

YUT/15 @ 4:50 PM



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: S.K. HARDWARE & GENERAL MERCHANDISE PO No. 17-239
Address: Rizal St., Dagupan City Date: 12/15/2017
Tel.Fax No.: 522-2559 Terms of Payment: Charge
Supplier Registered with: 131-149-412-000 V Mode of Procurement: Negotiated Procurement-
Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	unit	Push Cart, Heavy Duty, 300kg.	3,025.00	9,075.00
2	1	unit	Weighing Scale, Floor Type, Heavy Duty	5,500.00	5,500.00
3	1	unit	Gun Tucker T-50, Heavy Duty	1,550.00	1,550.00
4	2	unit	Ladder, Heavy Duty, Fiber Glass A-Type, 2 Folds	7,200.00	14,400.00
5	1	set	Hand Drill, Electric	4,500.00	4,500.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				TOTAL	35,025.00
Less: VAT (5%/1.12)				1,563.62	
EWT (1%/1.12)				312.72	1,876.34
PR No. 17-0816-0391					
PURPOSE: For LHIO Central Pangasinan, Eastern Pangasinan, Ilocos Norte and Ilocos Sur				TOTAL	33,148.66

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.

Very truly yours,
MARICAR M. ARZADON, M.D. @
MOVI / MSD CHIEF

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

With in the COB: 2017
Expense Code: 10605020
Bdget: MSD-CGU
Remarks:

Funds Available in the amount of: 35,025.00

PHILHEALTH REGIONAL OFFICE :
COA
1-4-18
Received By: MA
Time:

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

Conforme:
YARDIN B. BUTISTA Date: 12-20-17
Signature over Printed Name and Position of Authorized Representative

COA on Travel
12-20-17