Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

## PURCHASE ORDER

## PHILHEALTH REGIONAL OFFICE I COA NUV I 4 2017 Received By.\_\_\_\_\_Out

## OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier:	OCTOBER PHARMACY & GENERAL MERCHANDISE	PO No. 17-181		
Address:	Romulo Hi-way Bugallon, Pangasinan	Date: 11/9/2017		
Tel.Fax No.:	9395827229	Terms of Payment: Charge		
Supplier Re	gistered with: 438-653-000 NV	Mode of Procurement: Shopping		

## Please deliver to this office within <u>1-2 weeks</u> from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5	pcs	ANTIVERTIGO BETAHISTINE, Serc, 16mg	51.00	255.00
2	242	caps	COUGH AND COLD PREPARATIONS ASCOF, Lagundi cap, 600mg	6.50	1,573.00
3	120	tabs	ORAL ANTISPASMODIC HYOSCINE-N BUTYLBROMIDE, Buscopan tab, 10mg	24.00	2,880.00
4	1	рс	TROPICAL BETAMETHASONE ointment/cream, 5g CORTICOSTERIODS	185.00	185.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	4,893.00
			Less: VAT (3%)		146.79
		PR No. 17-0913-0436			
	PURPOSE: Procurement of 1st, 2nd & 3rd quarter medicines from the Amended APP 4th batch		TOTAL	4,746.21	

Terms & Conditions:

1. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.

- 2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 3. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of thier office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- 4 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.
- 5 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.
- 6 Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

r THE AUTHORITY OF FCIII	By the authority of the MSD Chief	Very truly yours,
Rustela L. Pennen	SALEVYS. GOMEZ	MARICAR M. ARZADON, M.D.
Certified Budget Available: Funds Available in t	SIO III / GSU HEAD	MO VII / MSD CHIEF APPROVED:
JOSE A. MONES EDWARD Q. ESPIRI Fiscal Controller III OIC-FMS Head	TUQMODE BY THE AUTHORITY OF	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
With in the COB: $2077$ Expense Code: $5076707$ Bdget: $407-674$		BY THE AUTHORITY OF DICLEMP
Conforme:	MARIMEL C. BRAVO FISCAL CONTROLLER II FG Date: 11-14-17	DR. DANETTE D. MANACIS MS IN HO
Signature over Printed Name and Position of Au		Date