

PURCHASE ORDER

Supplier : ROSE PHARMACY INC.-ILIGAN CITY
Address : Iligan City
Tel/Fax :
PR No. : 332-18
Date : 5/28/2018

Purchase Order No. 118-164
Date 23 JUL 2018
Terms of Payment : _____
Mode of Procurement : LOCAL SHOPPING

Please deliver to this Office within **seven (7)** working days from receipt hereof the following:

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	13	pack	ASCOF, LAGUNDI CAP,600mg, (10 + 5 promo pack)	77.50	1,007.50
2	100	pcs	IBUPROFIN, Advil,500mg	8.50	850.00
3	100	pcs	MEFENAMIC ACID (ANALMIN)	3.25	325.00
4	200	pcs	KREMIL-S TAB OR SIMECO	6.00	1,200.00
5	300	pcs	PARACETAMOL BIOGESIC,500mg	3.50	1,050.00
6	120	pcs	BUTAMIRATE CITRATE,SINECOD 500mg	20.75	2,490.00
7	32	pcs	LOPERAMIDE, 12mg	5.55	177.60
8	36	pcs	HYDROXYZINE ITERAX,25mg	28.00	1,008.00
9	40	pcs	LORATADINE, CLARITIN, 10mg	34.10	1,364.00
10	130	pcs	ALAXAN (Ibuprofen paracetamol) Cap	8.00	1,040.00
11	47	pcs	METOPROLOL, NEOBLOCK OR ATENOLOL, 50mg	4.75	223.75
			XXXXXXXXXX NOTHING FOLLOWS XXXXXX		
T O T A L					10 ms. 30

Conditions:

1. The Agency shall impose penalty in an amount equivalent to 1/10 of one (1) percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of the receipt of the Purchase Order by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order.
4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier

Funds available in the amount of:

\$10,735.35

Very truly yours,

SORAYAH M. SHARIEF-TABAO
Head, Fund Management Section

ALLAN NODEN A. MACARIMBANG
Chief, Management Services Division

Approved:

Atty. KHALIUZZAMAN M. MACABATO, CPA, CSEE
Regional Vice-President

Received this P.O. Copy on: _____
by: _____

Conform:

Name and Signature of
Supplier/Representative