#### REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation PhilHealth Regional Office - Cordillera Administrative Region 4/F SSS Bldg., Harrison Road, Baguio City

Tel. # (074) 444-9862 / 444-8361 / 446-0371

Supplier:	DG Phonecards	P.O. No.:	P-12-056
Address:	4F Abanao Sg., Abanao St., Baguio City	Date:	20-Jun-12
		Term/s of Payment:	cod
Supplier Registered	with:	Mode of Procureme	Small Value

Please deliver to this office within

upon payment

from receipt hereof the following:

NO.	QTY	UNIT		ITEM DESCR	IPTION	UNIT PRICE	TOTAL AMOUNT
1	4	pcs	Globe Prepai	d Cards, 500's		487.60	1,950.40
			Total				1,950.40
			Less:	5% Final Tax	87.07		104.48
			Net of Ta	1% EWT	17.41	÷	1,845.92
							8
					₩2 12 . U	5.059	

Terms & Conditions:

- 1. The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages.
- 2. If the date of receipt of the Purchase Order/P.O. by the dealer 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 e-mail.
- 3. Delivery Receipt and Sales Invoice shall be required for the one-time complete delivery of the goods.
- 4. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
- 5. Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

Very truly yours,

IMELDA CRISTETA D. VILLAMAR Division Chief, MSD

Certified Budget Available	Funds Available	n the amount of:	PhP	1,950.40	APPROVED:	· · · · · · · · · · · · · · · · · · ·
LILIBETH/M. PALACI Fiscal Controller I/ Budget Officer - Des.	MAR	IA LINDA H. GA Fiscal Controller				Julipman U/W
Within the COB:						
Expense Code:						
Budget:						
Remarks:						
			CON	IFORMÊ:	(a. Dan	

CONFORME	
Received Copy of P.O. on Vancard Grayam	
Print Name and Signature	
of Supplier/Representative	

# **Philippine Health Insurance Corporation**

# REQUISITION AND ISSUE VOUCHER

						NO.: P-			12-093	
PROVINCIAL TREASURER PROPERTY CLERK Bureau of PhRO-CAR						DATE:		20-Jun-12		
PROPER	TY CL	ERK BI	the following cupplies:				_			
Sir: Pleas	e furn	isn us	the following supplies: REQUISITION			A CONTRACT OF A	AS ISSU			
BALANCE ON HAND	QTY	UNIT	ARTICLES	PURPOSE	QTY	STOCK NUMBER	UNIT PRICE	TOTAL VALUE	ACCOUNT CHARGED	
ON HAND	4	рс	Prepaid Cards	Apayao PBC use						
			х-х-х-х-х							
			\\							
						-				
						B C.O.B Charge to:_	UDGET \$ Expe	nse Code:		
						Remarks:				
							Signa	ture	-	
I CERT	FY that nd will b	the supple used s	blies requisitioned above are solely for purposes stated.					Data		
			TY. MARAH B. ALAGON			Received the		Date shown abo	ove as issued	
			Planning Officer III Title			(Signature	of the pe	rson recei	ving supplies)	
APPROVE	) BY:									

FELVIRA C. VER

Name

Regional Vice President Title

Desig	ination
Filed by:	
Packed by:	
Shipped by:	
Bill of Lading No.	Date

Note: Requisitioner must invariably cross out all

# DG PHONECARDS PRE PAID INTERNET CARD AGREEMENT

This Contract, made and executed by and between:

**DG PHONECARDS**, a corporation duly organized and existing under the laws of the Republic of the Philippines, with office and principal place of business at Abanao St., Baguio City duly represented herein by its Area Supervisor, **MR. ALBERT C. DELGADO** and hereinafter referred to as "**DG PHONECARDS**";

## -and-

**PHILHEALTH – CAR**, a government agency organized and existing under the laws of the Republic of the Philippines, with principal address at 4<sup>th</sup> Floor, SSS Bldg. Harrison Rd., Baguio City, herein represented by its Medical Officer VII / Officer in Charge – PHILHEALTH-CAR, DR. DOMINGA A. GADGAD, and hereinafter referred to as "CLIENT";

### Witnesseth, that

Whereas, **DG PHONECARDS** is engaged in the business of providing Pre Paid Internet Cards / Load Wallet, Globe Card 500's designed to address the various communication requirements of individuals, corporate entities and/or professional organizations on a nationwide basis;

Whereas, **DG PHONECARDS**, wishes to provide Pre Paid Internet Card / Globe Card 500's and other related services to the client and the latter agrees;

Now Therefore, for and in consideration of the foregoing premises, the parties hereby agree and covenant as follows:

- 1. That the subscription shall take effect on January 1, 2012 to December 31, 2012.
- 2. **THE CLIENT** shall pay **DG PHONECARDS** the amount of *Four Hundred Eighty Seven Pesos and Sixty Centavos* (P487.60) per Pre Paid Card subject to withholding of government taxes.
- 3. That the **CLIENT** shall inform **DG PHONECARDS** of any extension or termination of the contract within 60 days prior to the extension / termination hereof.
- 4. Four (4) Globe Card 500's shall be procured on a monthly basis by PhilHealth CAR, and shall pay **DG PHONECARDS** Cash on Delivery.

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**IN WITNESS WHEREOF**, the parties have set their hands on the date and place first written above.

# **DG PHONECARDS**

CLIENT

ALBERT C. DELGADO Area Supervisor DR. DOMINGA A. GADGAD Medical Officer VII / Officer in Charge

SIGNED IN THE PRESENCE OF:

JUAN RIL R DG Phonecards Representative

IMELDA CRISTETA D. VILLAMAR Division Chief, MSD