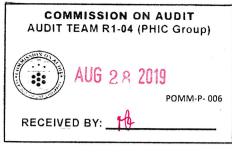
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PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

## **PURCHASE ORDER**



OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	NORTHERN LUZON DRUG CORPORATION	PO No. 2019-193
Address:	Liong Bldg., Perez Blvd., Dagupan City	Date: 8/22/2019
Tel.Fax No.:	523-2310 / 529-2494	Terms of Payment: Charge
Supplier Reg	istered with: 004-021-156-003 V	Mode of Procurement: Shopping

## Please deliver to this office within <u>15 days</u> from receipt hereof the following:

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NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	pc	Antihistamine Loratadine, Claritin, 10mg.	33.75	675.00
	15	рс	Antihypertensive Amlodipine (Rhea Amlodipine) 10mg.	9.00	135.00
	20	рс	Antihypertensive Clonidine, Catapres, 75mg.	30.10	602.00
	75	cap	Cough and Cold Preparations Lagundi, cap. 600mg.	6.75	6.75 506.25
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	1,918.25	
			Less: VAT (5%/1.12)		85.64
			PR No. 19-0729-0376		
			PURPOSE: Drugs and Medicines for the Second Quarter of CY 2019	TOTAL	1,832.61

Terms & Conditions:

1. 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.

2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.

- 3. 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.
- 4 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.
- 5 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.
- 6 Deliveries should be made within 8:00AM 12:00NN and 1:00PM 3:00PM on working days on or before the date stipulated in the PO.
- 7 Partial delivery per item will not be accepted.

	By the Authority of the Chief, MSD	Very truly yours,
	EDWARD Q. ESPIRITU 8/27/14	CYNTHIA S. SANTOS Division Chief IV / MSD Chief
Certified Budget Available: Funds Available in the amount of:	<u> </u>  0  8.25	APPROVED: , Cynthia S. Santos Olivision Chief IV Olic-Regional Vice President, PRO1
Signature over Printed Name and Position of Authorized Represe	Date: 0847749 entative	Date

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