

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **NORTHERN LUZON DRUG CORPORATION**
Address: **Liong Bldg., Perez Blvd., Dagupan City**
Tel.Fax No.: **523-2310 / 529-2494**
Supplier Registered with: **004-021-156-003 V**

PO No. **2022_010**
Date: **3/22/2022**
Terms of Payment: **Charge**
Mode of Procurement: **Shopping**

Please deliver to this office within **15-30 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	75	tablet	Antacids Kreml-S	7.75	581.25
2	50	cap	Antacids Omeprazole 20 mg., Resik	35.00	1,750.00
3	5	tablet	Antiasthmatic Terbutaline sulfate, Bricanyl	17.25	86.25
4	30	tablet	AntiDiabetes Metformin 500mg/tablet, Ritemed Metformin	3.50	105.00
5	27	cap	Antidiarrheals Loperamide, 2mg, diatabs	7.50	202.50
6	80	tablet	Antihistamine Loratadine, 10mg, Claritin	34.75	2,780.00
7	20	tablet	Antihypertensive Amlodipine, 10mg, Ritemed Ares	9.00	180.00
8	278	tablet	Antipyretics Paracetamol, 500mg, Biogesic	3.75	1,042.50
9	30	tablet	Cough and Cold Preparations Butamirate Citrate, 50mg., Sinecod	20.00	600.00
10	10	cap	Cough and Cold Preparations Vitex Negundo L. Lagundi Leaf, 600mg. Ascof	7.50	75.00
11	40	cap	NSAIDS Ibuprofen 500mg, Advil	8.50	340.00
12	60	cap	NSAIDS Mefenamic Acid 500mg., Ritemed	4.25	255.00
13	30	tablet	Oral Antispasmodic Hyoscine-N Butylbromide 10mg, Buscufan	25.75	772.50
14	60	tablet	Other Drugs on the respiratory system, sinupret	11.75	705.00
15	35	cap	Pain Reliever, Celecoxib 400mg, celcoxx	49.50	1,732.50
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	11,207.50
			Less: VAT (5%/1.12)		500.33
			EWI (1%/1.12)		100.07
			PR No. 22-0315-0071 (50203070)		
			PURPOSE: For PRO 1 use	TOTAL - Net	10,607.10

Terms & Conditions:

- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial 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 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.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.
- Deliveries should be made within 8:00AM - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.

COMMISSION ON AUDIT
AUDIT TEAM RT-04 (PHIC Group)



MAR 29 2022

Very truly yours,

By the Authority of the Chief, MS

SALLY S. GOMEZ

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

MAR 22 2022

RECEIVED BY:

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Certified Budget Available: Funds Available in the amount of: 11,207.50

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

JUAN D. DOTE

Date: 03/28/22

Signature over Printed Name and Position of Authorized Representative

APPROVED:

By:

MARICAR M. ARZADON, M.D.

Medical Officer, PHICMD

Regional Vice President, PRO1

Date