

PHILHEALTH REGIONAL OFFICE I
COA
NOV 14 2017
Received By: As
Time: _____

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: OCTOBER PHARMACY & GENERAL MERCHANDISE

PO No. 17-182

Address: Romulo Hi-way Bugallon, Pangasinan

Date: 11/9/2017

Tel. Fax No.: 9395827229

Terms of Payment: Charge

Supplier Registered with: 438-653-000 NV

Mode of Procurement: Shopping

Please deliver to this office within 1-2 weeks from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	50	pc	ANTACIDS OMEPRAZOLE 20mg	43.00	2,150.00
2	50	cap	COUGH AND COLD PREPARATIONS ASCOF, Lagundi cap., 600mg	6.50	325.00
3	100	pc	NSAIDS MEFENAMIC ACID, Dolfenal 500mg	24.00	2,400.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXXX	TOTAL	4,875.00
			Less: VAT (3%)		146.25
			PR No. 17-1003-0469		
			PURPOSE: Procurement of 4th quarter medicines for CY 2017	TOTAL	4,728.75

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.

BY THE AUTHORITY OF FC III

By the authority of the MSD Chief

Very truly yours,

ROSELA C. FERNAN
Fiscal Clerk III

SALLY S. GOMEZ

MARICAR M. ARZADON, M.D.

SIO III / GSU HEAD

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 4,500.00

APPROVED:

JOSE A. MONES

EDWARD Q. ESPIRITU

Fiscal Controller III

OIC-FMS Head

BY THE AUTHORITY OF CIL FMS

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE

OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

With in the COB:

Expense Code:

Budget:

Remarks:

MARIMEL C. BRAVO
FISCAL CONTROLLER II

BY THE AUTHORITY OF DIC. REP

DR DARETTE D. FLANAGAN
MS IV 11/10

Conforme:

MARQUES DIS-AG

Date: 11-14-17

Signature over Printed Name and Position of Authorized Representative

Date _____