

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

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| Supplier: DEPENDABLE PACKAGING & PRINTING HOUSE CORP. Address: 2F DPPHC Bldg., #53 Donesa St., West Canumay, Valenzuela City Tel. Fax No.: (02) 292-7959 / 293-2053 / 456-7126 / 294-6521 (fax) Supplier Registered with: 004-609-386-000 V | PO No. 17-63 Date: 5/16/2017 Terms of Payment: COD Mode of Procurement: Negotiated Procurement- Small Value Procurement |
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Please deliver to this office within **pick-up by client within 30 days** from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|--------|------|---|------------|------------------|
| | 20,000 | pcs | Benepisyo para sa mga Miyembro ng indigent program brochure Size: 4" x 8.5" folded (3 panels): 2" x 8.5" spread (2 folds) Process: Offset Stock: C2S 100 lbs. varnished xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxxx | 1.40 | 28,000.00 |
| | | | Less: VAT (5%/1.12) | 1,250.00 | |
| | | | EWT (1%/1.12) | 250.00 | 1,500.00 |
| | | | PR No. 17-0426-0254 | | |
| | | | PURPOSE: To be used during ALAGA KA/IEC of indigent members | | |
| | | | TOTAL | | 26,500.00 |

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 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.
 MC VI / MSO CHIEF

Certified Budget Available: Funds Available in the amount of: 27,100.00

JOSE A. MONES
 Fiscal Controller III

EDWARD Q. ESPIRITU
 OIC-FMS Head

With in the COB: _____

Expense Code: _____

Bdget: _____

Remarks: _____

Conforme: _____

Rowena Awina Senior Sales Mgr.
 Date: May 23, 2017
 Signature over Printed Name and Position of Authorized Representative

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
 OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

Date

PHILHEALTH REGIONAL OFFICE I
COA
MAY 23 2017
 Received By: _____
 Time: 11:44 PM