



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

PURCHASE ORDER

PHILHEALTH REGIONAL OFFICE I
COA

NOV 14 2017

Received By: Cal
Time: _____

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **DOGMAN ENTERPRISES**
Address: **Bued, Calasiao, Pangasinan**
Tel.Fax No.: **9427301498**
Supplier Registered with: **421-919-831-001 V**

PO No. **17-170**

Date: **11/6/2017**

Terms of Payment: **Charge**

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

Please deliver to this office within **65 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	units	WRITING STAND, island type (specification as per Office Order No. 0026 s,-2013 xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx Less: VAT (5%/1.12) EWT (1%/1.12) PR No. 17-0811-0370 PURPOSE: For PRO I use	27,000.00 7,232.14 1,446.43 TOTAL	162,000.00 8,678.57 153,321.43

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 III

By the authority of the MSD Chief

Very truly yours,

ANNE L. RAGOS
FC IV / ASS CHIEF

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 162,000.00

JOSE A. MONES

EDWARD Q. ESPIRITU

Fiscal Controller III

OIC-FMS Head

With in the COB: 2017

Expense Code: 1102-1101

Bdget: 1102-1101

Remarks: _____

Conforme: _____

Date: 11.14.2017

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 Atty. Rodolfo B. Del Rosario, Jr.

ATTEST: _____

Date