



PURCHASE ORDER

Procuring Department: **OMPH**

Supplier : **RBC-MDC CORPORATION** P.O.: **1 0 0 1 9 1 2** **No. 0039**

Address : **Alabang Hills, Muntinlupa City**

E-mail Address : _____ Date : **December 26, 2019**

Telephone No. : **0915-548-1622** Mode of Procurement : **Negotiated/Two Failed Bidding**

TIN : **206-416-136-000**

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: **OMPH** Delivery Term: **w/ in 7 calendar days upon receipt of NTP**

Payment Term : **charge**

Item No.	UNIT	DESCRIPTION	QTY.	UNIT COST	AMOUNT
		2. In case of product recalls, damage or expired medicines due to replacement, the costs associated with the proper handling or pull out from the hub where the medicines have already been distributed shall be borne by the supplier Labeling Instruction: 1. Standard labeling instructions as approved by the PFDA In addition to the labelling requirement of FDA: 2. Each bottle and box should be imprinted or stickered with non-removable or permanent sticker or label that is binding, and with residue and tearing if removed: "Philippine Government Property - Department of Health not for sale" 3. Each small box and big box or corrugated carton should be imprinted or stickered with non-removable or permanent sticker or label that is binding, and with residue and tearing, if removed: "Philippine Government Property - <i>continuation at the next page...</i>			

TOTAL AMOUNT IN WORD): two hundred nine thousand three hundred four pesos only

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent for everyday of delay shall be imposed.

Very truly yours


HUMERLITO A. DOLOR MPA, PhD.
 Provincial Governor

Conforme:


VICTOR MUANES

Signature Over Printed Name of Supplier
 Date

Funds Available:


ALTHEA F. AGUTAYA
 Provincial Accountant

OBLIGATION REQUEST NO:

TF/PF OMPH
 2-99-99-990 1106-91

AMOUNT :

209,304.00