



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

PHILHEALTH REGIONAL OFFICE
COA

NOV 14 2017

Received By: ad ROMM-P-006
Time: _____

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **NORTHERN LUZON DRUG CORPORATION**

Address: **Liaonag Bldg., Perez St. Dagupan City**

Tel.Fax No.: **529-2494**

Supplier Registered with: **004-021-156-003 V**

PO No. **17-183**

Date: **11/9/2017**

Terms of Payment: **Charge**

Mode of Procurement: **Shopping**

Please deliver to this office within **3 weeks** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100	pc	ANALGESICS ALAXAN (Ibuprofen + Paracetamol)	6.25	625.00
	200	tab	ANTACIDS KREMIL-S tab	5.50	1,100.00
	10	pc	ANTIHYPERTENSIVE CLONIDINE, Catapres, 75mg	32.00	320.00
	200	pc	ANTIPYRETICS PARACETAMOL, Biogesic, 500mg	3.25	650.00
	25	cap	PENICILLINS CLOXACILLIN 500mg cap	11.00	275.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)		132.59
			PR No. 17-1003-0469		
			PURPOSE: Procurement of 4th quarter medicines for CY 2017		
			TOTAL		2,970.00
			TOTAL		2,837.41

Terms & Conditions:

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 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.
- 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 **8:00AM to 3:00PM** on working days on or before the date stipulated in the PO.

THE AUTHORITY OF FCM
ROSELA C. FERRER
Fiscal Clerk III

By the authority of the MSD Chief

Very truly yours,

SALLY S. GOMEZ
SIO III / GSU HEAD

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 2,970.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

BY THE AUTHORITY OF DIC, FMS

With in the COB: 2017
Expense Code: 50103070
Bdget: MSD FMS
Remarks: _____

MARIMEL C. BRAVO
FISCAL CONTROLLED II

Conforme: _____

Brenda R. Roca

Date: _____

Signature over Printed Name and Position of Authorized Representative

APPROVED:

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

OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

BY THE AUTHORITY OF DIC, RVP

DR. JANETTE D. MANABIS
MSN

Date