



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **PHIL-ASIA SALES AND SERVICES**
Address: **288 P. Burgos St., Tanqui, San Fernando, La Union**
Tel.Fax No.: **(072) 607-3863**
Supplier Registered with: **431-160-552-000 VAT**

PO No. **17-52**
Date: **3/22/2017**
Terms of Payment: **Charge (30 days)**
Mode of Procurement: **Shopping**

Please deliver to this office within **7 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	23	pcs	FIRE EXTINGUISHER, dry chemical, mono amonium phosphate, for ABC class of fire, stored pressure type, capacity: 4.5kgs (10lbs), purity of chemical: 75% min., duration of discharge: 10 seconds, with pressure gauge control, non-electrical conductor, non-toxic, and non-corrosive	888.00	20,424.00
			Warranty: 1 Year xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	911.79	
			EWT (1%/1.12)	182.36	1,094.15
			PR No. 17-0224-0186		
			PURPOSE: For PRO I use	TOTAL	19,329.85

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

By the authority of the MSD Chief

MARIE DONNA O. ANTONA
Administrative Officer IV

Certified Budget Available:	Funds Available in the amount of: <u>20,424.00</u>	APPROVED:
JOSE A. MONES 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-ORVP
Expense Code:		MAR 23 2017
Bdget:		MARICAR M. ARZADON, M.D. MO VII / MSD CHIEF
Remarks:		Date
Conforme:		
Signature over Printed Name and Position of Authorized Representative RODOLFO B. DEL ROSARIO, JR. Date: 3-30-17		