

**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.: 12-184-17  
 Address: 4/F St. Francis Square Bldg. Julia Vargas, Ortigas Center, Mandaluyong City Date: December 14, 2017  
 Tel.Fax No.: 632-1010 Term of Payment: On Account  
 Supplier Registered with PHILHEALTH Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	600	pcs	Coverbiard, Morocco, assorted, A4	3.70	2,220.00
2	150	pcs	Coverbiard, Morocco, assorted. Legal	3.75	562.50
3	10	pcs	Felt Paper, assorted color	15.50	155.00
4	80	pcs	Manila Paper, 60 gsm, thickness 0.014mm, min, dimension : 1200mm x 900mm, min. (10 sheets per sleeve)	4.00	320.00
5	50	pack	Paper, special, color specified, (10 p cs/pack)	15.00	750.00
6	110	pack	Sticer Paper, A4 (10pcs/pack)	35.00	3,850.00
7	182	pcs	ID Card Holder (clear plastic)	15.00	2,730.00
8	240	pcs	ID Clip (hook/clamp)	5.00	1,200.00
9	2	pcs	Bag for Laptop, 16 x 11.5 x )	1,155.00	2,310.00
10	5	pcs	Folder for Certificate, A4 size, colors specified	50.00	250.00
11	5	pcs	Folder for Certificate, Legal size, colors specified	55.00	275.00
12	12	pcs	Paper, board, green color, A4 (10 pcs/pack)	45.00	540.00
13	15	pack	Rags, cotton, approx. 203mm (8) in diameter	60.00	900.00
14	4	box	Frame size, 8 inches x 12 inches	900.00	3,600.00
15	5	pcs	Frame size, 8 inches x 14 inches	1,000.00	5,000.00
					24,662.50
LESS: EWT 1% 220.20					
GMP 5% 1,101.00					
PR #					1,321.20
Please see attached distribution list					<b>23,341.30</b>

**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 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,

*[Signature]*  
**ELY E. ROXAS**  
 Administrative Officer III

Certified Budget Available:	Funds Available in the amount of: <b>Php24,662.50</b>	APPROVED: <i>[Signature]</i> <b>Dr. Celestina Ma. Jude P. de la Serna</b> Interim/OIC President and CEO
<i>[Signature]</i> <b>THERESE M. TINDOY</b> Fiscal Controller III	<i>[Signature]</i> <b>LYNIE S. ARCENAS</b> Fiscal Controller III	HEA/OIC-VP HEAD OF THE AGENCY or Authorized Representative <i>[Signature]</i>
Within the COB: <b>2017</b>	Expense Code: <b>20301001 10</b>	Budget: <b>\$24,662.50</b>
Remarks:		Received copy of P.O.: <b>1/3/18</b> Date
CONFORME: <i>[Signature]</i> <b>Salvador</b> Signature over Printed Name and Position of authorized representative		