



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

PURCHASE ORDER

PHILHEALTH REGIONAL OFFICE
COA
SEP 10 2018
Received By: FB
Time: 10
POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: OCTOBER PHARMACY & GENERAL MERCHANDISE
Address: Romulo Highway, Poblacion, Bugallon, Pangasinan
Tel.Fax No.: 9.396E+09
Supplier Registered with: 438-653-000 NV

PO No. 18-140
Date: 8/23/2018
Terms of Payment: Charge
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	1	pc	TOPICAL BETAMETHASONE ointment/cream, 5g Corticosteriods	185.00	185.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	185.00
			Less: VAT (3%)		5.55
			PR No. 18-0726-0284, 18-0567-0211		
			PURPOSE: For PRO 1 use for the 3rd & 4th quarter of CY 2018	TOTAL	179.45

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
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 185.00

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
PC IV / FMS Chief

With in the COB: CY 2018
Expense Code: 50203070
Bdget: 185.00
Remarks: ASS/ GSV

Conforme: [Signature]
Signature over Printed Name and Position of Authorized Representative
Date: 09-10-18

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1
BY THE AUTHORITY OF THE RVP, PRO 1
20 AUG 2018
Maricar M. Arzadon, M.D.
Medical Officer VII
Date