

21-06-0679

Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
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.: 21-020  
Address: San Jose, City of San Fernando (PJ) Date: June 11, 2021  
Tel./ Fax No.: 09988668541 Term of Payment: 15 DAYS  
Supplier Registered with: PHILHEALTH Mode of Procurement: Small Value Procurement

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

NO.	QTY.	UNIT	ITEM / DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,340	tablet	ANTIPYRETICS PARACETAMOL, Biogesic, 500mg	4.10	5,494.00
2	275	tablet	ANTIVERTIGO BETAHISTINE, Serc, 16mg	68.75	18,906.25
3	428	tablet	NSAIDS MEFENMIC ACID, Dolfenal, 500mg	34.80	14,894.40
			*****Nothing Follows*****		
			RJ-2021-03-009	TOTAL AMT.	PHP 39,294.65

- 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 yours,  
EVELYN E. OCAMPO  
PRO3 SBAC - Head

Certified Budget Available:	Funds available in the amount of	PHP 39,294.65	APPROVED
 EVELYN C. CO FC III / Comptrollership Unit	 LEONIDAS B. LUMBA FC IV / Fund Management Section	 EDGARDO F. FAUSTINO Acting Vice President PRO III	
Within the COB: CY 2021 Expense Code: Drugs and Meds Budget: Remarks:			
CONFORME:  SIGNATURE OVER PRINTED NAME OF SUPPLIER/ REPRESENTATIVE		07/09/2021 DATE RECEIVED COPY OF P.O.	