*Republic of the Philippines*
**PHILIPPINE HEALTH INSURANCE CORPORATION**
PhilHealth Regional Office IV A
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
Call Center (02) 8441-7442 | Contact Number (042) 373-7554
www.philhealth.gov.ph | region4a@philhealth.gov.ph

UNIVERSAL HEALTH CARE

# PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **ST. FRANCIS GENERIC DRUGSTORE INC.**
Address: 4th Floor St. Francis Square Building, Julia Vargas Corner Bank Drive, Ortigas Center
Mandaluyong City
Tel/Fax No.: (02) 632 1010
Supplier Registered with: Security and Exchange Commission

PO No.: 2021-04-039
Date: July 5, 2021
Terms of Payment: COD
Mode of Procurement: SHOPPING

Please deliver to this office within 30 days from receipt hereof the following

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|---|---|---|---|---|---|
| 1 | 98 | tabs | ANTACID | 0.65 | 63.70 |
| 2 | 16 | tabs | ANTIEMTICS (ORAL) METOCLOPRAMIDE 10MG/TAB | 0.75 | 12.00 |
| 3 | 300 | tabs | ANTIHISTAMINE, LORATADINE, 10 MG | 1.95 | 585.00 |
| 4 | 20 | tabs | ANTIVERTIGO, 25MG TAB | 0.72 | 14.40 |
| 5 | 100 | tabs | ORAL ANTISPASMODIC, HYOSCINE-N-BUTYLMROMIDE 10MG | 3.68 | 368.00 |
| 6 | 30 | gallons | DISINFECTANT CLEANER (Zonrox) | 125.50 | 3,765.00 |
| | | | | | 4,808.10 |
| | | | Less Taxes: 5% VAT | 214.65 | |
| | | | 1% EWT | 42.93 | 257.58 |
| | | | | TOTAL AMOUNT | 4,550.52 |
| | | | **Purchase Request No:** 2021-01-058<br>**Date:** 12-May-21 | | |

Terms & Conditions

1. The agency shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages
2. If the date of receipt of the Purchase Order (PO) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or email
3. Delivery of the above item(s) shall be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section atleast two (2) days before the delivery. All item(s) shall be delivered and accepted by the Property and Supply Unit at Philhealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
4. Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods
5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back up unit in case of repair
6. The contracting parties undertake to comply with Office Order No. 0018 2013 entitled Reiteration of Philhealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical 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 offical duties or which 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

Very truly yours,

BENJIE A. CUVINAR
Chief, MSD

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UNIVERSAL HEALTH CARE

Certified Budget Available

Funds Available in the amount of 4,808.10

**MA. PAMELA B. LEYNES**
Fiscal Examiner A

**ARON K. RIANO**
Fiscal Controller IV

| | |
|---|---|
| With in the COB | 2020 COB |
| Expense Code | 50203070 |
| Budget | 4,808.10 |
| Remarks | |

APPROVED:

**AR[illegible]N M. GRANALI**
ARVP, PRO IVA

Conforme:

[illegible] D. [illegible] BUSINESS DEVELOPER ASSISTANT
Signature over Printed Name and Position of Authorized Representative

Received Copy of PO:

JULY 13, 2021
Date