

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **NORTHERN LUZON DRUG CORPORATION**

PO No. **2022_107**

Address: **Liong Bldg., Perez Blvd., Dagupan City**

Date: **11/9/2022**

Tel.Fax No.: **523-2310 / 529-2494**

Terms of Payment: **Charge**

Supplier Registered with: **004-021-156-003 V**

Mode of Procurement: **Shopping**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	80	pump	Medical Supplies, Alcohol, 1000ml., 70% solution	184.00	14,720.00
2	2	packs	Medical Supplies, Cotton, 100 balls/pack	41.00	82.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	14,802.00
			Less: VAT (5%/1.12)		660.80
			EVAT (1%/1.12)		132.16
			PR No. 22-1021-0266 (50203080)		
			PURPOSE: For PRO 1 use, APP Amendment batch 9	TOTAL- NET	14,009.04

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 thier 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.

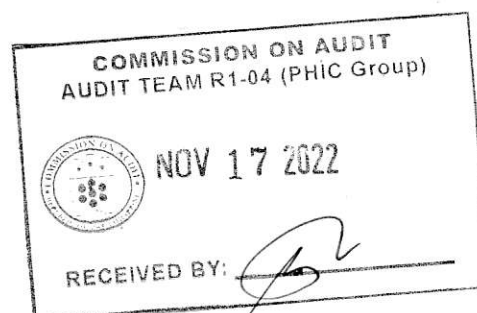
Very truly yours,

By the authority of the MSD Chief:

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

SALLY S. GOMEZ

Certified Budget Available: JOSE A. MONES Fiscal Controller III With in the COB: CY2022 Expense Code: 50203080 Bdgct: 14802 Remarks: VARIOUS COST CTR Conforms: HERBERT M. TANGHAN ABM Signature over Printed Name and Position of Authorized Representative	Funds Available in the amount of: P14,802.00 EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief Date: 11/11/22	APPROVED: DENNIS B. ADRE Regional Vice President, PRO1 By the Authority of the RVP: CYNTHIA S. SANTOS Division Chief - MSD Date: NOV 11 2022
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email 4:25PM 11/12/22