

REPUBLIC OF THE PHILIPPINES  
**Philippine Health Insurance Corporation**  
 709 CityState Center Bldg.  
 Shaw Blvd. Brgy. Oranbo, Pasig City  
 Telefax No. 637-3158 637-4735

**PURCHASE ORDER**

Supplier: GEM STATIONERY, INC.  
 Address: 613 Condesa st. Binondo, Manila  
 Tel.Fax No.: 242-4860  
 Supplier Registered with: PHILHEALTH

Purchase Order No.: 04-041-17  
 Date: April 3, 2017  
 Term of Payment: On Account  
 Mode of Procurement: Shopping

Please deliver to this office within 20 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	90	pcs	Certificate Holder, A4 Size	32.75	2,947.50
2	1	pc	Battery Charger for Battery size AAA	890.00	890.00
3	4	packs	Photo Paper for Glossy 10s, A4	64.00	256.00
4	134	packs	Post-It Note Flag, small "sign here" (1 x 1.7)	128.50	17,219.00
5	1	pcs	Glue Gun, Big, Heavy Duty	150.00	150.00
6	20	pcs	Glue Stick for Glue Gun, big	4.20	84.00
7	60	spools	Ribbon for Adding Machine, 2 color, model DR8420V	20.00	1,200.00
8	68	pcs	Stapler with remover HD No. 35 ✓	168.00	11,424.00
9	124	pairs	Scissor, Stainless w/ plastic handle	48.00	5,952.00
10	12	spools	Ribbon Correctible Film for Brother Electric Typewriter GX8250	123.00	1,476.00
11	2	pc	Cash Box	495.00	990.00
12	86	pc	File Organizer with 13 inside pockets and index tabs, assorted colors A4 size	86.50	7,439.00
13	1	unit	Bank Note/Bill Counter	8,450.00	8,450.00
					58,477.50
LESS: EWT 1% 522.12					
GMP 5% 2,610.60					3,132.72
					<b>55,344.78</b>
PR #					
Please see attached distribution list					

**Terms & Conditions:**

- 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.
- If the date of receipt of the 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
- 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. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 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.
- 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 or 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 which 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.
- Warranty Security of 1% of gross amount (Section 62. Warranty of 2016 Revised IRR of RA 9184).

Very truly yours,

*ELY E. ROXAS*  
**ELY E. ROXAS**

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php58,477.50	APPROVED:
<i>Corazon M. Tabulao</i> CORAZON M. TABULAO/THERESE M. TINDOY Fiscal Controller III	<i>Lynne S. Arcenas</i> LYNNE S. ARCENAS Fiscal Controller III	<i>415</i> 415	<i>Valerie Anne H. Hollero</i> ATTY. VALERIE ANNE H. HOLLERO OIC, Corporate Legal Counsel HEAD OF THE AGENCY or Authorized Representative
Within the COB: <i>2017/2016 EVOR</i>	Expense Code: <i>770-0/238-10 (13)</i>	Budget: <i>58,477.50/UM. 8%</i>	Remarks: <i>CAF # 2017-03-06</i>
CONFORME:		Received copy of P.O.:	
<i>Jean Garcia</i> Signature over Printed Name and Position of authorized representative		<i>4/27/17</i> Date	