



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

PHILHEALTH REGIONAL OFFICE
 COA

5-17-18

Received By: RB POMM-P-006
 Time: _____

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

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

PO No. **18-66**
 Date: **5/9/2018**

Terms of Payment: **Charge**
 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	5	bx	MEDICAL SUPPLIES Band Aid, 100 pcs/box	100.00	500.00
2	4	btl	MEDICAL SUPPLIES Betadine Solution 60ml	98.00	392.00
3	5	pc	MEDICAL SUPPLIES Hand Sanitizer, 60ml	30.00	150.00
4	6	pc	MEDICAL SUPPLIES Micropore Tape, 1	45.00	270.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	TOTAL	1,312.00
			Less: VAT (5%/1.12)		58.57
			PR No. 18-0322-0167		
			PURPOSE: Procurement of First Quarter Drugs & Medicines for CY 2018 from the amended APP batch 2	TOTAL	1,253.43

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
MARIME I BRAVO
 FISCAL CONTROLLER III

By the authority of the MSD Chief

Very truly yours,

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: <u>1,312.00</u>		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / FMS CHIEF	
With in the COB: <u>4/18/18</u> Expense Code: <u>50100</u> Bdgct: <u>1,312.00</u> Remarks:		
Conforme: <u>Peace M. Espinosa</u> Signature over Printed Name and Position of Authorized Representative		
		Date

Date: 5-17-18