POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION . GENERAL SERVICE UNIT

Supplier:	IPOWER PRODUCTS & SYSTEMS, INC.	PO No. Date: Terms of Payment:	6/7/2017
Address:	30 Gen Capinpin St., San Antonio Village, Pasig City		
Tel.Fax No.:	(02) 570-9980-81		
Supplier Registered with: 007-804-570-000 V		Mode of Procurement:	Negotiated Procurement-
•••			Small Value Procurement

Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1,000	pcs	Document Envelope / Envelope Kit	100.00	100,000.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
	and the same	and the same of th	Less: VAT (5%/1.12)	4,464.29	
	na - am americana de		EWT (1%/1.12)	892.86	5,357.15
			PR No. 17-0426-0255		the second secon
			PURPOSE: Corporate give-aways for Philhealth Members /	e e de maio de la companio del companio de la companio della compa	/ · w · · · · · · · ·
			 - Employers/ Stakeholders / Portners through corporate activities / events 	TOTAL	94,642.85

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 Philihealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No Philihealth 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 Philtrealth 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.

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MONW GISTOP	MARIGAR M. ARZADON, M.D.
Certified Budget Available: Funds Available in the amount of:	APPROVED:
Fiscal Controller III OIC-FMS Head With in the COB: Expense Code: Bdget:	OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
Conforme: JDN HUBIOTION Date: 6 8 20 F7 Signature over Printed Name and Position of Authorized Representative	Date

PHILHEALTH RE	PHILHEALTH REGIONAL OFFICE I		
JUN O	9 2017		
Received By: Time:	19m		