

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
Philhealth Regional Office VI, Gaisano City Mall Luna St., Iloilo City
 Tel Nos. 501-9160 to 62, 501-9165 to 67 region6@philhealth.gov.ph

PURCHASE ORDER

Supplier: **FBC SHELL STATION IX**
 Address: **Lawaan Roxas City**

P.O. No: **61604-026**
 Date: **April 5, 2016**
 Terms of Payment: **30 calendar days**
 Mode of Procurement: **NP-Small Value**
 PR No: **0033-2016**

Tel./Fax: **036-5228526**

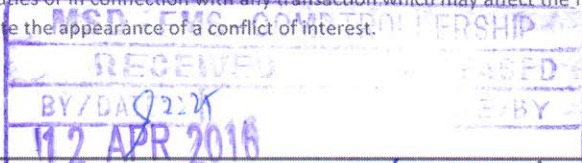
Supplier Registered with: **PhilHealth**

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

Tel./Fax:	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	LOT	PROCUREMENT OF GASOLINE, OIL AND LUBRICANTS FOR CY 2016		90,000.00
	per	liter	Diesel Fuel	24.68	
	per	liter	Engine Oil (diesel engine)	208.00	
	per	liter	Brake Fluid	278.00	
	per	liter	Clutch/Transmission Fluid	278.00	
	per	liter	Oil Filter	642.00	
			Service Bay	100.00	
			Prices may vary depending on market price		
			Purpose: For Local Health Insurance Office Capiz use		
			see attached TOR		
			TOTAL		90,000.00

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 LHIO CAPIZ.
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: JOANEL A. AMPARO Fiscal Controller II	Funds available in the amount of: ₱90,000.00 4/27/16 JONALYN T. ILISAN FISCAL CONTROLLER III	APPROVED: LOURDES F. DIOCON Regional Vice President - PRO VI 4/8/16
Within the C.O.B. Expense Code: 780-00 Budget: Remarks:	Received copy of P.O. on: 5/5/16 Date	

PhilHealth Regional Office VI
 General Services Unit

RECEIVED

Signature over Printed Name and Position of Authorized Representative

By:
 Date: **5/16/16**

28 APR 2016