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FAX NO. :

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## 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 SQUARI	e department store, Inc.	Purchase Order No.:	08-111-1/	
Address:	4/F St. Francis Square B Mandaluyong City	lldg., Julio Vorgas, Cor. Bank Drive, Wack Wack	, Ontigas Center. Date:	August 7, 2017 On Account	
Tel.Fax No.:	903-6908 720-2956		Term of Payment:		
Supplier Registered with:		PHILHEALTH	Mode of Procurement:	Shopping	
•••	***************************************			F. Harrison	

Please deliver to this office within

15 working days

from receipt hereof the following

637

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	94	pc.	Battery, Alkaline. 9V	149.00	14,006.00
2	167	packet	Battery, Dry Cell, 1.5-volts, premium/ultra/super/alkaline, no morcury and cadium, size AA (2pcs/blister pack)	47.00	7,849.00
3	2	bottle	ink for stamp pad with applicator: Color: Black	35.00	70.00
4	5	bottle	ink for stamp pad with applicator: Color: Blue	35.00	175.00
5	2	bottle	ink for stamp pad with applicator: Color: Green	35,00	70.00
6	19	jar	Paste, solid, with water well and applicator, 200 gms	32.00	608.00
7	125	рс	Paste, Roll on	11.40	1,425.00
8	3	рс	Stamp Pad Feit, 7mm x 100 mm, metal case	35.00	105.00
9.	18	roll	Twine, plastic, one kilo per roll	49.00	882.00
10	35	рc	Extension Cord, 4 gang, 10m	475.00	15,625.00
					41,815.00
	1	1	LESS: EWT 1% 373.35 ·		
	1	1	PR# GMP 5% 1,855.74 ·		2,240.09
	1		17-0190 dtd. 03-06-17 - PRID 2nd Quarter Stock		39,574.91
	1.				

Terms & 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 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

  3. Delivary of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at the shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at the shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at the shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at the shall be made within the prescribed schedule dates. 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. Bidg., Pasig City.
- 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 repeir.

6. 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. 7. Warranty Security of 1% of gross amount (Section 62. Warranty of 2016 Revised IRR of RA 9184).

			ELY E. ROXAS		
			Administrative Officer III		
Certified Rudget Available:  THERESE M. TINDOY  FISCAL CONTROLLER III  Within Use COB:  Expense Code:  Dudget:  Remarks:	Fiscal Con		DR. ISRAEL FRANCISA, PARGAS  HEAPOIC-VP  HEAD OF THE AGENCY  OF Authorized Representative		
CONFORME:  MATURE N. PLANCE NAME and POSITION OF authorized representative			Received copy of P.O.:  figure 24. DOT  cate		

Very truly yours,