



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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **NORTHERN LUZON DRUG CORPORATION**

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

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

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

PHILHEALTH REGIONAL OFFICE I
30A
POMM-P-006
7-15-18
Received By: [Signature]
Time: PO No. 18-102
Date: 7/14/2018

Terms of Payment: **Charge**
Mode of Procurement: **Shopping**

Please deliver to this office within **2-3 weeks** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	cap	ANTIDIARRHEALS ERCEFURYL cap	52.50	315.00
2	121	pc	ANTIDIARRHEALS LOPERAMIDE 2mg	7.50	907.50
3	33	pc	ANTIHYPERTENSIVE AMLODIPINE (Amlogin) 10mg	21.75	717.75
4	5	tab	GIT REGULATORS DOMPERIDONE, 10mg tab	32.00	160.00
5	75	pc	NSAIDS IBUPROFEN, advil, 500mg	8.50	637.50
6	215	pc	NSAIDS MEFENAMIC ACID, Dolfenal, 500mg	26.75	5,751.25
7	25	tab	ORAL ANTISPASMODIC ORAL ANTISPASMODIC HYOSCINE-N BUTYLBROMIDE, Buscopan tab, 10mg	24.00	600.00
8	5	sachet	ORAL REHYDRATION SALTS HYDRITE Sachet (Apple, Orange flavors)	15.00	75.00
9	50	pc	OTHER DRUGS ACTING ON THE RESPIRATORY SYSTEM SINUPRET	11.75	587.50
10	25	cap	PENICILLINS CLOXACILLIN 500mg cap	11.00	275.00
11	3	bx	MEDICAL SUPPLIES Band Aid, 100pcs/bx	130.00	390.00
xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx				TOTAL	10,416.50
Less: VAT (5%/1.12)				465.02	
EWT (1%/1.12)				93.00	558.02
PR No. 18-0627-0252					
PURPOSE: For PRO 1 use from the amended APP. batch 3				TOTAL	9,858.48

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.

Very truly yours,

CYNTHIA S. SANTOS
DC IV / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: <u>10,416.50</u>	APPROVED: <u>17 JUL 2018</u>
JOSE A. MONES Fiscal Controller III	ALBERTO C. MANDURAO Regional Vice President, PRO1
EDWARD Q. ESPIRITU AO IV / FMS CHIEF	
With in the COB: <u>[Signature]</u>	
Expense Code: <u>[Signature]</u>	
Bdget: <u>[Signature]</u>	
Remarks: <u>[Signature]</u>	
Conforme: <u>[Signature]</u>	
Signature over Printed Name and Position of Authorized Representative	Date
<u>JOSE A. MONES</u>	<u>07/18/18</u>