



Philippine Amusement and Gaming Corporation
A Sure Bet for Progress in Gaming, Entertainment and Nation Building

PURCHASE ORDER
PAGCOR - PARAÑAQUE

P.O. No. **24979**

Page # 1

Supplier : CPVPHAR CPV PHARMACY
 Address : B20 L32, GOLDEN CITY, CANLALAY, BINAN, LAGUNA
 TIN : 126-896-349-001
 VAT : All Items are VAT Exclusive / Zero Rated

SEQ.# 1
 PO Date : 15 MAR 2013
 Mode of Purchase: CANVASS
 Buyer Code : LJD

Gentlemen :

Please furnish this Office the following articles subject to the terms and conditions contained herein;

Place of Delivery : PAGCOR PARANAQUE

Payment Term : 30 DAYS

| Itemcode : | Description | Quantity | Unit | Unit Cost | Amount |
|------------------|--------------------------------|----------|------|-----------|-----------|
| PMD#74611 | HEALTH SERVICES SECTION | | | | |
| 1 107001102 | MEDICINE, BENZYDAMINE HCL | 480.00 | TAB | 23.40 | 11,232.00 |
| 2 107001283 | MEDICINE, DECOLGEN FORTE | 2,000.00 | PC | 4.85 | 9,700.00 |
| 3 107001301 | MEDICINE, BUSCOPAN | 600.00 | TAB | 20.80 | 12,480.00 |
| 4 107001323 | MEDICINE, DISFLATYL | 100.00 | TAB | 9.20 | 920.00 |
| 5 107001639 | MEDICINE, CATAPRESS, 150MG | 200.00 | TAB | 45.70 | 9,140.00 |
| 6 107001751 | MEDICINE, KREMIL-S | 1,000.00 | PC | 4.65 | 4,650.00 |
| 7 132007026 | CELEBREX, 100 MG | 420.00 | TAB | 42.40 | 17,808.00 |
| 8 132007096 | MEDICINES, AERIUS | 500.00 | PC | 54.80 | 27,400.00 |

- - - N O T H I N G F O L L O W S - - -

Attachment:RV,EVALUATION SHEET,AOC.

Remarks :FOR CLINIC USE

| | |
|----------------------|------------------|
| SUB-TOTAL : | 93,330.00 |
| TOTAL : | 93,330.00 |
| LESS DISCOUNT : | |
| CHARGE : | |
| GRAND TOTAL : | 93,330.00 |

Total Amount in Words:NINETY THREE THOUSAND THREE HUNDRED THIRTY PESOS ONLY

TERMS AND CONDITIONS OF PURCHASE

- > Delivery must be made on or before _____.
- > 1/10 of 1% of the amount of the goods not delivered on the stipulated date will be deducted from the total amount involved for each day of delayed delivery.
- > Items delivered are subject to inspection and acceptance by Property Management Unit.
- > Please attach original copy of Sales Invoice, Delivery Receipt, Warranty Certificate and Purchase Order upon completion of delivery.

 Signature Over Printed Name of Supplier

"This is to certify that the procurement for the items contained in this Purchase Order is in accordance with Republic Act No. 9184, its Implementing Rules and Regulations and other applicable laws".

- | | |
|--|----------------------------|
| ! ! Limited Source Bidding (Selective Bidding) | ! ! Shopping |
| ! ! Direct Contracting (Single Source Procurement) | ! ! Negotiated Procurement |
| ! ! Repeat Order | |

| | | |
|-----------------------------|----------------------------------|----------------------------|
| Recommended by: | : Funds Available | _____ |
| _____ | : | MA. VERONICA R. ALINDOGAN |
| RUEL S. VILLAFLORES | : | AVP/SA Acctg Dept/Section: |
| SR. BR. PROCUREMENT OFFICER | : Budget Authorization No. _____ | Amount _____ |

Approved By: _____
 CORNELIUS M. GOZE
 HEAD, BR PROC, PROP & GEN SERV



Philippine Amusement and Gaming Corporation
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PURCHASE ORDER
PAGCOR - PARAÑAQUE

Page # 1
 Supplier : ROSEPHA ROSE PHARMACY, INC.
 Address : #61 N. DOMINGO, RIVERA, SAN JUAN, METRO MANILA
 TIN : 000-310-457-013
 VAT : All Items are VAT Exclusive / Zero Rated

P.O. No. 24980
 SEQ.# 1
 PO Date : 15 MAR 2013
 Mode of Purchase: CANVASS
 Buyer Code : LJD

Gentlemen :
 Please furnish this Office the following articles subject to the terms and conditions contained herein;

