



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **PRINT2GO SOLUTIONS, INC.**

PO No. **17-151**

Address: **De Venecia Highway, Lucao District, Dagupan City**

Date: **9/28/2017**

Tel.Fax No.: **9175481987**

Terms of Payment: **Charge**

Supplier Registered with: **455-031-833-000 V**

Mode of Procurement: **Negotiated Procurement-  
Small Value Procurement**

Please deliver to this office within **30-45 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	55	pcs	PhilHealth Shirt with colar and printing	350.00	19,250.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	859.38	
			EWT (1%/1.12)	171.88	1,031.26
			PR No. 17-0829-0414		
			PURPOSE: Friday and Saturday Uniform of PCARES	TOTAL	18,218.74

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

MARIMEL C. BRAVO  
FISCAL CONTROLLER

By the authority of the MSD Chief

MARIA CADEL G. ARZADON  
SSO / HRU HEAD

Very truly yours,

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

Certified Budget Available: Funds Available in the amount of: 19,250.00

JOSE A. MONES

Fiscal Controller III

EDWARD Q. ESPIRITU

FMS Head

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE

OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

With in the COB: 2017

Expense Code: 75000102

Bdget: 100

Remarks:

PHILHEALTH REGIONAL OFFICE I  
COA

OCT 06 2017

Received By: 10  
Time: 10

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 10/6/17

Date