

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MAGIC SALES, INC.	PO No. 17-34
Address: Zamora St., Dagupan City	Date: 2/28/2017
Tel.Fax No.: 523-3340	Terms of Payment: COD
Supplier Registered with: 000-252-296-000 V	Mode of Procurement: Negotiated Procurement- Small Value Procurement

Please deliver to this office within **COD-pick-up** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	30	pck	Monde Nissin Butter Coconut (120g)	21.70	651.00
	30	pck	Cup, paper, 8 oz x 25's	21.30	639.00
	10	pck	Stirrer, wooden	12.40	124.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	1,414.00
			Less: VAT (5%/1.12)		63.13
			PR No. 17-0104-0097		
			PURPOSE: Token for customers (January - March 2017)	TOTAL	1,350.87

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.

Very truly yours,

MAR 02 2017,
 COA- *[Signature]*

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

By the authority of the MSD Chief

MARIE DONNA O. ANTONA

ADMINISTRATIVE OFFICER IV

Certified Budget Available: _____ Funds Available in the amount of: <u>1,414.00</u> <div style="display: flex; justify-content: space-between;"> <div> JOSE A. MONES Fiscal Controller III </div> <div> EDWARD Q. ESPIRITU OIC-FMS Head </div> </div> With in the COB: <u>2/28/17</u> Expense Code: <u>CP 4110</u> Bdgct: _____ Remarks: _____ Conforme: <u>[Signature]</u> <u>Luz Bernaden</u> Date: <u>3/1/17</u> Signature over Printed Name and Position of Authorized Representative	APPROVED: ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE RVP, PRO1 By the authority of the RVP MARICAR M. ARZADON, M.D. RVP, PRO1 Date: <u>2/28/17</u>
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