

PURCHASE ORDER

P.O. No: 61603-017
Date: March 16, 2016
Terms of Payment: 30 calendar days
Mode of Procurement: Direct Contracting
RIV No. 0106-2016




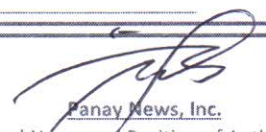
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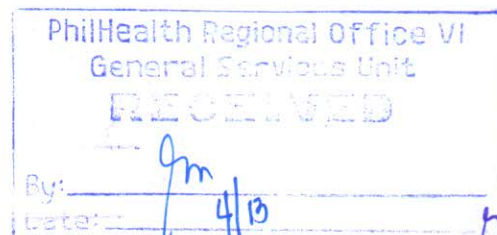
Terms and Conditions:

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. GABRIETO
MSD Chief

Certified Budget Available: <u> </u>  <u>JOENEL A. AMPARO</u> Fiscal Controller II	Funds available in the amount of: <u>\$ 6,348.88</u> <u>4/7/16</u>  <u>JONALYN T. IUSAN</u> Fiscal Controller III	APPROVED:  <u>LOURDES F. DIOCON</u> Regional Vice President - PRO VI
Within the C.O.B. _____ Expense Code: <u>766-00</u> Budget: _____ Remarks: _____		
CONFORME:  <u>Panay News, Inc.</u> Signature over Printed Name and Position of Authorized Representative		Received copy of P.O. on <u>April 13, 2016</u> Date



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