UPDATED 12/20

PHILIPPINE HEALTH INSURANCE CORPORATION

PONMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: S.K. HARDWARE & GENERAL MERCHANDISE
Address: Rizal St., Dagupan City
Tel./Fax No.: 522-2559
Supplier Registered with: 131-149-412-000 V

PO No. 17-216
Date: 12/6/2017
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 2-3 weeks from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	sets	Bidet	250.00	5,000.00
	5	rolls	1/2 Teflon Tape	7.00	35.00
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	TOTAL	5,035.00
			Less: VAT (5%/1.12)		224.78
			PR No. 17-0926-0448	TOTAL	4,810.22
			PURPOSE: Replacement of bidet for the comfort rooms (2nd to 3rd floor)		

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 their 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 receipt, 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.

PHILHEALTH REGIONAL OFFICE
COA
12/22/17
Received By:
Time:

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

Very truly yours,

MARICAR M. ARZADON, M.D.
MD VIII, MSD CHIEF

Certified Budget Available; Funds Available in the amount of: 5,035.00

JOSE A. AGNES
Fiscal Controller III

EDWARD O. ESPIRITU
OIC-FMS Head

With in the CDB:
Expense Code:
Budget:
Remarks:

APPROVED:

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

Conforme:
Theresa B. Revilla
Signature over Printed Name and Position of Authorized Representative

Date 12/20/17

Date

COA on Travel
12/20/17