

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **NORTHERN LUZON DRUG CORPORATION**
Address: **Liong Bldg., Perez Blvd., Dagupan City**
Tel. Fax No.: **529-3261**
Supplier Registered with: **004-021-156-003 V**

PO No. **2023_007**

Date: **3/3/2023**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	40	cap.	Amoxicillin, 500mg., riterr d amoxicillin	7.50	300.00
2	10	tab.	Domperidone, 10mg., meta	25.00	250.00
3	40	tab.	Hyoscine-N butylbromide, 10mg., hyoc	22.25	890.00
4	62	caplet	Mefenamic Acid, 500mg., RM mefenamic	4.75	294.50
5	60	tab.	Metformin, 500mg., RM metformin	3.50	210.00
6	15	tab.	Naproxen Sodium, 550mg., Sarimax	19.00	285.00
7	282	tab.	Paracetamol, 500mg., b ogesic	4.00	1,128.00
8	60	tab.	Sinupret	12.25	735.00
9	85	cap	Vitex Negundo L. Lagundi Leaf, 600mg., Ascof	7.50	637.50
			xxxxxxxxxx Nothing For xxxxxxxxxxxxxxxxxxxx		
			Less:		
			VAT (5%/1.1:		
			PR No. 23-0228-0074 (50 03070)		
			PURPOSE: 1st Qtr. Drugs and Medicine Supplies, For PRO1 use		
				TOTAL	4,730.00
					211.16
				TOTAL - NET	4,518.84

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 to 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 any time, 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 or interest 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 to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **4,730.00**

JOSE A. MONES
Fiscal Controller III
EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With in the CO3: **2023**
Expense Code: **50203070 / STDB ID**
Budget: **P 4,730.00**
Remarks: **ACC/GSM/VARIOUS COST CENTER**

Conforme: **ELOISA D. COLINA** **ADM** **3/24/23**
Signature over Printed Name and Position of Authorizer Representative Date:

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By: **JANETTE D. MANAOIS, MD**
MEDICAL SPECIALIST IV
OIC-ORVP
Date: **MAR 17 2023**

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)



APR 03 2023

RECEIVED BY: