

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
2nd and 3rd floor, BG investment Corporation Bldg. Gov. Lim Ave.
Zamboanga City
Telephone No. (062) 992-3569
Fax No. (062) 992-2739
Purchase Order

Supplier: Zamboanga Today
Address: Astoria Printing, Z.C.
Tel./Fax No.: 991-9328
Supplier Registered with: VAT
TIN: 006-286-449 A
Please deliver to this office within 15 days (working) from receipt hereof the following:

P.O. No.: 16-01-002
Date: January 20, 2016
Mode of Procurement: Shopping

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	ad	Newspaper Publication (Application for Accreditation of Health Care Institution for 2016), Black & White Size: 6.45 inches x 9.45 inches ***** Nothing Follows ***** Less: 5% WHT	1,500.00	1,500.00
					1,500.00
					1,425.00

Conditions:

1. The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the P.O.
4. For imported items, IMPORTANT DOCUMENTS specially showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
5. In case of return, all expenses shall be shouldered by the supplier to and from.
6. No cancellation is allowed upon serving of P.O.

The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1" which is deemed incorporate 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,

Funds Available in the amount of:

PHP 1,500.00

ROSEMIN E. DAMSID
Fiscal Controller IV

MARIA JOY A. FABELLA
Division Chief IV, MSD

Prepared by:

ERWIN R. SUFFICIENCIA
Administrative Officer I

APPROVED:

ROMEO D. ALBERTO
Regional Vice President

(Or Authorized Representative)

Received copy of P.O. on _____
By: _____

Miracel Castañeda
Print Name and Signature of
Supplier / Representative