

**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

<b>Supplier:</b> <u>CARRIED LUMBER</u> <b>Address:</b> <u>M.H. Del Pilar Street, Dagupan City</u> <b>Tel.Fax No.:</b> <u>523-6448 / 522-3209</u> <b>Supplier Registered with:</b> <u>000-250-364-000 VAT</u>	<b>PO No.</b> <u>17-56</u> <b>Date:</b> <u>4/25/2017</u> <b>Terms of Payment:</b> <u>Charge</u> <b>Mode of Procurement:</b> <u>Shopping</u>
---	--

Please deliver to this office within 1 month from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	pc	HARDWARE SUPPLY Screw, hook no.1	2.00	40.00
	10	pc	HARDWARE SUPPLY Screw, hook no.2	3.00	30.00
	2	set	HARDWARE SUPPLY Extension Cord, 4-gang, 10 meters	300.00	600.00
	7	set	HARDWARE SUPPLY Extension Cord, 4-gang, 10 meters	300.00	2,100.00
	1	pc	HARDWARE TOOLS Screw Driver, flat	54.00	54.00
	1	pc	HARDWARE TOOLS Screw Driver, philips	54.00	54.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	<b>TOTAL</b>	<b>2,878.00</b>
			Less: VAT (5%/1.12)		128.48
			PR No. 17-0224-0188		
			PURPOSE: Procurement of First Quarter Supplies for the CY 2017	<b>TOTAL</b>	<b>2,749.52</b>

**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.

**PHILHEALTH REGIONAL OFFICE I  
COA**

Very truly yours,

**MARICAR M. ARZADON, M.D.**

MO VII / MSD Chief

Received By: ay

Time: 5/3/17

Certified Budget Available: Funds Available in the amount of: 2,878.00

**JOSE A. MONES**

Fiscal Controller

**EDWARD Q. ESPIRITU**

OIC-FMS Head

With in the COB: 17-0224-0188

Expense Code: 17-0224-0188

Bdget: 17-0224-0188

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 5/3/17

APPROVED:

**ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE**

OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

Date