

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: <u>AIRENE'S FLOWER SHOP</u>	PO No. <u>17-37</u>
Address: <u>Burgos St., Dagupan City</u>	Date: <u>3/1/2017</u>
Tel.Fax No.: <u>522-0799</u>	Terms of Payment: <u>COD</u>
Supplier Registered with: <u>934-769-068 NV</u>	Mode of Procurement: <u>Negotiated Procurement- Small Value Procurement</u>


Please deliver to this office within on March 10, 2017 from receipt hereof the following:

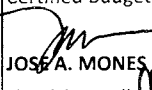

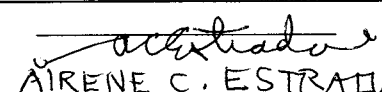
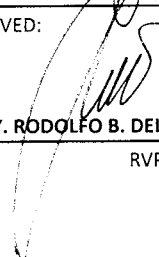
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc	Bouquet (1 dozen red roses)	500.00	500.00
	12	pcs	Sash	200.00	2,400.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	2,900.00
			Less: VAT (3%)		87.00
			PR No. 17-0206-0145		
			PURPOSE: To be used during PRO 1 Magic Ball	TOTAL	2,813.00

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,


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

Certified Budget Available: _____ Funds Available in the amount of: <u>2,900.00</u> <div style="display: flex; justify-content: space-between;"> <div>  JOSE A. MONES Fiscal Controller </div> <div>  EDWARD Q. ESPIRITU OIC-FMS Head </div> </div> <div style="text-align: center; margin-top: 20px;"> MAR 03 2017 <i>COA - Jgimery</i> </div> <div> With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ </div> <div style="margin-top: 20px;"> Conformer:  AIRENE C. ESTRADA Date: <u>MARCH 2, 2017</u> Signature over Printed Name and Position of Authorized Representative </div>	APPROVED:  ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE RVP, PRO1 <div style="text-align: center;">Date</div>
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