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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SAFPS ENTERPRISE PO No. 17-148
Address: #13 JM Basa St., Calumpang Marikina City Date: 9/28/2017
Tel. Fax No.: (02) 646-0969 / 984-8189 / 212-5405 (T/F) Terms of Payment: Charge
Supplier Registered with: 249-947-040-000 V Mode of Procurement: Shopping

Please deliver to this office within 7 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	70	pcs	Fire Extinguisher Refill	800.00	56,000.00
			Warranty: 5 years against factory or inherent defect		
			Less: VAT (5%/1.12)	2,500.00	
			EWT (1%/1.12)	500.00	3,000.00
			PR No. 17-0830-0416		
			PURPOSE: Supplies from the amended APP - batch 4		
			TOTAL		53,000.00

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
MARINEL C. BRAVO
FISCAL CONTROLLER III

By the authority of the MSD Chief
MARIA CITADEL G. ARZADON
SSIO / HRU HEAD

Very truly yours,

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

Certified Budget Available:	Funds Available in the amount of:	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FMS Head	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OFFICE OF THE REGIONAL VICE PRESIDENT
With in the COB		
Expense Code		
Budget		
Remarks:		
Conforme:		
<p>Signature over Printed Name and Position of Authorized Representative</p> <p>03/OCT-2017</p>		Date

PHILHEALTH REGIONAL OFFICE I
COA
OCT 03 2017
Received By: VB
Time:

COA on Travel
10/3-6/17