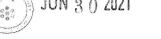


Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City





POMM-P- 006 RECEIVED BY:

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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

unnlier	OCT

OCTOBER PHARMACY & GENERAL MERCHANDISE

PO No. 2021 039

Bugallon, Pangasinan

Date: 6/23/2021

Address: Tel.Fax No.: 9395827229

Terms of Payment: Charge

Supplier Registered with: 438-653-000 NV

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	50	capsule	ANTACIDS OMEPRAZOLE 20mg	12.00	600.00
2	20	table	ORAL ANTISPASMODIC HYOSCINE-N BUTYLBROMIDE, Buscopan tab, 10mg	26.00	520.00
			xxxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	1,120.00
			Less: VAT (1%)		11.20
	Dec 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	1	PR No. 21-0618-0140		
			PURPOSE: For PRO 1 use	TOTAL	1,108.80

Terms & Conditions:

- 1. 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.
- 2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 3. 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,

Certified Budget Available: Funds Available in the amount of: // /20 /	APPROVED:
JOSÉ A. MONES EDWARD Q. ESPIRITU	contract the second second
Fiscal Controller III AO IV / OIC-OFMS Chief	
	A
With in the COB:	Ph
Expense Code: SON NOTO	DENNIS B. ADRE
Baget: 1,170.00	Regional Vice President, PRO1
Remarks: MOON VAMOUS COST	e garace es a solici
CTM).	
Conforme: Marifest Sabido 86-29-21	
Date:	
Signature over Printed Name and Position of Authorized Representative	Date