



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

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **NORTHERN LUZON DRUG CORPORATION**

PO No. **18-57**

Address: **Perez St., Dagupan City**

Date: **5/3/2018**

Tel.Fax No.: **529-2494**

Terms of Payment: **Charge**

Supplier Registered with: **004-021-156-003 V**

Mode of Procurement: **Shopping**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	8	cap	ANTIDIARRHEALS ERCEFURYL cap	52.50	420.00
2	75	pc	NSAIDS IBUPROFEN, Advil, 500mg	8.50	637.50
3	1	btl	RESPIRATORY STIMULANT SPIRIT OF AMONIA, 15ml	23.75	23.75
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	1,081.25
			Less: VAT (5%/1.12)		48.27
			PR No. 18-0316-0163		
			PURPOSE: Procurement of First Quarter Drugs & Medicines for CY 2018	TOTAL	1,032.98

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.

PO SET ALLOCATION NO

18050062

By the authority of the MSD Chief

Very truly yours,

JANE C. FRAGOS  
F&IV / ASS CHIEF

MARICAR M. ARZADON, M.D.  
MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 1,032.98

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
AO IV / FMS CHIEF

With in the COB:

Expense Code:

Bdget:

Remarks:

PHILHEALTH REGIONAL OFFICE I  
COA

5-7-18

Received By: ae  
Time:

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 5/7/18

APPROVED:

MARICAR M. ARZADON

MO VII / MSD CHIEF  
OIC-Regional Vice President

Date