

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SAFPS ENTERPRISE PO No. 17-53
Address: 13 J Basa Street, Calumpang Marikina City Date: 3/22/2017
Tel.Fax No.: (02) 212-5405 / 646-0969 / 984-8189 Terms of Payment: COD
Supplier Registered with: 249-947-040 VAT Mode of Procurement: Shopping

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
14	pcs		FIRE EXTINGUISHER, pure HCFC 123, for ABC class of fire, stored pressure type, purity of the chemical: 99% min., duration of discharge: 10 seconds, capacity: 4.5kgs (10lbs), stored pressure, non-electrical conductor, non-toxic, non-corrosive, with pressure	3,500.00	49,000.00
		Warranty: 5 Years	XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	2,187.50	
			EWT (1%/1.12)	437.50	2,625.00
			PR No. 17-0224-0186		
			PURPOSE: For PRO Use		
			TOTAL		46,375.00

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 their 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>40,000.00</u>	APPROVED:
<u>JOSE A. MONES</u> Fiscal Controller III	<u>EDWARD Q. ESPIRITU</u> OIC-FMS Head	<u>ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE</u> OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
With in the COB:		By the authority of the OIC-GRVP
Expense Code:		<u>MAR 23 2017</u>
Bdget:		<u>MARICAR M. ARZADON, M.D.</u> MO VII / MSD CHIEF
Remarks:		Date
Conforme:	<u>MAJ. GARY V. PASO</u> <u>OPERATIONS MGR</u> Signature over Printed Name and Position of Authorized Representative	