*Republic of the Philippines*
**PHILIPPINE HEALTH INSURANCE CORPORATION**
PhilHealth Regional Office IVA
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
Call Center (02) 441-7442 Contact Number (042) 373-7554
www.philhealth.gov.ph region4a@philhealth.gov.ph

# PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **SOUTH STAR DRUG INC.**
Address: Quezon Avenue
Lucena City
Tel.Fax No.: 373 1935
Supplier Registered with: Security and Exchange Commission

PO No. **17-026**
Date: **28-Feb-17**
Terms of Payment: COD
Mode of Procurement: local shopping

Please deliver to this office within 30 days from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|---|---|---|---|---|---|
| 1 | 25 | pc | ANTIHYPERTENSIVE, CLONIDINE, Catapres, 75mg | 32.00 | 800.00 |
| 2 | 1,194 | pc | ANTIPYRETICS,PARACETAMOL, Biogesic, 500mg | 3.25 | 3,880.50 |
| 3 | 45 | pc | ANTIVERTIGO, BETAHISTINE, Serc, 16mg | 52.00 | 2,340.00 |
| 4 | 6 | pc | ANTIVERTIGO, CINNARIZINE 25mg tab. | 22.00 | 132.00 |
| 5 | 1 | pc | NASAL DECONGESTANTS, SALINASE, Drops for colds/nasal congestion, 60ml. | 118.00 | 118.00 |
| 6 | 380 | pc | NSAIDS, MEFENAMIC ACID, Dolfenal, 500mg | 25.00 | 9,500.00 |
| | | | | | **16,770.50** |
| | | | Less Taxes: 5% VAT | 748.68 | |
| | | | 1% EWT | 149.74 | 898.42 |
| | | | | **TOTAL AMOUNT** | **15,872.08** |
| | | | Purchase Request No: 2017-025 dated February 8, 2017 | | |

Terms & Conditions:

1. The agency shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
2. If the date of receipt of the Purchase Order / PO by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or email.
3. Delivery of the above item(s) shal be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section atleast two (2) days before the delivery. All item(s) shall be delivered and accepted by the Property and Supply Unit at Philhealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.
4. Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods.
5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
6. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Reiteration of Philhealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical 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 which in connection with any transaction which may affect the functions of their office or influence the actions of directorsor employees, or create the appearance of a conflict of interest.

Very truly yours,

**FELICIANA O. PASTORPIDE**
OIC, MSD

| | | | |
|---|---|---|---|
| Certified Budget Available: | Funds Available in the amount of: | 16,770.50 | APPROVED: |
| **ERLYN V. ROJAS** Fiscal Controller II | **ARON R. RIANO** Fiscal Controller III | | **ALBERTO C. MANDURIAO** RVP, PRO IVA |
| With in the COB: 2017-COB | | | |
| Expense Code: 779-00 | | | |
| Budget: 800.00 | | | |
| Remarks: | | | |

Conforme:

CLYDE PEREZ / PA - MERCHANDIZER
Signature over Pinted Name and Position of Representative
228 - 007 - 432 - 106

Received Copy of PO:
03 - 10 - 17
Date

RECEIVED
MAR 1 : 2017
BY:----------