

**PURCHASE ORDER**

Supplier: **2GO EXPRESS INC.**  
Address: **Door #3, Usag Warehouse**  
**Brgy. Libertad, Lapuz, Iloilo City**  
Tel./Fax: **09228619938**  
Supplier Registered with: **PhilHealth**

P.O. No: **61603-011**  
Date: **March 4, 2016**  
Terms of Payment: **30 calendar days**  
Mode of Procurement: **NP-Small Value**  
RIV No. **0010-2016**

Please deliver to this office from **April - December, 2016:**



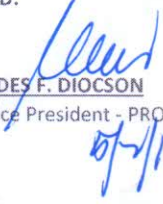
Tel./Fax:	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	<b>1</b>	<b>LOT</b>	<b>PROCUREMENT OF COURIER SERVICES FOR PRO VI FOR CY 2016</b>		<b>76,455.63</b>
			<b>ILOILO, CAPIZ, AKLAN, ANTIQUE, BACOLOD &amp; KABANKALAN</b>		
			<b>POUCH</b>		
			Small- Can fit long white mailing envelope	85.00	
			Medium- Can fit short-size folder	85.00	
			Large- Can fit long expanding envelope	85.00	
			<b>BOX</b>		
			Extra Small- can contain maximum of 3 kgs.	150.00	
			Small- can contain maximum of 5 kgs.	380.00	
			<b>SARA &amp; SAGAY</b>		
			<b>POUCH</b>		
			Small- Can fit long white mailing envelope	130.00	
			Medium- Can fit short-size folder	130.00	
			Large- Can fit long expanding envelope	130.00	
			<b>BOX</b>		
			Extra Small- can contain maximum of 3 kgs.	180.00	
			Small- can contain maximum of 5 kgs.	380.00	
				+100.00/BOX	
			<b>Note: Payment will be based on actual deliveries. Refer to attached Term of Reference</b>		
			<b>TOTAL</b>		<b>76,455.63</b>

**Terms and Conditions:**

1. The Agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. If the date of receipt of this Purchase Order/P.O. by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or e-mail.
3. Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. All item(s) shall be delivered and accepted by the Procurement Section at 3rd Floor Gaisano City Mall Luna St., La Paz Iloilo City.
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
6. Payment shall be made in full subject to corresponding government taxes within thirty (30) working days upon receipt of Billing Statement and other relevant documents.
7. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled " Reiteration of Philhealth No Gift Policy (Revision 1)" which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.

Very truly yours,

**MARJORIE A. CABRIETO**  
MSD Chief

Certified Budget Available:	Funds available in the amount of: <b>76,455.63</b>	APPROVED:
 <b>JOENELA A. AMPARO</b> Fiscal Controller II	 <b>JONALYN T. ILISAN</b> FISCAL CONTROLLER III	 <b>LOURDES F. DIOCSON</b> Regional Vice President - PRO VI
Within the C.O.B.		
Expense Code:	<b>761-00</b>	
Budget:		
Remarks:		

CONFORME:

Received copy of P.O. on: