

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: Back 9 Golf Shoppe & Boutique
Address: Canelar, Zamboanga City
Tel/Fax No.: 0917-7113247
Supplier Registered with: _____
TIN: 137-933-161 NV
Please deliver to this office within 15 days (working) from receipt hereof the following:

P.O. No.: 16-04-0068
Date: April 12, 2016

Mode of Procurement: Shopping

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	pcs	Rubber Stamps	395.00	790.00
2	1	pc	Dater Stamp (self-inking)	350.00	350.00
			***** Nothing Follows *****		1,140.00
			Less: 3% WHT 34.20		57.00
			Less: 2% EWT 22.80		1,083.00
			Note: Cut-off delivery time: 3:00 PM		

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 (freight & other incidental expenses)
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.

Funds Available in the amount of: _____

PHP 1,140.00

ROSEMIN E. DAMSID
Fiscal Controller IV

Prepared by:

ERWIN R. SUFICIENCIA
Administrative Officer I

Received copy of P.O. on 04-20-16
By: _____

Very truly yours,

MARIA JOY A. FABELLA
Division Chief IV, MSD

APPROVED: _____

ROMEO D. ALBERTO

Regional Vice President
(Or Authorized Representative)

CONFIRME:

Rocelyn Cumalay
Print Name and Signature of
Supplier / Representative