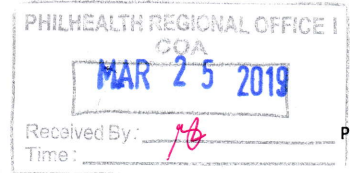




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: OCTOBER PHARMACY & GENERAL MERCHANDISE
Address: Bugallon, Pangasinan
Tel.Fax No.: 9395827229
Supplier Registered with: 438-653-000 NV

PO No. 2019-042
Date: 3/21/2019
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within 10-15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	25	cap	Cough and Cold preparation, Lagundi cap 600mg	6.00	150.00
	1	pc	Eye Anti Infectionives and Antiseptics Tombramycin Eye Drops	285.00	285.00
	1	pc	Topical Betamethasone ointment/cream, 5g corticosteroids	185.00	185.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	TOTAL	620.00
			Less: VAT (5%/1.12)		27.68
			PR No. 19-0213-0145		
			PURPOSE: Procurement of First Quarter Supplies for CY 2019	TOTAL	592.32

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: 620.00

JOSE A. MONES

Fiscal Controller III

JANE L. RAGOS

FC IV / FMS Chief

With in the COB: _____

Expense Code: _____

Bdget: _____

Remarks: _____

Conforme: _____

APPROVED:

ALBERTO C. MANDURIAO

Regional Vice President, PRO1

3-21-19

Date

Manifes DIS-AG SAPIDO Date: 03-21-19
Signature over Printed Name and Position of Authorized Representative