110.00
2	20	pcs	ANTIEMETICS (Oral), METOCLOPRAMIDE 10mg/ tab.	8.50	170.00
3	75	pcs	ANTIPYRETICS, PARACETAMOL, 500mg	3.25	243.75
4	30	pcs	ANTIVERTIGO, CINNARIZINE 25mg tab.	20.00	600.00
5	1	pc	EYE ANTI-INFECTIVES AND ANTISEPTICS, TOBRAMYCIN EYE DROPS	185.00	185.00
6	8	rolls	MEDICAL SUPPLIES, Micropore Tape, 1	21.00	168.00
					1,476.75
			Less Taxes: 5% VAT	65.93	
			1% EWT	13.19	79.12
			TOTAL AMOUNT		1,397.63

Terms & Conditions:

- The agency shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries should be made within office hours on working days on or before the date stipulated in the PO.

Very truly yours,

MIGUEL T. MACALINAO
Division Chief, MSD

Certified Budget Available:	Funds Available in the amount of: <u>1476.75</u>	APPROVED:
ERLYN V. ROJAS Fiscal Controller II	FELICIANA O. PASTORPIDE Fiscal Controller IV	
With in the COB: <u>2016 COB</u>		EDWIN M. ORIÑA, M.D. OIC, PRO IVA
Expense Code: <u>779-00 / 778-00</u>		
Budget: <u>1,308.75</u> <u>1,476.75</u> <u>168.</u>		
Remarks:		
Conforme:		
Signature over Printed Name and Position of Authorized Representative / Date Received		