

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

AUDIT TEAM R1-04 (Pric Group)
JUL 09 2021
POMM-P-006
RECEIVED BY: [Signature]

Supplier: NORTHERN LUZON DRUG CORPORATION
Address: Liong Bldg., Perez Blvd., Dagupan City
Tel. Fax No.: 523-2310 / 529-2494
Supplier Registered with: 004-021-156-003 V

PO No. 2021_046
Date: 7/1/2021
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	45	tablet	ANTACIDS KREMIL-S tab	7.75	348.75
✓ 2	40	tablet	ANTIHYPERTENSIVE AMLODIPINE (Amlogin) 10mg.	19.40	776.00
✓ 3	300	tablet	ANTIPYRETICS PARACETAMOL, Biogesic, 500mg	3.75	1,125.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				TOTAL	2,249.75
Less: VAT (5%/1.12)					100.44
PR No. 21-0623-0145					
PURPOSE: For PRO 1 use				TOTAL	2,149.31

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 their 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,

[Signature]
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: <u>Funds Available in the amount of: 2,249.75</u> <u>[Signature]</u> JOSE A. MONES Fiscal Controller III <u>[Signature]</u> EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief With more PDS: <u>OK</u> Expend Code: <u>5703070</u> Budget: <u>2,249.75</u> Remarks: <u>NOE/VANILLA M91</u> Conformer: <u>[Signature]</u> Date: <u>07/01/21</u> Signature over Printed Name and Position of Authorized Representative		APPROVED: <u>[Signature]</u> JUL 06 2021 MARICAR M. ARZADON, M.D. Medical Officer VII - HCDME DENNIS B. ADRE Regional Vice President, PRC1 Date:
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