



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

11/12/17

POMM-P-006

Received By: AS
Time: _____

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: OCTOBER PHARMACY & GENERAL MERCHANDISE

PO No. 17-189

Address: Romulo Hi-way Bugallon, Pangasinan

Date: 11/17/2017

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	cap	COUGH AND COLD PREPARATIONS ASCOF, Lagundi cap., 600mg	6.50	325.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)		9.75
			PR No. 17-1003-0469		
			PURPOSE: Procurement of 4th quarter medicines 2017 fr. the amended APP batch 5		
			TOTAL		315.25

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.

Very truly yours,

MARICAR M. ARZADON, M.D.
MOVIT/MSD CHIEF

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

Certified Budget Available: Funds Available in the amount of: 325.00

JOSE A. MONES
Fiscal Controller

EDWARD Q. ESPIRITU
OIC-FMS Head

With in the COB: 2017

Expense Code: 50203070

Bdget: MSD-GR

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date