



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: **MARIGOLD STORE**  
Address: **AB Fernandez St., Dagupan City**  
Tel.Fax No.: **522-0080 / 522-2328**  
Supplier Registered with: **157-686-860-002 V**

PO No. **17-221**  
Date: **12/6/2017**  
Terms of Payment: **Charge**  
Mode of Procurement: **Shopping**

Please deliver to this office within **1 week** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	pck	Parchment Paper (A4 or short, 25s)	45.00	270.00
2	130	pcs	Ballpen	3.95	513.50
3	115	pcs	Expandable Folder	9.50	1,092.50
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				<b>TOTAL</b>	<b>1,876.00</b>
Less: VAT (5%/1.12)					<b>83.75</b>
PR No. 17-1107-0533					
PURPOSE: To be used during Orientation on Bench Book 2nd edition to Accredited Hospitals in PRO I				<b>TOTAL</b>	<b>1,792.25</b>

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 MSD CHIEF:

Very truly yours,

JANE C. RAGOS  
FC IV / CHIEF - ASS

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: **1,876.00**

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
OIC-FMS Head

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

MARLO D. NOVALES

Date:

PHILHEALTH REGIONAL OFFICE  
COA

Received By: **AY**  
Time:

APPROVED:

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

OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

BY THE AUTHORITY OF THE OIC-RVP

MARICAR M. ARZADON, MD  
MEDICAL OFFICER VII

Date

COA on Transfer  
12/6 - 8/17