



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Akia Bldg. Old De Venecia Highway, Lucao, Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **NORTHERN LUZON DRUG CORPORATION**

PO No. **2023_172**

Address: **Perez Blvd., Dagupan City, Pangasinan**

Date: **11/20/2023**

Tel.Fax No.:

Terms of Payment: **Charge**

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

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

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	19	tab	Antacids Aluminum Hydroxidemagnesium Hydroxidesimeticone	8.75	166.25
2	18	cap	Antidiarrheals Loperamide 2mg	7.50	135.00
3	20	tab	Antihypertensive Clonidine Hydrochloride 75mg	32.25	645.00
			xxxx Nothing Follows xxxx	TOTAL	946.25
			Less: VAT (5%/1.12)		42.24
			PR No. 23-1017-0306 (5020301001)		
			PURPOSE: For PRO 1 use/ From APP Amendment/ Supplemental Batch 8	TOTAL - NET	904.01

Terms & Conditions:

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted.
3. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed
4. 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
5. 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
6. 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,

CYNTHIA S. SANTOS
CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 946.25

JOSE A. MONES
JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: CY 2024

Expense Code: 50207070

Budget: 946.25

Remarks: VAT 5% 42.24

Conforme:

ELONA D. COAN
Signature over Printed Name and Position of Authorized Representative

Date: 11/22/23

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

JOSEPHINE O. QUITON
JOSEPHINE O. QUITON
Division Chief - PRO

VIC - PRO
VIC - PRO

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