

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

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

PO No. **2023_032**

Date: **4/20/2023**

Terms of Payment: **Charge**

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

Please deliver to this office within/on **7-15 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	60	tab	Antihypertensive Clonidine Hydrochloride 75mg	23.25	1,395.00
2	86	cap	Antidiarrheals Loperamide 2mg	7.50	645.00
3	179	caplet	NSAIDs Mefenamic Acid 500mg	4.75	850.25
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.1%)		
			PR No. 23-0328-0142 (5003070)		129.03
			PURPOSE: Drugs and Medicine from APP Amendment Batch 2/ For PRO1 use		
			TOTAL		2,890.25
			TOTAL - NET		2,761.22

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 specially 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 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 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.

By the authority of the MSD Chief

Very truly yours,

SALLY S. GOMEZ

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

APR 20 2023

Certified Budget Available: Funds Available in the amount of: **2,890.25**

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With in the COB: **2023**

Expense Code: **50203070/STB 10**

Budget: **P 2,890.25**

Remarks: **ASS/GCL**

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: **04/27/23**

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

REANICAR M. ARZADON, M.D.
MO VII / Chief, HCDMD

01C-012VP

Date

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



MAY 29 2023

RECEIVED BY: