Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IVA
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: **SOUTHERN LUZON DRUG CORPORATION**
Address: Maharlika Highway, REDV
Lucena City
Tel.Fax No.:
Supplier Registered with: Secutiry and Exchange Commission

PO No. **2021-04-062**
Date: **August 12, 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	7	bottles	**EYE ANTI-INFECTIVES AND ANTISEPTICS, TOBRAMYCIN EYE DROPS**	571.00	3,997.00
					3,997.00
			Less Taxes: 5% VAT	178.44	
			1% EWT	35.69	214.13
				TOTAL AMOUNT	**3,782.87**
			Purchase Request No: 2021-01-078 **Date: 12-Jul-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) shal 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. 0018-2015 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 official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of directorsor employees, or create the appearance of a conflict of interest.

Very truly yours,

BENJIE A. CUVINAR
Chief, MSD

Certified Budget Available:	Funds Available in the amount of: 3,997.00	APPROVED:
MA. PAMELA B. LEYNES Fiscal Examiner A	**ARON R. RIANO** Fiscal Controller IV	**ARJAN M. GRANALI** ARVP, PRO IVA
With in the COB: 2021 COB Expense Code: 50203070 Budget: 3,997.00 Remarks:		

Conforme:

Shiela P. Quejano ABM 8/18/21
Signature over Printed Name and Position of Authorized Representative

Received Copy of PO:
Date

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ABSTRACT OF QUOTATIONS

(as supporting document to PO and JO)

QTY	UNIT	ITEM DESCRIPTION	SOUTHERN LUZON DRUG CORPORATION		SOUTH STAR DRUG INC		VICKY'S PHARMACY AND MEDICAL SERVICES	
			UNIT PRICE	**TOTAL PRICE**	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
7	bottles	**EYE ANTI-INFECTIVES AND ANTISEPTICS, TOBRAMYCIN EYE DROPS**	**571.00**	**3,997.00**	571.00	3,997.00	715.00	5,005.00

PR No./ Requesting Unit: **2021-01-078 / MSD ADMIN**
Recommending award to: ***SOUTHERN LUZON DRUG CORPORATION***
Reason for award: ***LCRQ***
Delivery Period: ***30 DAYS***

Warranty: ***not stated***
Price Validity: ***not stated***
Terms of Payment: ***COD***
Other info: ***none***

Prepared by:	*Recommended by:*	*Approved by:*
ALLAN JEFFREY F. DATINGUINOO Clerk III	**CECILIA I. PUREZA** AO II / OIC, GSU	**JOSEPH ADRIAN R. REJANO** OIC, ASS

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APPROVED BUDGET FOR THE CONTRACT (ABC)
Drugs and Medicines
within PRO IVA

ABC No: 2021-0100
Date: 7/6/21

Contract Duration: CY 2021

ITEM NO. (a)	DESCRIPTION (b)	QTY (c)	UNIT (d)	CURRENT MARKET PRICE (e)	No. Of Days/Nights (If Applicable) (f)	Sub-Total (g)=[(c) (e) (f)]	5% Contingency for Price Escalation (h)=[(g) (5%)]	TOTAL COST (i) =(g)+(h)
1	EYE ANTI-INFECTIVES AND ANTISEPTICS, TOBRAMYCIN EYE DROPS	7	bottle	578.00		4,046.00		4,046.00
TOTAL								**4,046.00**

Prepared by:

CECILIA I. PUREZA
AO II

Certified Funded in COB

ARON R. RIANO
Head, FMS

Recommended by:

BENJIE A. CUVINAR
MSD Chief

Approved:

ADRIAN M. GRANALI
ARVP, PRO IVA