



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 Ave., Dagupan City**
Tel.Fax No.: **522-2328 / 522-0080**
Supplier Registered with: **157-686-860-002 V**

PO No. **17-261**
Date: **12/23/2017**
Terms of Payment: **Charge**
Mode of Procurement: **Shopping**

Please deliver to this office within **2-3 weeks** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4	pcs	Certificate Frame A4	95.00	380.00
2	3	pcs	Certificate Holder A4	38.00	114.00
3	5	pcs	Vellum Board A4	18.50	92.50
4	4	pcs	Sticker Paper A4	42.00	168.00
5	2	pcs	Double Sided Tape	24.50	49.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				TOTAL	803.50
Less: VAT (5%/1.12)					35.87
PR No. 17-1117-0546 APP Amendment Batch 5					
PURPOSE: Orientation to selected and newly hired casual employees of PRO I				TOTAL	767.63

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
MARIMEL C. BRAVO
FISCAL CONTROLLER III

Very truly yours,

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

Certified Budget Available: Funds Available in the amount of: 803.50	APPROVED:
JOSE A. MONES Fiscal Controller III	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
With in the COB: 12/28/17	BY THE AUTHORITY OF WLG FMS
Expense Code: 10000000000000000000	JOSEPHINE Q. QUITON, DBA DIVISION CHIEF IV
Bdget: 10000000000000000000	Date
Remarks: 10000000000000000000	
Conforme: MARLO D. ROVALES Signature over Printed Name and Position of Authorized Representative	
Date: 12-29-17	

PHILHEALTH REGIONAL OFFICE I
COA

1-4-18

Received By: **18**
Time: