

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

| | |
|---|---|
| Supplier: <u>NORTHERN LUZON DRUG CORPORATION</u> | PO No. <u>17-89</u> |
| Address: <u>Liong Bldg., Perez Blvd., Dagupan City</u> | Date: <u>6/28/2017</u> |
| Tel.Fax No.: <u>523-2310</u> | Terms of Payment: <u>Charge</u> |
| Supplier Registered with: <u>004-021-156-003 V</u> | Mode of Procurement: <u>Shopping</u> |

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

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|---|-----|------|--|--------------|-----------------|
| 1 | 6 | btl | Medical Supplies, Betadine Solution 60ml | 115.00 | 690.00 |
| 2 | 4 | pad | Medical Supplies, Sterile Gauze Pad | 6.15 | 24.60 |
| 3 | 231 | pcs | Medical Supplies, Surgical Mask | 5.00 | 1,155.00 |
| 4 | 6 | bx | Medical Supplies, Band Aid, 100 pcs/bx | 90.00 | 540.00 |
| XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX | | | | TOTAL | 2,409.60 |
| Less: VAT (5%/1.12) | | | | | 107.57 |
| PR No. 17-0302-0200 | | | | | |
| PURPOSE: For the First Quarter 2017 | | | | TOTAL | 2,302.03 |

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.**

By the authority of the MSD Chief

Very truly yours,

JANE C. RAGOS

FC IV / OIC-ASS

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

| | | |
|---|--|---|
| Certified Budget Available: _____ JOSE A. MONES Fiscal Controller III | Funds Available in the amount of: <u>2,409.60</u> <u>6-29-17</u> EDWARD Q. ESPIRITU OIC-FMS Head | APPROVED: ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT |
| With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____ | By the authority of the OIC-FMS <u>6-29-17</u> Jose A. Mones Fiscal Controller III | By the authority of the OIC-ORVP <u>6-29-17</u> Josephine Q. Quiton |
| Conforme: _____ <u>7/7/17</u> Signature over Printed Name and Position of Authorized Representative | | Date: _____ |

