Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
3rd/ Commercial Bldg. Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: PRINTZGO SOLUTIONS INC.
Address: De Venecia Highway, Lucao District, Dagupan City
Tel.Fax No.: 9988538131
Supplier Registered with: 455-031-833-000 V

PO No. 17-251
Date: 12/21/2017
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 45-60 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	66	units	PhilHealth Umbrella Long with PHIC Logo	300.00	19,800.00
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	883.93	
			EWT (1%/1.12)	176.79	1,060.72
			PR No. 17-1106-0525	TOTAL	18,739.28
			PURPOSE: Tokens/ marketing collateral for members		

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. 0016 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 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.
NO VII/ MSD CHIEF

Certified Budget Available — Funds Available in the amount of

JOSE A. MONES
Fiscal Control Div III

EDWARD O. ESPIRITU
OIC-HMS Head

With in the COB
Expense Code
Budget
Remarks

PHILHEALTH REGIONAL OFFICE
COA
1-3-18
Received By:
Time:

APPROVED

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

BY THE AUTHORITY OF THE OIC-RVP:

[illegible]
DIVISION CHIEF IV

Conforme

12/29/17
Date

Signature over Printed Name and Position of Authorized Representative

Date