

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: LIM PAN COMMERCIAL

PO No. 17-195

Address: AB Fernandez Ave., Dagupan City

Date: 11/23/2017

Tel.Fax No.: 522-2056 / 523-0478

Terms of Payment: Charge

Supplier Registered with: 102-278-100-000 V

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 90 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	17	pcs	SELF-INKING STAMP COLOP, 2660 with rubber inscription	2,230.00	37,910.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	1,692.41	
			EWT (1%/1.12)	338.48	2,030.89
			PR No. 17-0830-0419		
			PURPOSE: For PRO 1 use	TOTAL	35,879.11

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. 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.
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.

BY THE AUTHORITY OF THE

LAURA F. EASA

By the authority of the MSD Chief

JANE C. RAGOS

FCIV / ASS CHIEF

Very truly yours,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available

Funds Available in the amount of: 27,910.00

~~JOSE A. MONES~~

EDWARD Q. ESPIRITU

Fiscal Controller III

OIC-FMS Head

With in the COB:

Expense Code:

Bdget:

Remarks:

PHILHEALTH REGIONAL OFFICE
COA

DEC 15 2017

Received By:
Time:

APPROVED:

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

OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

AUTHORITY OF OIL REF

Conforme:

GIRLIE GAPUZ

Date:

Signature over Printed Name and Position of Authorized Representative

Maricar M. Arzadon, M.D.
Medical Officer VII

Date _____