

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: <u>PUREGOLD PRICE CLUB, INC.</u>	PO No. <u>17-112</u>
Address: <u>Brgy. 14 Nolasco St., Laoag City</u>	Date: <u>8/11/2017</u>
Tel.Fax No.: <u>077-670-7453</u>	Terms of Payment: <u>COD</u>
Supplier Registered with: <u>201-277-095-109 V</u>	Mode of Procurement: <u>Negotiated Procurement- Small Value Procurement</u>

Please deliver to this office within COD from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	180	packs	Assorted Candies 50s	28.75	5,175.00
	18	packs	Coffee 36s 3in1	178.00	3,204.00
	30	packs	Milo 12s	68.25	2,047.50
	114	packs	Assorted Biscuits 10s	49.50	5,643.00
	12	packs	Stirer 50s	15.25	183.00
	18	packs	Disposable Cups 50s	65.50	1,179.00
	6	packs	Folded Table Napkins 350s	94.75	568.50
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXXX				TOTAL	18,000.00
Less: VAT (5%/1.12)				803.57	
EWT (1%/1.12)				160.71	964.28
PR No. 17-0608-0298					
PURPOSE: Customer's Delight for LHIO Ilocos Norte				TOTAL	17,035.72

Terms & Conditions:

1. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial 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 in connection with any transaction which may affect the functions of thier office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
5. In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.
6. Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

MARICAR M. ARZADON, M.D.
 MD VII / MSD CHIEF

Certified Budget Available: _____ Funds Available in the amount of: <u>15,000.00</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>JOSE A. MONES</u> Fiscal Controller </div> <div style="width: 45%;"> <u>EDWARD Q. ESPIRITU</u> OIC-FMS Head </div> </div> <div style="margin-top: 10px;"> With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ </div> <div style="margin-top: 10px;"> Conforme: _____ <u>RODOLFO B. DEL ROSARIO, JR.</u> Date: <u>8/11/17</u> Signature over Printed Name and Position of Authorized Representative </div>	APPROVED: <div style="text-align: center; margin-top: 20px;"> <u>ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE</u> OIC-OFFICE OF THE REGIONAL VICE PRESIDENT </div> <div style="margin-top: 20px;"> Date: _____ </div>
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