Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Ltrd, Commercial Bldg., Francisco Duque St., Aguae Oster I Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION / GENERAL SERVICE UNIT

Supplier: BEST SHOT PRINTING
Address: 109 Kamias Road, Quezon City
Tel.Fax No.: (02) 435-0772 / 924-2548
Supplier Registered with: 165-436-365-000 V

PO No. 17-114
Date: 8/11/2017
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within *30 working days upon approval of sample* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	900	pcs	Desk Calendar for the CY 2018 *(see attached design & specs as per memo dated May 17, 2017)*	79.00	71,100.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	3,174.11	
			EWT (1%/1.12)	634.82	3,808.93
			PR No. 17-0628-0313		
			PURPOSE: Procurement of of CY 2018 Corporate Calendars as per CAG Memorandum dated May 17, 2017	TOTAL	67,291.07

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.
MQ VII / MSD CHIEF

Certified Budget Available; Funds Available in the amount of:

JOSE A. MONES
Fiscal Controller II

EDWARD Q. ESPIRITU
OIC-FMS Head

Work and Financial Plan:
Expense Code:
Budget:
Remarks:

PHILHEALTH REGIONAL OFFICE
COA
SEP 13 2017
Received By:
Time:

Conforme:

CHRISTINA BERES
Signature over Printed Name and Position of Authorized Representative

Date Aug. 16, 2017

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

Josephine Q. Quiton

Date