



Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

POMM-P- 006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT Supplier: MB CRUZ SIGN SYSTEMS

Address: Mayombo District, Dagupan City PO No. 17-252 Date: 12/21/2017

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-Small Value Procurement

r to this office within 60 days from receipt hereof the following

| NO. | QTY UNIT | | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|--------------------|--------------------------|--|------------|--------------|
| | 54 | units | ACRYLIC POSTER FRAME, plastic, clear, size:17"x21", 3mm thick; height of | 900.00 | 48,600.00 |
| | | | mount: 3cm (distance from the wall), with 4 nuts and bolts; stainless; size | | |
| | | | of nuts & bolts-18 x 25mm | | |
| 1 | 72 | units | POSTER (for Acrylic Frame inserts) color: full color; size: 15" x 19"; paper | 80.00 | 5,760.00 |
| , | | | stock: C2S#120 | | |
| | 12 | units | SINTRA BOARD_PROCESS FLOW CHART_PSO & Philhealth Express; LHIO, | 630.00 | 7,560.00 |
| | | Programme and the second | color: full color; size: 30" x 40" (max); size; 18" x 24 (min); thickness: 5mm | | |
| | 7 | units | SINTRA BOARD_LHIOS_FRONTLINE SERVICES OFFERED, color: full color; | 7,049.00 | 49,343.00 |
| | de consecuence and | | size: 10ft x 8ft | | |
| | 3 | units | SINTRA BOARD_PHILHEALTH SATELLITE OFFICE_FRONTLINE SERVICES | 2,500.00 | 7,500.00 |
| | | | OFFERED, color: full color; size: Sft x 5ft | | |
| 1 | 2 | units | SINTRA BOARD_PHILHEALTH EXPRESS_FRONTLINE SERVICES OFFERED, | 2,500.00 | 5,000.00 |
| | | | calor: full color; size: 5 x 5 | TOTAL | 123,763.00 |
| | | | xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx | | |
| | | | Less: VAT (5%/1.12) | 5,525.13 | |
| | | , | EWT (1%/1.12) | 1,105.03 | 6,630.16 |
| | | | PR No. 17-0816-0393 | | |
| | | 1 . 1 . | PURPOSE: Arta materials for LHIOs, PSOs and Express | TOTAL | 117,132.84 |

Terms & Conditions:

Tel.Fax No.: 522-3615

Supplier Registered with: 203-401-042-001 V

- 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
- 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 Philifealth 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 anytimo, 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. AREADON, M.D. MO VI/I MSO CHIEF |
|---|--|---|---|
| Certified Budget Available | e: Funds Ayaffable in the amount of: | <u> </u> | APPROVED: |
| Fiscal Condition III With in the COB. Expense Code Bdget: Remarks | EDWARD Q. ESPIRITU OIC-FMS Head | PHILHEALTH REGIONAL COA 1-3-18 Received 6: A4 | ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT RY THE A PT HORITY OF THE OIC - RI |
| Conforme: WY Signature over Prin | Y HENAMA KE Name and Position of Authorized Represe | Date: 12 - 19 - 17 ntative | JOSEPHARE G. QUITON, DE DMSION CHIEF IV |