

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

1st Floor, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

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**

POMM-P-006
PHILHEALTH REGIONAL OFFICE
COA
SEP 10 2018
RO No. 18-146
Date: 9/5/2018

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	309	tab	ANTACID Kremil S, tab	6.00	1,854.00
2	4	cap	ANTIDIARRHEALS ERCEFURYL cap	52.50	210.00
3	138	pc	ANTIDIARRHEALS LOPERAMIDE 2mg	7.50	1,035.00
4	3	tab	GIT REGULATORS DOMPERIDONE, 10mg tab	32.00	96.00
5	113	pc	NSAIDS IBUPROFEN, Advil, 500mg	8.50	960.50
6	377	pc	NSAIDS MEFENAMIC ACID, Dolfenal, 500mg	28.25	10,650.25
7	41	tab	ORAL ANTISPASMODIC ORAL ANTISPASMODIC HYOSCINE-N BUTYLBROMIDE, Buscopan tab, 10mg	24.00	984.00
8	83	pc	OTHER DRUGS ACTING ON THE RESPIRATORY SYSTEM SINUPRET	11.75	975.25
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	16,765.00
			Less: VAT (5%/1.12)	748.44	
			EWT (1%/1.12)	149.69	898.13
			PR No. 18-0507-0211, 18-0224-0224		
			PURPOSE: Procurement of second quarter supplies for CY 2018	TOTAL	15,866.87

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.
- Partial delivery per item will not be accepted.

BY THE AUTHORITY OF THE
MARINEL C. BRAVO
FISCAL CONTROLLER III

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>16,765.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
With in the COB:		
Expense Code:		
Bdget:		
Remarks:		
Conforme:		
<p>Signature over Printed Name and Position of Authorized Representative</p> <p><u>VIRANSE C. CUNYAN</u> Date: <u>9/7/18</u></p>		<p><u>ALBERTO C. MANDUNAO</u> Regional Vice President, PRO1</p> <p>Date:</p>