

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MAJ INSTAGRAPHS DESIGN & MARKETING INC.

PO No. 17-46

Address: Blk 1 lot 1 Congressional Ave., Cor. Mindanao Ave., Tandang Sora, Quezon City

Date: 3/15/2017

Tel.Fax No.: 9178995957

Terms of Payment: COD

Supplier Registered with: 008-374-647-000 NV

Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within pick-up by client, available within 2-3 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	3	pcs	Tarpaulin with pull-up standee (size: 33" x 78")	1,350.00	4,050.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (3%)		121.50
			PR No. 17-0203-0137		
			PURPOSE: Corporate give-aways/promotional materials during PRO		
			1 corporate activities/ events	TOTAL	3,928.50

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,

By the authority of the MSD Chief

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

MARIE DONNA O. ANTONA  
ADMINISTRATIVE OFFICER IV

Certified Budget Available:	Funds Available in the amount of: <u>4,050.00</u>	APPROVED:
JOSE A. MONER Fiscal Controller III	EDWARD Q. ESPIRITU OIC-FMS Head	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
With in the COB:		By the authority of the OIC-RVP
Expense Code:		MAR 17 2017
Budget:		MARICAR M. ARZADON, M.D. MO VII / MSD CHIEF
Remarks:		
Conforme:		
Paul Allen Majarocon	Date: 03-29-17	
Signature over Printed Name and Position of Authorized Representative		Date