

FROM :

FAX NO. :

Aug. 2017 09:45 P 001

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: **ST. FRANCIS SQUARE DEPARTMENT STORE, INC.**
 4/F St. Francis Square Bldg., Julia Vargas, Cor. Bank Drive, Wack Wack, Ortigas Center,
 Address: **Mandaluyong City**
 Tel.Fax No.: **903-6908 720-2956**
 Supplier Registered with: **PHILHEALTH**

Purchase Order No.: **07-099-17**
 Date: **July 19, 2017**
 Term of Payment: **On Account**
 Mode of Procurement: **Shopping**

Please deliver to this office within **15 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	83	pad	Stick on Note Pad, 2x2, 51mm x 51mm, 400 sheets/pad, assorted colors	112.32	9,322.56
2	73	pad	Post It, Small Flags (cartag), 3M 683-5CB	248.00	18,104.00
3	30	pad	Post it Note, Standard flags 3M 680-1	78.00	2,340.00
4	2,389	pc	Folder, Pressboard, plain, for legal size paper/documents, 242mm x 369mm, color: cream, green or maroon, ect. (1000pcs/box)	7.47	17,845.83
5	59	pc	CD Rewritable high speed, 700mb/80min. Capacity compatible with 4x-12x CD driver's slim case	29.95	1,767.05
6	6	can	Computer Cleaner, Wipe out	58.00	348.00
7	17	pc	DVD Recordable, 16x speed, 4.7GB capacity, 120 min. recording time, individual casing	31.75	539.75
8	8	pc	DVD Rewritable, 46x speed, 4.5GB capacity, 120 min. recording time, individual casing	51.00	408.00
9	4	pc	Cutter, small, retractable, L-200	55.00	220.00
10	2	pair	Scissor, size 8", big, stainless steel with plastic, handle	79.75	159.50
					51,054.69
LESS: EWT 1% 455.85					
PR # GMP 5% 2,279.23					2,739.48
17-0403 dtd. 05-25-17 - PRID					48,315.21
17-0389 dtd. 05-16-17 - PRID					
17-0405 dtd. 05-30-17 - PRID					

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. 0019-2015 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:	Php51,054.69	APPROVED:
<i>Therese M. Tindoy</i> THERESE M. TINDOY Fiscal Controller III	<i>Lynie S. Arcenas</i> LYNIE S. ARCENAS Fiscal Controller III	<i>51,054.69</i>	<i>Ely E. Roxas</i> HEAD OF THE AGENCY or Authorized Representative
Within the COB: <i>2017</i>	Expense Code: <i>77N-10 / 32N-50 / 12</i>	Budget: <i>51,054.69</i>	Remarks:
CONFORME:			Received copy of P.O.:
<i>Karen M. ...</i> Signature over Printed Name and Position of authorized representative			<i>8/2/17</i> Date