



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

### PURCHASE ORDER

COMMISSION ON AUDIT  
AUDIT TEAM R1-04 (PHIC Group)



AUG 28 2019

POMM-P-006

RECEIVED BY: HA

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: NORTHERN LUZON DRUG CORPORATION

Address: Liong Bldg., Perez Blvd., Dagupan City

Tel.Fax No.: 523-2310 / 529-2494

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

PO No. 2019-193

Date: 8/22/2019

Terms of Payment: Charge

Mode of Procurement: Shopping

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	pc	Antihistamine Loratadine, Claritin, 10mg.	33.75	675.00
	15	pc	Antihypertensive Amlodipine (Rhea Amlodipine) 10mg.	9.00	135.00
	20	pc	Antihypertensive Clonidine, Catapres, 75mg.	30.10	602.00
	75	cap	Cough and Cold Preparations Lagundi, cap. 600mg.	6.75	506.25
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	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:

- 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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

By the Authority of the Chief, MSD

Very truly yours,

EDWARD Q. ESPIRITU  
AO IV

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>1,918.25</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	<u>Cynthia S. Santos</u> Division Chief IV
With in the COB:		<u>8/23/19</u>
Expense Code:		
Bdget:		
Remarks:		
Conforme:	<u>DAY AND E - RAGOS</u>	
	Date: <u>8/23/19</u>	
Signature over Printed Name and Position of Authorized Representative		Date