

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. Purchase Order No.: 09-123-17  
 Address: Mandaluyong City Date: September 18, 2017  
 Tel.Fax No.: 903-6908 720-2956 Term of Payment: On Account  
 Supplier Registered with: PHILHEALTH Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	33	packet	Battery Dry Cell, 1.5 volts, no mercury and cadium, size: AA (2pcs/blister pack)	46.00	1,518.00
2	30	packet	Battery Dry Cell, 1.5 volts, no mercury and cadium, size: AAA (2pcs/blister pack)	47.00	1,410.00
3	4	tube	Blade for heavy duty cutter (L-500) (10 pcs/tube)	19.00	76.00
4	1	1 pc	Blade for small cutter (L-500) (10 pcs/tube)	10.00	10.00
5	66	jar	Glue, all purpose in jar with applicator (min. of 200 grams)	100.00	6,600.00
6	29	jar	Glue, white (473ml)	280.00	8,120.00
7	14	pc	ink Pad for Trodat, Dater Machine 5460	220.00	3,080.00
8	2	pc	ink Pad for Trodat, Dater Print 4911	134.00	268.00
9	1	pc	ink Pad for Trodat, Dater Print 4912	259.00	259.00
10	3	bot	ink for Stamp pad with applicator, (blue)	35.00	105.00
11	1	tubo	Lead for mechanical pencil, 0.5mm (12pcs/tube)	27.00	27.00
12	10	pc	Paste, roll on	11.40	114.00
13	49	box	Push Pin, hammer head type, assorted colors (100s/box)	24.00	1,176.00
14	23	box	Rubber Band, size 18", transparent, approx (445g/box)	150.00	3,450.00
15	32	box	Rubber Band, small	15.50	496.00
16	3	pc	Stamp Pad Felt, 70mm x 100mm, metal case	35.00	105.00
17	2	set	Extension cord, 4 gang, 10m	475.00	950.00
					27,764.00
LESS: FWT 1% 247.89					
GMP 5% 1,239.46					1,487.35
PR #					26,276.65
17-0388 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 acknowledged 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 16th 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,

*[Signature]*  
 ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php27,764.00	APPROVED:
<i>[Signature]</i> THERESE M. TINDOY Fiscal Controller III	<i>[Signature]</i> LYNNE S. ARGENAS Fiscal Controller III	27,764	<i>[Signature]</i> DR. ISRAEL FRANCIS A. PARGAS HEA/OIC-VP HEAD OF THE AGENCY or Authorized Representative
Within the COB:	Expense Code:	Priority:	Remarks:
201711	502030102117181	2-7 PM/11 AM/09	

CONFORME:	Received copy of P.O.:
<i>[Signature]</i> MARK ANTHONY B. BARRERA - Account Executive Signature over Printed Name and Position of authorized representative	09/27/17 Date