



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MARIGOLD STORE PO No. 17-152
Address: AB Fernandez Ave., Dagupan City Date: 9-29-17
Tel.Fax No.: 522-2328 / 522-0080 Terms of Payment: Charge
Supplier Registered with: 157-686-860-002 V 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	40	bot	INK for stamp pad with applicator, purple or violet, 30 ml.	28.50	1,140.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	TOTAL	1,140.00
			Less: VAT (5%/1.12)	50.89	50.89
			PR#17-0925-0447, APP Amendment (Batch 2)		
			PURPOSE: Procurement of supplies for PRO I use	TOTAL	1,089.11

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. 0013-2015 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.
MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 1,140.00

JOSE A. MONES EDWARD Q. ESPIRITU
Fiscal Controller OIC-FMS Head

With in the COB: _____
Expense Code: _____
Bdget: _____
Remarks: _____

Conforme: [Signature]
MARLO B. NOVI, JR.
Date: Oct. 10, 17

Signature over Printed Name and Position of Authorized Representative

APPROVED: _____

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

By the authority of the OIC-ORVP

Date