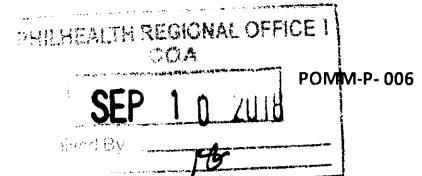




PURCHASE ORDER



OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **NORTHERN LUZON DRUG CORPORATION**  
Address: **Lioanag Bldg., Herrero Perez Blvd., Dagupan City**  
Tel.Fax No.: **529-2494**  
Supplier Registered with: **004-021-156-003 V**

PO No. **18-141**  
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	60	pcs	ANTI-HISTAMINE LORATADINE, Claritin, 10mg	33.75	2,025.00
2	32	pcs	ANTI-HYPERTENSIVE AMLODIPINE, Amlogin 10mg.	21.75	696.00
3	18	pcs	ANTI-HYPERTENSIVE CLONIDINE, Catapres, 75mg	32.00	576.00
4	156	pcs	ANTI-PYRETICS PARACETAMOL, Biogesic, 500mg	3.50	546.00
5	1	pcs	EYE ANTI-INFECTIVES AND ANTISEPTICS TOMBRAMYCIN EYE DROPS	185.00	185.00
6	10	pcs	ORAL REHYDRATION SALTS HYDRITE Sachet (Apple, Orange flavors)	15.00	150.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	<b>TOTAL</b>	<b>4,178.00</b>
			Less: VAT (5%/1.12)		<b>186.52</b>
			PR No. 18-0726-0284, 18-0504-0211		
			PURPOSE: For PRO 1 use for the 3rd & 4th quarter of CY 2018	<b>TOTAL</b>	<b>3,991.48</b>

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 their 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: 4,178.00

JOSE A. MONES  
Fiscal Controller III

JANE C. RAGOS  
FC IV / FMS Chief

With in the COB: 9/7/18

Expense Code: 921000

Bdget: 1000000000

Remarks:

Conforme: 9/7/18

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO  
Regional Vice President, PRO1

Date