

## **Philippine Health Insurance Corporation**

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

## **PURCHASE ORDER**

Supplier:	CENTERPOINT SAI	ES & TRADING, INC.	Purchase Order No.:	11-147-17 November 2, 2017	
Address:	#313 Lavazares St. C	amba St. Garden City Condominium, Binondo Manila			
Tel.Fax No.:	242-4285		Term of Payment:	On Account	_
Supplier Regi	istered with:	PHILHEALTH	Mode of Procurement:	Shopping	_

Please deliver to this office within

15 working days

from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT	TOTAL
	<del>                                     </del>			PRICE	AMOUNT
1	,615~	pcs	Ballpoint Pen, Fine Point, Black	18.00	11,070.00
2	759 -	pcs	Ballpoint Pen, Fine Point, Blue	18.00	13,662.00
3	142 -	pcs	Ballpoint Pen, Fine Point, Red	18.00	2,556.00
4	70 -	pcs	Ballpoint Pen, Fine Point, Green	20.00	1,400.00
5	10-	pcs	Ballpoint Pen, Fine Point, Violet	20.00	200.00
			PR # 17-0527 dtd. 08-24-17		
6	67	set	Marker, Flourescent, flat, chisel point, assorted colors (3 pcs/set)	33.00	2,211.00
7	,12-	pcs	Marker, Metallic Gold, Big	100.00	1,200.00
8	12 -	pcs	Marker, Metallic Gold, Small	100.00	1,200.00
9	12	pcs	Marker, Metallic Silver, Big	100.00	1,200.00
10	15 -	pcs	Marker, Metallic Silver, Small	100.00	1,500.00
11	315 -	pcs	Marker, Permanent Pen, Broad Tip, Non-Toxic, Black	28.75	9,056.25
12	142 -	pcs	Marker, Permanent Pen, Broad Tip, Non-Toxic, Blue	28.75	4,082.50
13	34 -	pcs	Marker, Permanent Pen, Broad Tip, Non-Toxic, Red	28.75	977.50
14	19 -	pcs	Marker, Permanent Pen, Bullet Tip, Non-Toxic, Medium Point, Black	28.75	546.25
15	20 -	pcs	Marker, Permanent Pen, Bullet Tip, Non-Toxic, Medium Point. Red	28.75	575.00
16	10 -	pcs	Battery Charger for Battery Size: AA	800.00	8,000.00
	1		Please see attached Distribution List		59,436.50
			LESS: EWT 1% 530.68 /		
			GMP 5% 2,653.42 ,		3,184.10
					56,252.40
				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 have been received by a representative either through fax or e-mail
- 3. 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.
- 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 repair.
- 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).

Very truly yours,

ELY E. ROXAS

			Administrative Officer III
Certified Budget Available:	Funds Available in the amount of:	Php59,436.50	APPROVED:
THERESE M. TINI Fiscal Controller	DOY LYNE Fiscal	Controller III	DR. ISRAEL FRANCIS A. PARGAS
Within the COB:  Expense Code: 107030  Budget: 159 47  Remarks: 150 47	) 100   34. (1)	.,, .	HEA/OIC-VP  HEAD OF THE AGENCY  or Authorized Representative
CONFORME: Signature	E over Printed Name and Positive		Received copy of P.O.:  11 - 10 - 12  Date