Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible] Commercial Bldg., Francisco Duque St., Tapuac [illegible]

POMM-P- 006

PURCHASE ORDER

[illegible] OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION [illegible]

Supplier: MARC'S ID HAUZ
Address: 89 Don Manuel St., Quezon City
Tel./Fax No.: (02) 410-2246 / 741-3278 (fax)
Supplier Registered with: 900-941-912-009 V

PO No. 17-69
Date: 5/23/2017
Terms of Payment: COD
Mode of Procurement: Shopping

Please deliver to this office within *2-3 weeks* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2,500	pcs	Pre-printed ID for Institutional HCPs	10.00	25,000.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	1,116.07	
			EWT (1%/1.12)	223.21	1,339.28
			PR No. 17-0301-0196		
			PURPOSE: [illegible]	TOTAL	23,660.72

Terms & Condition:

1. 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.**
2. For imported items: IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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.
4. 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.
5. 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.**
6. Deliveries should be made within **8:00AM to 3:00PM** on working days on or before the date stipulated in the PO.

By the authority of the MSD Chief

Very truly yours,

MARIE DONNA O. ANTONA
ADMINISTRATIVE OFFICER V

MARICAR M. ARZADON, M.D.
MD VII / MSD Chief

Certified Budget Available:

Funds Available in the amount of [illegible]

JOSE A. MONES
Fiscal Controller II

EDWARD Q. ESPIRITU
OIC-FMS Head

APPROVED:

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

PHILHEALTH REGIONAL OFFICE I
COA
MAY 29 2017
Received By:
Time: 11:57AM

[illegible]

Jonathan Ong / Sales Director Date: May 26, 2017
Signature over Printed Name and Position of Authorized Representative

Date