



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

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

JAN 03 2020

RECEIVED BY: JB

POMM-P-006

# PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: NORTHERN LUZON DRUG CORPORATION

PO No. 2019-331

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

Date: 12/26/2019

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

Terms of Payment: Charge

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

Mode of Procurement: Shopping

Please deliver to this office within 2-3 weeks from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	pck	MEDICAL SUPPLIES Cottonbuds 200 tips/pack	28.75	57.50
2	59	btl	MEDICAL SUPPLIES Alcohol, 500ml, 68%-72% Ethanol (Ethyl Alcohol), Colorless, Clear Liquid, fully miscible in water	65.75	3,879.25
3	1	pck	MEDICAL SUPPLIES Glucometer Strip	2,235.00	2,235.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	6,171.75
			Less: VAT (5%/1.12)		275.52
			PR No. 19-0729-0375		
			PURPOSE: Drugs and Medicines for the Second Quarter of CY 2019	TOTAL	5,896.23

## 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 MSD Chief

Very truly yours,

EDWARD Q. ESPIRITU

CYNTHIA S. SANTOS

AO IV / ASS Chief / OIC-OMSD Chief

Division Chief IV / MSD Chief

<p>Certified Budget Available: Funds Available in the amount of: <u>6,171.75</u></p> <p>JOSE A. MONES Fiscal Controller III</p> <p>JANE C. RAGOS FC IV / FMS Chief</p> <p>With in the COB: <u>12/27/19</u></p> <p>Expense Code: <u>10220348</u></p> <p>Bdget: <u>10220348</u></p> <p>Remarks: <u>Medical Cost Center</u></p> <p>Conforme: <u>12/27/19</u></p> <p>Signature over Printed Name and Position of Authorized Representative</p>	<p>APPROVED:</p> <p>MARICAR M. ARZADON, M.D. HCDMD Chief / MO VII / OIC-ORVP</p> <p>Date</p>
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