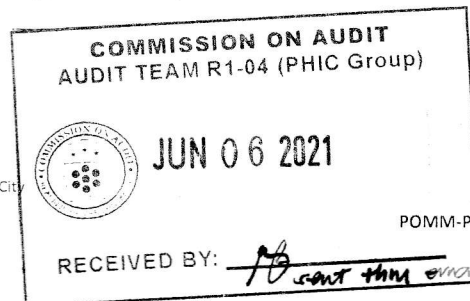




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT



POMM-P-006

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

PO No. **2021_027**
 Date: **5/19/2021**
 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 | 1 | tube | TOPICAL HYDROCORTISONE Ointment | 275.00 | 275.00 |
| | | | XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX | TOTAL | 275.00 |
| | | | Less: VAT (3%) | | 8.25 |
| | | | PR No. 21-0428-0107 | | |
| | | | PURPOSE: For PRO 1 use | TOTAL | 266.75 |

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: <u>275-</u> JOSE A. MONES _____ EDWARD Q. ESPIRITU _____ Fiscal Controller III AO IV / OIC-OFMS Chief | | APPROVED: DENNIS B. ADRE Regional Vice President, PRO1 |
| With in the COB: <u>05-31-21</u> Expense Code: <u>50202030</u> Bdgct: <u>275.00</u> Remarks: <u>MOOE/ASS-GEN</u> | | |
| Conformer: Signature over Printed Name and Position of Authorized Representative | | Date: <u>05-31-21</u> Date |