

**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

POMM-P-006

PHILHEALTH REGIONAL OFFICE  
 COA

SEP 10 2018

Recd. PO No. 18-146  
 Time Date: 9/5/2018

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

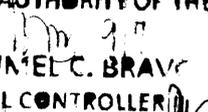
Terms of Payment: Charge  
 Mode of Procurement: Shopping

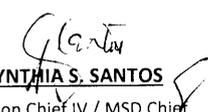
Please deliver to this office within **2-3 weeks** from receipt hereof the following:

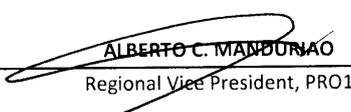
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	309	tab	ANTACID Kremil S, tab	6.00	1,854.00
2	4	cap	ANTIDIARRHEALS ERCEFURYL cap	52.50	210.00
3	138	pc	ANTIDIARRHEALS LOPERAMIDE 2mg	7.50	1,035.00
4	3	tab	GIT REGULATORS DOMPERIDONE, 10mg tab	32.00	96.00
5	113	pc	NSAIDS IBUPROFEN, Advil, 500mg	8.50	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
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxx	<b>TOTAL</b>	<b>16,765.00</b>
			Less: VAT (5%/1.12)	748.44	
			EWT (1%/1.12)	149.69	898.13
			PR No. 18-0507-0211, 18-024-0224		
			PURPOSE: Procurement of second quarter supplies for CY 2018	<b>TOTAL</b>	<b>15,866.87</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 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  
  
**MARIBEL C. BRAVA**  
 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> JOSE A. MONES Fiscal Controller III JANE C. RAGOS FC IV / FMS Chief With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____ Conforms to: _____ Signature over Printed Name and Position of Authorized Representative: <u>VIRAROSE M. CUNYAN</u> Date: <u>9/7/18</u>	APPROVED:   <b>ALBERTO C. MANDUNAO</b> Regional Vice President, PRO1 Date: _____
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