



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **EVANJO ENTERPRISES**

PO No. **17-28**

Address: **MH Del Pilar St., Dagupan City**

Date: **2/21/2017**

Tel.Fax No.: **515-7223**

Terms of Payment: **Charge**

Supplier Registered with: **275-909-364-000 NV**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1,000	pcs	Eco Bag Foldable	60.00	60,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)	1,800.00	
			EWT (1%)	600.00	2,400.00
			PR No. 17-0203-0134		
			PURPOSE: Increase awareness through Corporate give-aways for PhilHealth members/employers/stakeholders/partners	TOTAL	57,600.00

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.

MO VII / MSD CHIEF

By the authority of the MSD Chief

MARIA CITADEL G. ARZADON

SSJO / OIC-HRU

Certified Budget Available: _____	Funds Available in the amount of: <u>60,000.00</u>	APPROVED: _____
JOSE A. MONER Fiscal Controller	EDWARD Q. ESPIRITU OIC-FMS Head	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE RVP, PRO1
With in the COB: _____		
Expense Code: _____		
Bdget: _____		
Remarks: _____		
Conforme: _____		
Exangelme B. Columbins Date: 3-9-17		Date
Signature over Printed Name and Position of Authorized Representative		