Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

FOMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: BEST SHOT PRINTING
Address: 109 Kamias Road, Quezon City
Tel.Fax No.: (02) 435-0772 / 924-2548
Supplier Registered with: 165-436-365-000 V

PO No. 17-187
Date: 11/16/2017
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office within 15 working days upon approval of sample from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	321,330	pcs	Member's ID	0.25	80,332.50
			SPECS: Size: 4 outs-9cm x 28cm; 1 out - 9cm x 6cm; Material: Vellum 200gsm; Color: Full, 2 sides; Process: Offset Printing, File Supplied; Others: with perforation		
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	3,586.27	
			EWT (1%/1.12)	717.25	4,303.52
			PR No. 17-1027-0500 / 17-0929-0456		
			PURPOSE:	TOTAL	76,028.98

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. 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 juridical 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 1:00PM** on working days on or before the date stipulated in the PO.

BY AUTHORITY OF THE
LAURA F. BASA
SIO III

Very truly yours,

MARICAR M. ARZADON, M.D.
RVP / MSD CHIEF

Certified Budget Available

Funds Available in the amount of

JOSE A. MONES
Fiscal Controller III

EDWARD O. ESPIRITU
OIC, FMS Head

APPROVED:

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

BY THE AUTHORITY OF THE ...
MARIMEL C. BRAVO
FISCAL CONTROLLER II

Conforme:

Date: 11-28-2017

Signature over Printed Name of Authorized Representative

Date

PHILHEALTH REGIONAL OFFICE I
COA
1-3-18