Place of Delivery : PAGCOR PARANAQUE Payment Term : 30 DAYS

| Itemcode : | Description | Quantity | Unit | Unit Cost | Amount |
|---|--------------------------------|----------|------|-----------|----------|
| PMD#74611 | HEALTH SERVICES SECTION | | | | |
| 1 107001260 | MEDICINE, BRICANYL | 50.00 | TAB | 12.70 | 635.00 |
| 2 107001273 | MEDICINE, ALAXAN | 1,500.00 | TAB | 6.00 | 9,000.00 |
| 3 107001623 | MEDICINE, HEMOSTAN, 250 MG | 20.00 | TAB | 19.95 | 399.00 |
| - - - N O T H I N G F O L L O W S - - - | | | | | |

Attachment:RV,EVALUATION SHEET,AOC.
 Remarks :FOR CLINIC USE

| | |
|----------------------|------------------|
| SUB-TOTAL : | 10,034.00 |
| TOTAL : | 10,034.00 |
| LESS DISCOUNT : | |
| CHARGE : | |
| GRAND TOTAL : | 10,034.00 |

Total Amount in Words:TEN THOUSAND THIRTY FOUR PESOS ONLY

TERMS AND CONDITIONS OF PURCHASE

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- > 1/10 of 1% of the amount of the goods not delivered on the stipulated date will be deducted from the total amount involved for each day of delayed delivery.
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 Signature Over Printed Name of Supplier

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- | | |
|--|----------------------------|
| ! ! Limited Source Bidding (Selective Bidding) | ! ! Shopping |
| ! ! Direct Contracting (Single Source Procurement) | ! ! Negotiated Procurement |
| ! ! Repeat Order | |

| | | |
|-----------------------------|----------------------------|----------------------------|
| Recommended by: | : Funds Available | : _____ |
| _____ | : | MA. VERONICA R. ALINDOGAN |
| RUEL S. VILLAFLORES | : | AVP/SA Acctg Dept/Section: |
| SR. BR. PROCUREMENT OFFICER | : Budget Authorization No. | Amount _____ |

Approved By: _____
 CORNELIUS M. GOZE
 HEAD, BR PROC, PROP & GEN SERV



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PURCHASE ORDER
PAGCOR - PARAÑAQUE

Page # 1
 Supplier : OLT OLT VENTURES
 Address : 46-F WEST AVENUE, WEST TRIANGLE, QUEZON CITY
 TIN : 109-937-464-000
 VAT : All Items are VAT Exclusive / Zero Rated

P.O. No. **24981**
 SEQ.# 1
 PO Date : 15 MAR 2013
 Mode of Purchase: CANVASS
 Buyer Code : **LJD**

Gentlemen :
 Please furnish this Office the following articles subject to the terms and conditions contained herein;

Place of Delivery : PAGCOR PARANAQUE Payment Term : 30 DAYS

| Itemcode | Description | Quantity | Unit | Unit Cost | Amount |
|---|--------------------------------|----------|------|-----------|----------|
| PMD#74611 | HEALTH SERVICES SECTION | | | | |
| 1 107001166 | MEDICINE, HYDRITE | 100.00 | TAB | 14.57 | 1,457.00 |
| 2 107001699 | MEDICINE, LAGUNDI LEAF TABLET | 200.00 | PCS. | 3.44 | 688.00 |
| - - - N O T H I N G F O L L O W S - - - | | | | | |

Attachment:RV,EVALUATION SHEET,AOC.

Remarks :FOR CLINIC USE

| | |
|----------------------|-----------------|
| SUB-TOTAL : | 2,145.00 |
| TOTAL : | 2,145.00 |
| LESS DISCOUNT : | |
| CHARGE : | |
| GRAND TOTAL : | 2,145.00 |

Total Amount in Words:TWO THOUSAND ONE HUNDRED FORTY FIVE PESOS ONLY

TERMS AND CONDITIONS OF PURCHASE

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| ;; Limited Source Bidding (Selective Bidding) | ;; Shopping |
| ;; Direct Contracting (Single Source Procurement) | ;; Negotiated Procurement |
| ;; Repeat Order | |

| | | |
|-----------------------------|----------------------------------|----------------------------|
| Recommended by: | : Funds Available | _____ |
| _____ | : | MA. VERONICA R. ALINDOGAN |
| RUEL S. VILLAFLORES | : | AVP/SA Acctg Dept/Section: |
| SR. BR. PROCUREMENT OFFICER | : Budget Authorization No. _____ | Amount _____ |

Approved By: _____
 CORNELIUS M. GOZE
 HEAD, BR PROC, PROP & GEN SERV