

PHILIPPINE DEPOSIT INSURANCE CORPORATION  
2228 Chino Roces Ave., Makati City

PURCHASE ORDER

TO: MOUNT SINAI SCIENTIFIC & PHARMACEUTICAL  
47 Annapolis St., Cubao,  
Quezon City  
TEL: 912-2117/912-2123 fax:912-2119  
REMARKS:

P.O. No. : 15-0000009  
Date : January 26, 2015  
Ref. No. :  
Dated :

Gentlemen :

THIS SERVES AS NOTICE OF AWARD

Please supply us within \*\* after receipt of this PO with the article/s listed below :

ITEM NO.	QTY.	UNIT	ARTICLE and DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2,600.00	pcs.	Ibuprofen Paracetamol 200mg/325mg/tablet	4.00	10,400.00
2	2,700.00	pcs.	Loratadina 10 mg tablet	2.95	7,965.00
3	3.00	tubes	Antibacterial Skin antibiotic 5 grams	96.00	288.00
4	2,400.00	pcs.	Disposable Paper Mask Ear Loop	3.00	7,200.00
T O T A L					P 25,853.00
Mode of Procurement: Shopping					
Terms of Payment : (COD)					
Make/Origin. : Phils.					

PR# : /HRAD-15-0000010

With Funds Available

*Irene D. Arrovo*  
IRENE D. ARROVO  
VICE PRESIDENT, OVP-TG

Approved By :

*Nina Morena A. Jacinto*  
NINA MORENA A. JACINTO  
VICE PRESIDENT, OVP-ASG  
Authorized Approving Officer

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This Purchase Order together with all its terms and conditions, is hereby accepted by us with the warranty that we have not given nor do we intend to give any amount of money or gift in any form whatsoever to any official or employee of the PDIC for the purpose of securing this order or having the payment hereof expediated. We hereby declare it to be known to and accepted by us that any violation of this warranty shall constitute sufficient ground for the PDIC to revoke this order and cause us to be excluded from any further dealing with the Corporation.

We further declare it to be known to and accepted by us, that failure to accept delivery of the article/s covered by this order within the period specified herein shall give the Corporation the right to cancel this order or make an open market purchase of the undelivered article/s for which we agree to reimburse the Corporation for all payments made by it in excess of the unit price quoted herein for the said undelivered article/s.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Supplier/Contractor)

(PLEASE SEE INSTRUCTION AND ADDITIONAL REQUIREMENTS AT THE BACK HEREOF)

