## Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION

REGIONAL HEALTH INSURANCE CONTOKA REGIONAL HEALTH INSURANCE OFFICE III PhilHealth Bldg., Lazatin Blvd., San Agustin, City of San Fernando, Pampanga General Services Unit (GSU) Healthline (045) 963-0299

## PURCHASE ORDER

Supplier:	. IGENERICS PHARMACY	P.O. No.: 21-018
Address:	A transfer of the first of the	Date: May 28, 2021
Tel./ Fax		Term of Payment: 15 DAYS
	Registered with: PHILHEALTH	Mode of Procurement: SHOPPING

Please deliver to this Office within 15 working days from receipt hereof:

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	111	can	Disinfectant spray, 500g plus(+)	590.00	65,490.00
2	634	boxes	Surgical / Disposable Face mask, 50s (FDA approved)	100.00	63,400.00
			************Nothing Follows**********************************		
			R3-2021-03-008	TOTAL AMT.	PHP 128,890.00

## Conditions:

- 1. The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the value of undelivered order for each day of the delay as liquidated damages.
- 2. Render your bills in triplicate copies including the original.
- 3. If the date of receipts of this Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received within 15 working days from the. date of approval.
- 4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased,
- and tax receipts, should be submitted by the supplier.

  5. Delivery shall be made only on MONDAYS to FRIDAYS at 8AM. except for emergency cases wherein prior notification in such cases shall be given by this office.

Very truly you

Certified Budget Available:	Funds available in the amount of PHP 128,890.00	APPROVED
EVELYN C. CO  FC 111 / Comptrollership Unit	LEONIDAS A LUMBA FC IV / Fund Manlagement Section	EDGARDO F. FAUSTINO Acting Vice President PRO III
Within the COB. Expense Code. Wich Cal Syntal Budget Remarks:		
CONFORME: PRINCESS INC. I'M SANDIE SIGNATURE OVER PRINTED N OF SUPPLIER/ REPRESENTATI	AME	DATE RECEIVED COPY OF P.O.