

PURCHASE ORDER

OFFICE / DEPARTMENT: MSD-Admin

Supplier: **CHQ TRADING**
 Address: **474 Quezon Avenue, Barangay XI,
 Lucena City**
 Tel. Fax No.: **(042) 373 4180**
 Supplier Registered with: **Department of Trade and Industry**

PO No. **2023-04-050**

Date: **9-Jun-23**

Terms of Payment: **ON ACCOUNT**

Mode of Procurement: **SHOPPING**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	50	capsule	PAIN RELIEVER CELECOXIB 400mg	10.00	500.00
2	7	tube	TOPICAL ANTIBACTERIAL MUPIROCIN ointment 5g	87.75	614.25
3	200	caplet	NSAIDS MEFENAMIC ACID 500mg	2.00	400.00
4	70	tablet	NSAIDS NAPROXEN SODIUM 550mg	8.10	567.00
5	80	tablet	ORAL ANTISPASMODIC HYOSCINE-N BUTYLBROMIDE 10mg	3.24	259.20
6	80	sachet	ORAL REHYDRATION SALTS ORAL REHYDRATION SALTS; Used in the treatment of children and adults with dehydration due to diarrhea (except those with severe dehydration) (Apple, Orange flavors)	6.75	540.00
7	70	capsule	ANTACIDS OMEPRAZOLE 20mg	1.35	94.50
8	70	tablet	ANTI-ANGINAL ISOSORBIDE DINITRATE 10mg	1.22	85.40
9	70	nebule	ASTHMATIC SALBUTAMOL	7.00	490.00
10	70	capsule	ANTI-DIARRHEALS LOPERAMIDE 2mg	1.35	94.50
11	140	tablet	ANTIHISTAMINE CHLORPHENAMINE MALEATE 4mg	1.35	189.00
12	210	tablet	ANTIHISTAMINE LORATADINE 10mg	1.30	273.00
13	70	tablet	ANTI-HYPERTENSIVE CLONIDINE HYDROCHLORIDE 75mg	5.66	396.20
14	400	tablet	ANTI-PYRETICS PARACETAMOL 500mg	1.50	600.00
15	140	tablet	ANTI-VERTIGO BETAHISTINE DIHYDROCHLORIDE 16mg	7.00	980.00
16	140	tablet	ANTI-VERTIGO CINNARIZINE 25mg	2.50	350.00
17	7	tube	TOPICAL ANTI-INFECTIVE SILVER SULFADIAZINE 1% cream 20g	98.55	689.85
18	7	tube	TOPICAL CORTICOSTEROIDS HYDROCORTISONE 10mg/g cream	148.50	1,039.50
					8,162.40
			Less Taxes: 5% VAT	364.39	
			1% EWT	72.88	437.27
			TOTAL AMOUNT		7,725.13
			Purchase Request No:	2023-01-068	
			Date:	2-May-23	

Terms & Conditions:

- PhilHealth shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- If the date of receipt of the Purchase Order / PO by the supplier is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or email.
- Delivery of the above item(s) shall be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IV-A
 Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
 ☎ (042) 373-7554 🌐 www.philhealth.gov.ph
 📠 PhilHealthRegion4A 📧 teamphilhealth

19	7	tank	MEDICAL SUPPLIES Oxygen Tank (Refill)	900.00	6,300.00
20	6	pack	MEDICAL SUPPLIES PENLIGHT with AA batteries	108.00	648.00
21	14	pc	MEDICAL SUPPLIES PILLOW; Standard Pillow Size: 20" x 26"	560.75	7,850.50
22	8	bottle	MEDICAL SUPPLIES POVIDONE IODINE 120ml	81.00	648.00
					52,634.86
				Less Taxes: 5% VAT	2,349.77
				1% EWT	469.95
				TOTAL AMOUNT	49,815.14
				Purchase Request No:	2023-01-051
				Date:	3-Apr-23

Terms & Conditions:

- PhilHealth shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- If the date of receipt of the Purchase Order / PO by the supplier is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or email.
- Delivery of the above item(s) shall be made within the delivery period from Mondays to Fridays 8am to 5pm. Supplier are advised to inform Procurement Section atleast two (2) days before the delivery. All item(s) shall be delivered and accepted by the Property and Supply Unit at PhilHealth Regional Office IV-A, Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City.
- Delivery Receipt and Sales Invoice shall be required to one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical 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 which in connection with any transaction which may affect the functions of their office or influence the actions of director/sor employees, or create the appearance of a conflict of interest.

