



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **NORTHERN LUZON DRUG CORPORATION**
Address: **Liong Bldg., Perez Blvd., Dagupan City**
Tel.Fax No.: **523-2310**
Supplier Registered with: **004-021-156-003 V**

PO No. **2019-041**
Date: **3/21/2019**
Terms of Payment: **Charge**
Mode of Procurement: **Shopping**

Please deliver to this office within **15-30 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc	Topical Antibacterial Mupirocin Ointment/cream, 5mg	263.00	263.00
	20	pc	ANTIDIARRHEALS LOPERAMIDE 2mg	15.75	315.00
	180	pc	Antihistamine Loratadine, claritin, 10mg	33.75	6,075.00
	20	pc	Antihypersensitive Clonidine, catapres, 75mg	30.10	602.00
	200	pc	Antipyretics Paracetamol, biogesic, 500mg	3.50	700.00
	65	cap	PENICILLINS CLOXACILLIN 500mg cap	11.00	715.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXXX	TOTAL	8,670.00
			Less: VAT (5%/1.12)		387.05
			PR No. 19-0213-0145		
			PURPOSE: Procurement of First Quarter Supplies for CY 2019	TOTAL	8,282.95

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.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **C.670.00**

JOSE A. MONES

Fiscal Controller III

JANE C. RAGOS

FC IV / FMS Chief

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

MAY ANN C. MANERA

Date: **03/26/19**

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO

Regional Vice President, PRO1

3-21-19

Date