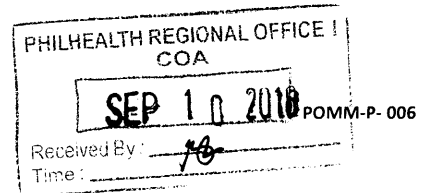




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: OCTOBER PHARMACY & GENERAL MERCHANDISE
Address: Romulo Highway, Poblacion, Bugallon, Pangasinan
Tel.Fax No.: 9395827229
Supplier Registered with: 438-653-000 NV

PO No. 18-147
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	7	pc	ANTIVERTIGO BETAHISTINE, Serc, 16mg	49.50	346.50
2	69	pc	COUGH AND COLD PREPARATION, Lagundi, cap., 600mg	7.50	517.50
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	864.00
			Less: VAT (3%)		25.92
			PR No. 18-0726-0284, 18-6507-0211		
			PURPOSE: Procurement of second quarter supplies for CY 2018	TOTAL	838.08

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.
- Partial delivery per item will not be accepted.

BY THE AUTHORITY OF THE

MARIMEL 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>864.00</u> JOSE A. MONES JANE C. RAGOS Fiscal Controller III FC IV / FMS Chief		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1
With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____ Date: <u>09-10-18</u> Signature over Printed Name and Position of Authorized Representative		