



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

new
12/11/17

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **NESLEN MEDICAL SUPPLY**
Address: **Arellano St., Nepo Mall, Dagupan City**
Tel. Fax No.: **0922-517-2546**
Supplier Registered with: **941-198-014-000 V**

PO No. **17-219**
Date: **12/06/2017**
Terms of Payment: **Charge**
Mode of Procurement: **Shopping**

Please deliver to this office within one to two weeks from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	7	PC	MEDICAL SUPPLIES Hand Sanitizer	182.00	1,274.00
2	466	PC	MEDICAL SUPPLIES Surgical Mask	1.70	792.20
	1	BOX	MEDICAL SUPPLIES Band Aid	95.00	95.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	2,161.20
			Less: VAT (5%/1.12)		96.48
			PR No. 17-0302-0200, 17-0913-0435, 17-1003-0470, 17-0823-0409		
			PURPOSE: Procurement of Medical, Dental and Laboratory Supplies (with APP Amendment Batch 4)	TOTAL	2,064.72

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

LAURA F. BASA

By the authority of the MSD Chief

JANE C. RAGOS
FC IV/ASS Chief

Very truly yours,

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

Certified Budget Available: Funds Available in the amount of: 2,161.20

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

PHILHEALTH REGIONAL OFFICE I
COA

Received By: AB
Time: 12-18-17

With in the COB: 2017

Expense Code: 70200100

Bdget: 1180150

Remarks: 1180150

Conforme: NOVA C. DE VERA

Signature over Printed Name and Position of Authorized Representative

Date: 12-18-17

APPROVED:

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

BY THE AUTHORITY OF OIC, RVP

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

Date