Very truly yours,




BENJIE A. CUVINAR
 Division Chief IV, MSD

Certified Budget Available:		Funds Available in the amount of:	52,634.86	APPROVED:
MA. PAMELA B. LEYNES Fiscal Controller II		ARON R. RIANO Fiscal Controller IV		DANILO M. REYNES, MD, MPA RVP, PRO IVA
With in the COB: 2023-COB Expense Code: 50203080 Budget: 87,847.54 Remarks:				
Conforme: ROSE ANNI M. DANEZ (Purchaser) Signature over Printed Name and Position of Authorized Representative				Received Copy of PO: 6/14/2023 Date

CERTIFICATE OF AVAILABILITY OF FUNDS (CAF)

Cost Center	ADMIN	ROF#:	2023-0105	06/09/2023
		CAF#:	2023-0105	06/09/2023
Particulars			Account Code (to be filled out by Budget)	Amount



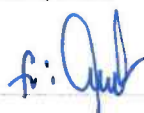
PROCUREMENT OF DRUGS AND MEDICINE			50203070	₱8,162.40
Payee: CHQ TRADING				
Reference: PO NO. 2023-04-050				
TOTAL				₱8,162.40

REQUESTED BY	FUNDS AVAILABLE	CERTIFICATION
Certified: Charges to budget necessary, lawful and under my direct supervision Signature:  Printed Name: Joseph Adrian R. Rejano Position: AO III Office: ADMIN Date: 6/13 Remarks:	Certified: Budget available and earmarked for the purpose, as indicated above Signature:  Printed Name: Ma. Pamela B. Leynes Position: Budget Officer - Designate Office: MSD-FMS Date: 6/9/23 Remarks:	Certified: Funds available for disbursement herein described; in the amount specified Signature:  Printed Name: Aron R. Riano Position: Fiscal Controller IV Office: MSD-FMS Date: 6/9/23 Remarks:

CERTIFICATE OF AVAILABILITY OF FUNDS (CAF)

Cost Center	ADMIN	ROF#:	2023-0105	06/09/2023
		CAF#:	2023-0105	06/09/2023
Particulars			Account Code (to be filled out by Budget)	Amount

PROCUREMENT OF DRUGS AND MEDICINE			50203070	₱8,162.40
Payee: CHQ TRADING				
Reference: PO NO. 2023-04-050				
TOTAL				₱8,162.40

REQUESTED BY	FUNDS AVAILABLE	CERTIFICATION
Certified: Charges to budget necessary, lawful and under my direct supervision Signature:  Printed Name: Joseph Adrian R. Rejano Position: AO III Office: ADMIN Date: 6/9/23 Remarks:	Certified: Budget available and earmarked for the purpose, as indicated above Signature:  Printed Name: Ma. Pamela B. Leynes Position: Budget Officer - Designate Office: MSD-FMS Date: 6/9/23 Remarks:	Certified: Funds available for disbursement herein described; in the amount specified Signature:  Printed Name: Aron R. Riaño Position: Fiscal Controller IV Office: MSD-FMS Date: 6/9/23 Remarks:

BEF - 4

**CHECKLIST OF DOCUMENTARY REQUIREMENT
FOR CERTIFYING BUDGET AVAILABILITY FOR CERTIFICATE
OF AVAILABILITY OF FUNDS (CAF)**

Subject : *Procurement of Drugs & Meds*

Gross Budgetary Requirement: *# 8, 162,000*

1 (☒) Duly certified Abstract/ Matrix of canvass supported with the latest quotations from at least three (3) suppliers or copy of Certificate of Sole Distributorship

2 (☒) Copy of Corporate Personnel Order, if applicable

3 (☒) Copy of Contract, if applicable *PO 2023-04-050*

4 (☒) Copy of approved Terms of reference (TOR), if applicable *tech spec*

5 (☐) Copy of the approved Request for Realignment of Funds (ReRef), if applicable

6 (☐) Breakdown of budgetary requirement per object of expenditures, if the activity/item to be conducted/procured is chargeable to various office

7 (☐) List of Distribution per cost center, if the item to be conducted/procured is chargeable to various office

8 (☒) Copy of approved ABC, if applicable

9 (☐) Two (2) copies of properly filled up CAF Form

10 (☐) Strategic Objectives (StObs) _____

Remarks:

Prepared by:

Printed Name and Signature
(Budget Officer/Designate)