



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MARIGOLD STORE**
Address: **AB Fernandez Ave., Dagupan City**
Tel.Fax No.: **522-2328 / 522-0080**
Supplier Registered with: **157-686-860-002 V**

PO No. **17-141**
Date: **9/18/2017**
Terms of Payment: **Charge**
Mode of Procurement: **Shopping**

Please deliver to this office within **1 week** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	305	PC	BALLPOINT PEN Fine point, Black, (FC-RXF)	14.00	4,270.00
2	901	PC	BALLPOINT PEN Fine point, Blue, (FC-RXF)	14.00	12,614.00
3	35	PC	BALLPOINT PEN Fine point, Red, (FC-RXF)	14.00	490.00
4	3	BOX	ENVELOPE 7 x 10 Catalogue, Brown, 500 pcs/box	498.00	1,494.00
5	44	PC	FOLDER Metal ring Binder, Long, 2 Hole Arc File, black, can hold not less than 2-1/2 inches thick file	69.50	3,058.00
6	1	BOX	FOLDER Pressboard, plain, for legal size papers/documents, 242mm x 369mm, color: cream, green, or maroon, etc., 100s/box	950.00	950.00
7	3	BOX	PUSH PIN Hammer head type, assorted colors, 100's/box	24.00	72.00
8	4	PC	RING BINDER Size: 1 (1' x 44'), Large, plastic, assorted colors	24.50	98.00
9	5	PC	RING BINDER Size: 3/4 x 44, (3/4' x 44'), Medium, plastic, assorted colors	16.50	82.50
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX				TOTAL	23,128.50
Less: VAT (5%/1.12)				1,032.52	
EWT (1%/1.12)				206.50	1,239.02
PR No. 17-0703-0327					
PURPOSE: Procurement of 3rd Quarter Supplies for PRO 1 use.				TOTAL	21,889.48

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 their 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,

MARIA STADEL G. ARZADON

MARICAR M. ARZADON, M.D.

MSIO / HRU HEAD

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: **23,128.50**

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

KARLO D. NOVALES

PHILHEALTH REGIONAL OFFICE I
COA

SEP 28 2017

Received By: **MS**
Time:

Date: **9/22/17**

APPROVED:

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

By the authority of the OIC-ORVP

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Date