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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. **18-65**Address: **Perez St., Dagupan City**Date: **5/9/2018**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	245	btl	MEDICAL SUPPLIES Alcohol, 500ml, 68%-72% Ethanol (Ethyl Alcohol), Colorless Clear Liquid, fully miscible in water	65.75	16,108.75
2	2	pck	MEDICAL SUPPLIES Cottonbuds 200 tips/pack	28.75	57.50
3	1	bx	MEDICAL SUPPLIES Gloves, latex exam, powder-free, medium, 100s/box	300.00	300.00
4	1	pc	MEDICAL SUPPLIES Emergency Kit	398.00	398.00
5	662	pc	MEDICAL SUPPLIES Surgical Mask	5.00	3,310.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	20,174.25
			Less: VAT (5%/1.12)	900.64	
			EWT (1%/1.12)	180.13	1,080.77
			PR No. 18-0322-0167		
			PURPOSE: Procurement of First Quarter Drugs & Medicines for Q1 2018 from the amended APP batch 2	TOTAL	19,093.48

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.

BY THE AUTHORITY OF THE

[Signature]
MARIMEK C. BRAYO
 FISCAL CONTROLLER

By the authority of the MSD Chief

Very truly yours,

[Signature]
MARIA CITADEL G. ARZADON
 SSIO / HRU Chief

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

Certified Budget Available: Funds Available in the amount of: **20,174.25**

JOSE A. MONES
 Fiscal Controller III

EDWARD Q. ESPIRITU
 AO IV / FMS CHIEF

PHILHEALTH REGIONAL OFFICE I
COA

5-16-18

Received By: *[Signature]*
 Time: *[Signature]*

With in the COB: *[Signature]*Expense Code: *[Signature]*Bdget: *[Signature]*Remarks: *[Signature]*

Conforme:

by *[Signature]*
NORTHERN LUZON DRUG CORPORATION
 Signature over Printed Name and Position of Authorized Representative

5/10/18
 Date:

APPROVED:

[Signature]
ALBERTO C. MANDURIAO
 Regional Vice President, PRO1

Date