



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

10/13/17
8:10

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: LIM PAN COMMERCIAL
Address: AB Fernandez Ave., Dagupan City
Tel.Fax No.: 522-2056 / 523-0478
Supplier Registered with: 102-278-100-000 V

PO No. 17-154
Date: 10/2/2017
Terms of Payment: COD
Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	12	pcs	USB (Sandisk 16GB)	409.00	4,908.00
2	50	pcs	Expandable Folder (Long)	12.50	625.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				TOTAL	5,533.00
Less: VAT (5%/1.12)					247.01
PR No. 17-0905-0423					
PURPOSE: Supplies for the Orientation on HCP - PAS				TOTAL	5,285.99

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 JV / ASS CHIEF

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

Certified Budget Available: Funds Available in the amount of: 5,533.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

With in the COB: 2017

Expense Code: 101-00000000

Bdget: 101-00000000

Remarks: 10/11/17

Conforme: CHERRINE ARCONAL Date: 10/11/17

Signature over Printed Name and Position of Authorized Representative

PHILHEALTH REGIONAL OFFICE I
COA
OCT 11 2017
Received By: 10
Time: 10

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