

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

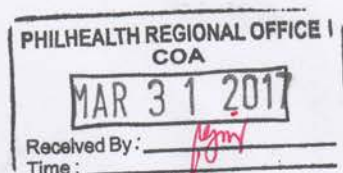
Supplier: <u>JESSIE FRAMES</u>	PO No. <u>17-48</u>
Address: <u>Fernandez St., Dagupan City</u>	Date: <u>3/17/2017</u>
Tel.Fax No.: <u>540-0618</u>	Terms of Payment: <u>Charge</u>
Supplier Registered with: <u>113-909-712-000 NV</u>	Mode of Procurement: <u>Shopping</u>

Please deliver to this office within 1-2 weeks from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	10	pcs	Frame Size: 8x11 inches (057 black) <i>PAU</i>	65.00	650.00
	8	pcs	Frame Size: 24x18 inches (flat black) <i>EP LHIO</i>	450.00	3,600.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	4,250.00
			Less: VAT (3%)		127.50
			PR No. 17-0224-0184		
			PURPOSE: For PAU and Eastern Pangasinan LHIO use	TOTAL	4,122.50

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,

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

Certified Budget Available: Funds Available in the amount of: 4,250.00

JOSE A. MONES
 Fiscal Controller III
EDWARD Q. ESPIRITU
 OIC-FMS Head

With in the COB: 3/17/17
 Expense Code: PAU, EP LHIO
 Bdgct: PAU, EP LHIO
 Remarks:

Conforme: [Signature]
MARYJANE Y. ENBURO
 Signature over Printed Name and Position of Authorized Representative
 Date: 3/30/17

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
 RVP, PRO1

BY THE AUTHORITY OF THE OIC-RVP:

[Signature]
JOSEPHINA A. ARZADON
 CHIEF HCOMD

Date