



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

PHILHEALTH REGIONAL OFFICE I
COA
6-29-18
Received By: [Signature]
Time: 7:00

POMM-P-006

Supplier: **NORTHERN LUZON DRUG CORPORATION**

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

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

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

PO No. **18-91**

Date: **6/27/2018**

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	3	bot	MEDICAL SUPPLIES Betadine Solution 60ml	115.00	345.00
2	2	pc	MEDICAL SUPPLIES Disinfectant Cleaner (Hydrogen Peroxide 500ml)	54.25	108.50
3	5	pad	MEDICAL SUPPLIES Sterile Gauze Pad (4x4)	6.15	30.75
4	267	pc	MEDICAL SUPPLIES Surgical Mask (Earloop Mc Bride)	5.00	1,335.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	1,819.25
			Less: VAT (5%/1.12)		81.22
			PR No. 18-0507-0212		
			PURPOSE: Procurement of Second Quarter Medical Supplies for CY 2018	TOTAL	1,738.03

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 MSD Chief

Very truly yours,

LETECIA L. RAVANCHO

FC III / OIC-ASS

CYNTHIA S. SANTOS

DC IV / MSD CHIEF

Certified Budget Available:	Funds Available in the amount of: <u>9,189.25</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / FMS CHIEF	ALBERTO C. MANDURIAO Regional Vice President, PRO1
With in the COB: <u>[Signature]</u>	By the authority of the FMS Chief: <u>[Signature]</u> JOSE A. MONES Fiscal Controller III	BY THE AUTHORITY OF THE RVP <u>[Signature]</u> MARICAR AL RIZALON AID MEDICAL OFFICER/VI
Expense Code: <u>[Signature]</u>		
Bdget: <u>[Signature]</u>		
Remarks: <u>[Signature]</u>		
Conforme: <u>[Signature]</u>	Date: <u>6/29/18</u>	Date
Signature over Printed Name and Position of Authorized Representative		