

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **GAKKEN (Philippines), INC.**

PO No. 17-70

Address: Unit 1, DCU Bldg., Arellano-Bani St., Brgy. Pantal, Dagupan City

Date: 5/23/2017

Tel/Fax No.: 522-3228 / 540-2056 (T/F)

Terms of Payment: Charge

Supplier Registered with: 004-475-204-004 V

Mode of Procurement: Direct Contracting

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
36	cart	Ink for Duplo Machine, 514k		816.20	29,383.20
		xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx			
		Less: VAT (5%/1.12)		1,311.75	
		EWT (1%/1.12)		262.35	1,574.10
		PR No. 17-0411-0232			
		PURPOSE: Procurement of 2nd Quarter Supplies for CY 2017		TOTAL	27,809.10

Terms & Conditions:

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

MARICAR M. ARZADON, M.D.

ADMINISTRATIVE OFFICER IV

MO VII / MSD CHIEF

Certified Budget Available:

Funds Available in the amount of: \$100,000.00

JOSE A. MONES

EDWARD Q. ESPIRITU

Fiscal Controller

OIC-FMS Head

Within the COS

Expense Code:

Subject:

Remarks:

Conforme:

JENNIFER RESURRECCION / TECH. SEC. Date: 5/25/17

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
COA

MAY 25 2017

Received By:

Time: 11:11