



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
		3. Product insert/Product information or download from the internet; 4. The bidder shall submit any of the following whichever is applicable: a. If the bidder is a manufacturer, certify that the bidder manufacturers the products/items; or b. If the bidder is an Exclusive/Authorized Distributor or Dealer of the product/items, Certificate or Contract from the manufacturer must be provided as proof that the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items; or c. If the bidder is an agent of the exclusive distributor or dealer, the following must be provided: i. Certificate or Distributor/Dealership Agreement by the Manufacturer with the distributor or dealer; and ii. Contract between the distributor/dealer and the bidder 5. Certificate of Compliance to the Electronic Drug Price Monitoring System (EDPMS) issued by the Pharmaceutical Division (PD) of the DOH pursuant <p style="text-align: center;">continuation at the next page...</p>			

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

HUMERTO A. DOLOR MPA, PhD.
 Provincial Governor

Conforme:

VICTOR MUANES

Signature Over Printed Name of Supplier
 Date **12-20-2019**

Funds Available:

ALTHEA F. AGUTAYA
 Provincial Accountant

OBLIGATION REQUEST NO: _____

AMOUNT : _____