



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **METRO RETAIL STORES GROUP INC.**
Address: ML Tagarao St., Brgy. Iyam
Lucena City
Tel.Fax No.: 373 1159
Supplier Registered with: Security and Exchange Commission

PO No. 16-008

Date: 18-Feb-16

Terms of Payment: COD

Mode of Procurement: NPSV

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	50	pcs	ANALGESICS, Ibuprofen + Paracetamol)	6.00	300.00
2	25	pcs	ANTI-HISTAMINE, LORATADINE, 10mg	32.00	800.00
3	25	pcs	ORAL ANTISPASMODIC, HYOSCINE-N BUTYLBROMIDE, tab, 10mg	21.75	543.75
4	1	pcs	TOPICAL ANTIBIOTICS, MUPIROCIN ointment/ cream, 5g	246.85	246.85
5	3	packs	MEDICAL SUPPLIES, Cottonbuds 200 tips/pack	12.80	38.40
6	3	sets	MEDICAL SUPPLIES, Emergency Kit	318.70	956.10
8	2	bottles	MEDICAL SUPPLIES, Hydrogen Peroxide, 120ml	12.70	25.40
9	7	pcs	MEDICAL SUPPLIES, Syringe with needle, 3ml, 25g	5.75	40.25
					2,950.75
			Less Taxes: 5% VAT	131.73	
			1% EWT	26.34	158.07
			TOTAL AMOUNT		2,792.68

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: 2950.75

APPROVED:

ERLYN V. ROJAS
Fiscal Controller II

FELICIANA O. PASTORPIDE
Fiscal Controller IV

With in the COB: 2016 COB

Expense Code: 779-00 / 1778-00

Budget: 1,890.60 2,950.75 1,060.15

Remarks: _____

EDWIN M. ORIÑA, M.D.
OIC, PRO IVA

Conforme:

Signature over Printed Name and Position of Authorized Representative / Date Received