



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNJ, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

997
10/15/17

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MARC'S ID HAUZ
Address: 89F Don Manuel St., Quezon City
Tel.Fax No.: (02) 410-2246/1009 (fax) / 741-3278
Supplier Registered with: 900-941-912-009 V

PO No. 17-130
Date: 9/7/2017
Terms of Payment: COD
Mode of Procurement: Shopping

Please deliver to this office within COD-pick-up by client within 15 working days depending on availability from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	roll		Ribbon for ID card printer, YMCK printing ribbon	25,000.00	25,000.00
3	roll		Laminating Patch for DNP CX330 ID Card Printer, CY R10FC-60 600 images per roll	14,000.00	42,000.00
1	roll		Re-Transfer Film for ID Card printer, CY3RA 100DN, 1000 cards	14,000.00	14,000.00
xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx				TOTAL	81,000.00
Less: VAT (5%/1.12)				3,616.07	
EWT (1%/1.12)				723.21	4,339.29
PR No. 17-0302-0199					
PURPOSE: Procurement of First Quarter Supplies for CY 2017				TOTAL	76,660.71

Terms & Conditions:

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 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.
- 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.
- 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.
- Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

By the authority of the MSD Chief

Very truly yours,

JANE C. RAGOS

FC IV / ASS CHIEF

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available:	Funds Available in the amount of: <u>76,660.71</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FMS Head	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL PRESIDENT
With in the COB:		PHILHEALTH REGIONAL OFFICE COA SEP 14 2017 Received By: <u>[Signature]</u> Time: <u>10</u>
Expense Code:		
Budget:		
Remarks:		
Conforme:	<u>[Signature]</u> JONATHAN ONG	Date: <u>Sep. 13, 2017</u>
Signature over Printed Name and Position of Authorized Representative		Date