

PURCHASE ORDER

Supplier : ROSE PHARMACY INC.
 Address : ILIGAN CITY
 Tel/Fax :
 PR No. : HRU-004-2021
 Date : 2/16/2021

Purchase Order No. : 2021-006
 Date : 2/23/2021
 Terms of Payment :
 Mode of Procurement : NP/SVP

Please deliver to this Office within **seven (7)** working days from receipt hereof the following:


NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	30	cap	ANTACID OMEPRAZOLE 20mg, RPHAR brand	12.00	360.00
2	150	cap	ANTIDIARHEALS LOPERAMIDE, RPHAR brand	5.50	750.00
3	80	tab	ANTI HISTAMINE (LORATADINE CLARITIN 10mg	34.10	2,728.00
4	100	tab	ANTI HYPERTENSIVE AMLODIPINE Amlogin, 10mg RPHAR br.	6.25	625.00
5	150	tab	ANTI PYRETICS PARACETAMOL, Biogesic 500mg	3.75	562.50
6	150	cap	COUGH AND COLD PREP. ASCOF Lagundi cap, 600mg	7.75	1,162.50
7	150	cap	NSAIDS, MEFENAMIC ACID, Dolfenal 500mg	29.75	4,462.50
			xxxxxx nothing follows xxxxxxxx		
					10,650.50
TOTAL					2,163.00

Conditions:

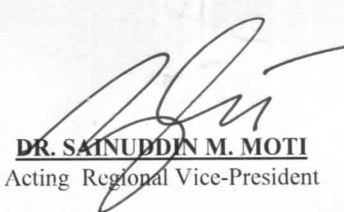
1. The Agency shall impose penalty in an amount equivalent to 1/10 of one (1) percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of the receipt of the Purchase Order by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the Purchase Order.
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

Funds available in the amount of: _____.

Very truly yours,


ASLINAH D. ASHARY
 Head, Fund Management Section

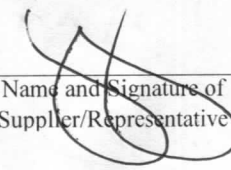
Approved:


DR. SAINUDDIN M. MOTI
 Acting Regional Vice-President


ALLANODEN A. MACARIMBANG
 Chief, Management Services Division

Received this P.O. Copy on: _____
 by: _____

Conform:


 Name and Signature of
 Supplier/Representative